



# Bulletin

of the

**Mahoning  
County  
Medical  
Society**

**“Every medicine is an innovation; and he that will not apply new remedies must expect new evils.” Bacon.**

**May 1934**

**Volume Four**

**Number Five**

# KAOLIN *plus* SORICIN

## A New Attack on Low Grade Intestinal Infections

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# DIARRHEA

## “the commonest ailment of infants in the summer months”

(HOLT AND McINTOSH: HOLT'S DISEASES OF INFANCY AND CHILDHOOD, 1933)

One of the outstanding features of DEXTRI-MALTOSE is that it is almost unanimously preferred as the carbohydrate in the management of infantile diarrhea.

### SERIOUSNESS OF DIARRHEA

There is a widespread opinion that, thanks to improved sanitation, infantile diarrhea is no longer of serious aspect. But Holt and McIntosh declare that diarrhea “is still a problem of the foremost importance, producing a number of deaths each year. . . .” Because dehydration is so often an insidious development even in mild cases, prompt and effective treatment is vital. Little states (Canad. Med. A. J. 13:803, 1923), “There are cases on record where death has taken place within 24 hours of the time of onset of the first symptoms.”

In cases of malnutrition, and indigestion in infancy, the stools soon become normal in appearance, improves rapidly, and the stools soon become normal in appearance. By this I refer to proper proportions of dextrin and maltose. When there is a tendency to fermentative diarrhea, I have used the preparation known as dextrin-maltose for infantile diarrhea, and the results are most satisfactory. —M. Ladd: *Further experience with dextrin-maltose*, Arch. Pediat. 33:501-512, July, 1916.

In diarrhea, “Carbohydrates, in the form of dextrin-maltose, well cooked cereals or rice, usually can be handled without trouble.” —B. B. Jones: *A discussion of some of the common causes of infantile diarrhea, and the diets used in their treatment*, J. Am. Med. Ass. 10:110-111, 1917.

“Dextrin-maltose is a very excellent carbohydrate. It is made up of maltose, a disaccharide which in turn is broken up into two molecules of glucose—a sugar that is not as readily fermentable as sucrose and galactose—and dextrin, a partially hydrolyzed starch. Because of the dextrin, there is less fermentation and we can therefore give larger amounts of this carbohydrate without fear of any tendency of fermentative diarrhea.” —A. Cooper: *Facts and Fads in Infant Feeding*, W. B. Saunders, Philadelphia, 1923, p. 117.

“Maltose is more easily absorbed than cane or milk sugar, and by changing the carbohydrate source may prevent a deficient supply of sugar.”

“When sugar causes diarrhoea one can change the form of it. Mead’s Dextrin-maltose in small doses is more quickly absorbed and so superior to castor [oils] and sugar. Lactose is expensive and seems not to be better than castor sugar.” —H. B. Gladstone: *Infant Feeding and Nutrition*, William Heinemann, Ltd., London, 1928, pp. 11, 79.

In cases of diarrhea, “For the first day or so no sugar should be added to the milk. If the bowel movements improve carbohydrates may be added. This should be the one that is most easily assimilated, so dextrin-maltose is the carbohydrate of choice.” —W. H. McCasland: *Summer diarrhea in infants and young children*, J. Pediat. 1:278-282, 1922.

“The more complex carbohydrates, of which dextrin is the type, ferment more gradually and do not have this laxative effect.”

Regarding the treatment of diarrhea, “In our experience, the most satisfactory carbohydrate for routine use is Mead’s dextrin-maltose No. 1.” —F. R. Taylor: *“Summer Complaints,” Southern Medical & Surg. J.*, 46: 559-569, Aug., 1923.

“If there is an improvement in the carbohydrate may be added. The carbohydrate added should be the one that is most easily assimilated. Dextrin-maltose is the carbohydrate of choice.” —Summer diarrhea in the young, *International J. Pediat.* 11: 118, 1922.

“In the treatment of diarrhea, conditions admit, some sugar other than milk sugar or cane sugar being used, preferably dextrin and maltose.” —H. E. Small: *Diarrhoea in bottle-fed infants*, J. Maine M. A. 12:154-158, Jan. 1922.

“The condition in which dextrin-maltose is particularly valuable is in acute attacks of vomiting, diarrhea and fever. It seems to be more rapid and recurrence less likely to take place if dextrin-maltose is substituted for milk sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid. In brief, I think it safe to say that pediatricians are relying less and less on milk sugar, but are inclined to split the sugar element between cane sugar a place of value, and dextrin-maltose a decidedly prominent place, particularly in acute and difficult cases.” —W. J. Hoskins: *Present tendencies in infant feeding*, Indianapolis M. J. 7:104, 1914.

“It should be noted that a high percentage of sugar be required if a milk sugar is to be replaced by dextrin-maltose, such as Mead’s Nos. 1 and 2, where the maltose is only slightly in excess of the dextrin, thus diminishing the possibility of excessive fermentation.” —W. J. Pearson: *Common practices in infant feeding*, Post-Graduate Med. J., 6:38, 1930; *abst. Brit. J. Child. Dis.* 28:152-153, April-June, 1931.

“In the transition to a whole milk formula, which will supply about one and one-half to two ounces of whole milk to every pound of body weight, is reached. This also should finally have the addition of dextrin-maltose amounting to five to seven per cent.” —K. A. Childs: *Summer diarrhea in infancy and early childhood*, Arch. Pediat. 29:223-224, April, 1912.

“That group of organisms (thrive on) and high in protein. Calcium caseinate milk accomplishes this purpose. In our series of cases, we then stopped it and added dextrin-maltose for from 5-8 days; DeSanctis and L. V. Paider: *The value of calcium caseinate milk in fermentative diarrhea*, Arch. Pediat. 33:233-236, April, 1916.

Just as DEXTRI-MALTOSE is a carbohydrate modifier of choice, so is CASEC (calcium caseinate) an accepted protein modifier. Casec is of special value during the summer months (1) for colic and loose green stools in breast-fed infants; (2) in fermentative diarrhea in bottle-fed infants; (3) as a prophylactic against diarrhea in infections.

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## PRESIDENT'S PAGE

It has often been said, and our State officers have made it emphatic, that physicians must become politically minded. We are now ready to admit that they have been right and it is particularly apropos at this time.

Any one seeking an important public office from now on, as far as possible, will be impartially investigated by our Legislative Committee. In this way the attitude toward the Profession will be ascertained. When this information reaches the rest of us, we should be willing to accept the analysis and work and vote for the candidate recommended.

The importance of this should be so evident that the question of party will be forgotten. It is likely true that politicians as a class are just as honest as any other group of men. Just the same, political promises are easily forgotten if the exigency demands. It will not be easy always to select the right man, but if after a trial he is found wanting he should never be returned to office for a second term.

Governor White has under-estimated the intelligence of the physicians of Ohio since the day he appointed his Relief Commission. He has now seen fit to issue a challenge which we are forced to accept. The physicians of this State should use the power they possess, and on their daily rounds they should drop the words which will make it difficult for the Governor ever again to be more than a cross-roads squire.

The Governor made a choice between the physicians of this State, who understood the cooperative plans made by him to be sincere. Physicians supported his alleged attempt to carry out the relief plan set forth by the Federal government in Bulletin number Seven. But he selected an irregular practitioner of medicine to direct policies. This appointee, with the aid of her entire cult, would be numerically unable to care for the indigent sick of Ohio. Having made this choice, then, we say, let him have the votes they cast but let us work and vote for one whom we know to be more favorable to the established practices of good Medicine.

While the new rate for the physicians doing relief work is a real step forward, Governor White does not deserve credit for this. There are other political powers in the State and Federal governments—and your own Economics Committee and Council have been quite active. It is our firm conviction that this recently increased compensation is very largely due to the efforts of the Mahoning County Medical Society.

The next step is to see that the specialist, in taking care of cases that must be hospitalized, shall be paid for his services; paid at one-half or two-thirds the usual rate if you will, but paid. Then we must see that all fee bills for this indigent work are marked up to the usual minimum rates. Then only will the patient receive the real care to which he is entitled, and both he and his physician will be satisfied with this as a permanent arrangement. Any goal short of this is an admission of helplessness on our part.

—JAS. B. NELSON



## SECRETARY'S REPORT

Council met April 2, 1934. Dr. H. E. McClenahan, chairman of the Public Health Committee, read a report regarding a plan which his committee is sponsoring, providing for the cooperation of the City and County Health Authorities in connection with the vaccination of pre-school children against diphtheria, smallpox, etc. The plan (modeled after that of the City of Detroit, which is said to be working perfectly), has the approval of both Health Departments.

**Postgraduate Day** has come and gone,—and it was a magnificent success! The registration was around 400! The doctors came from far and near. The papers were all of the highest quality, and they were greatly appreciated.

The exhibits were excellent and much larger than ever before. Advertisers are more and more realizing that the **BULLETIN** and **Post-graduate exhibits** are practical means of selling their products, while, at the same time, helping in a valuable way to promote the public good. We appreciate their cooperation.

At a **Special Meeting of the Society**, held March 14th, 1934, the following resolution was introduced because of lay groups asking individuals and groups of doctors to do work for patients that were not on relief, asking the doctors to bid on this work:

### The Resolution

The Medical Profession has inherited by tradition, the obligation of free service to the indigent. For generations physicians have discharged this obligation willingly and unselfishly. We, the physicians of today, will gladly carry on this humanitarian phase of medical practice.

However, the time has come when we must clearly discriminate between the personal charity of the individual physician, on the one hand, and, on the other hand, the organized philanthropy of lay bodies, who demand free services of the physician in order to carry on their charity.

Charity should be voluntary, a personal contribution. Credit for philanthropy should be given to the one who renders the philanthropy. Free medical service rendered to a deserving patient in his own practice is a **physician's** charity. Free service rendered to groups of patients under the supervision of lay organizations is their charity, not the physician's, the physician in most instances being induced to render such services free by sly exploitation or by vicious practice, or by shopping, the organization asking for competitive bidding for such work; therefore,

Whereas, we hold to the fundamental principle that free choice of physician is always the right of each and every patient; and,

Whereas, the personal relationship between physician and patient must ever be maintained to assure the highest grade of medical service; and,

Whereas, under-bidding to secure contract is a violation of the code of ethics of the American Medical Association; therefore be it

Resolved, that any organization in Mahoning County or outside of the County, wishing to contract with a member or a group of members of the Mahoning County Medical Society, to render medical service to a group of individual patients, such organization shall be referred to the Council of the Mahoning County Medical Society who shall among other things require of the organization the following:

1. That a thorough and adequate investigation be made of each individual patient to determine if they deserve charity.

2. That each patient, or the parents of the same, be referred to the physician of his own choice.

3. That no officer, member, or employee of said organization shall in any way attempt to influence the patient or his friends in the free choice of physician.

4. That the fee for medical service rendered to a ward of such organization shall be paid to the physician rendering the service by the organization promoting the philanthropy.

## SECRETARY (Continued)

(Note—By the term "organization" is meant service clubs, social service groups, lodges, churches, municipal, township, county, or state governments, private philanthropy, schools and commercial or industrial institutions.)

This resolution was adopted by the Society.

## SPEAKER'S BUREAU

Unselfishly, with great expenditure of energy, each month several of our members carry the message of good health to the public,—to both professional and lay organizations. This month we have the following:

Dr. W. H. Bunn, April 10th, Nixon Study Club, on "Pathology of the Coronary Arteries".

Dr. W. K. Stewart, April 12th, Wesleyan Service Guild of Trinity M. E. Church, on "Socializing Medicine".

Dr. Chas. Scofield, April 17, Hybho Club, on "Keeping the Child Well".

Dr. J. P. Harvey, April 10th, Junior Clio Club, on "Mystery and Facts of Medical Science".

Dr. Wm. M. Skipp, April 11th, Union Medical Society, on "Pituitary Headache"; and on April 20th, Dr. Skipp addressed, also, the Girard High School.

(Note: Your cooperation is solicited in reporting your addresses to—the Editor).

## CLEANINGS

By J. N.

The following doctors attended the meeting of The American College of Physicians, held in Chicago, April 16th, to 20th: Drs. C. R. Clark, Morris Deitchman, G. Kramer, John McCann, A. M. Rosenblum, and E. C. Rinehart. They report a very successful stay and meeting.

Dr. J. A. Sherbondy is at work again, following a recent attack of laryngitis.

Dr. H. E. Welch has been excursioning to the outside recently,

not just for auto rides, but also meetings, notably our recent Post-graduate Day. (It was "great" to see Dr. Welch with us again! Ed.)

The Youngstown Hospital Alumni Association held their annual dance at the Stambaugh Auditorium on April 6th. Many of our doctors were present and report a very fine party.

It is rumored that the Ex-Internes Association of the Youngstown Hospital may hold their annual meeting *a-la-golf* in June, around the time of the American Medical Association meeting.

Moving pictures of doctors can be made successfully. Ask Dr. Kramer, or any member of the Medical Arts Club.

By S. T.

At the April meeting of the Staff of St. Elizabeth's Hospital papers on Pneumonia and Empyema were presented by Drs. W. J. Colbert and B. J. Dreiling, respectively. Scheduled discussions were by Drs. A. M. Rosenblum and J. E. Hardman.

Dr. M. J. Crow, recently of the St. Elizabeth's intern staff, is now practicing general medicine in West Farmington.

Dr. Samuel Tamarkin's infected finger was very painful, we hear.

"The Virtue of Prosperity is temperance; the virtue of adversity is fortitude."—Bacon.

## HEART DIAGNOSIS

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## BALLOT BY MAIL

BY A. E. BRANT, M. D.

For a Society as large as ours the present method of conducting the annual election of officers is archaic, cumbersome, boresome, and unrepresentative.

Picture again an annual election. Some one turns to you with the question, "Whom will we vote for?" or, "Well, he is a pretty good fellow, let's vote for him". You look around, see about 35 per cent. or less of the membership present for voting, with heads together here and there trying to decide on a candidate. By the time the election is over everyone is tired and anxious to hurry it up.

So again I urge that the constitution and by-laws be amended to permit balloting by mail for the following reasons, mainly:

It is representative in that every single member of the Society has an equal opportunity to vote. Some

one might answer that any one who does not turn out to the meeting should lose his vote. This is not entirely true and certainly makes for minority rule.

It is a secret vote because the voter marks his ballot in the privacy of his home or office.

It is a deliberate ballot, for the same reason, and gives him all the time he wants for thought. Surely in this way he is more liable to vote for the good of the organization than possibly to please some individual.

It does not take so much time;— all the ballots could be counted in one-half hour by Council, and this would allow us one more program meeting a year, or a bang-up, snappy social meeting.

So then I again offer this suggestion of Ballot-by-Mail for your consideration.

## PROPOSED AMENDMENT TO THE BY-LAWS OF THE MAHONING COUNTY MEDICAL SOCIETY

Art. I: This section repeals Section 1 of Chapter IV of The By-Laws of this Society.

Art. II: Election of Council and Officers.—

Sec. 1. Candidates for membership in the Council of the Society shall be nominated by means of a direct primary as follows:

Not less than 5 weeks nor more than 6 weeks prior to the Annual Meeting, which shall be the regular December meeting, the secretary shall mail to each member of the Society a list of all the members except the outgoing president, the president-elect, the hold-over delegate, and the hold-over censors, whose names shall be omitted; and shall include with such list a statement that each member shall vote by secret ballot for twelve (12) candidates; that of the twelve (12) candidates so nominated one will be the president-elect; and that ballots cast for candidates must be received by the secretary, by mail or otherwise, within 10 days from the date of such notice. The twelve

(12) members receiving the highest number of votes shall be the candidates for Council. Within 7 days thereafter the names of such candidates shall be placed upon a ballot and mailed by the secretary to each member of the Society, with a statement that each member shall vote by secret ballot for six (6) of said candidates; that in the absence of a tie the member receiving the highest number of these votes shall be president-elect; and that ballots so cast must be received by the secretary, by mail or otherwise, within 10 days of such mailing of ballots. The six (6) candidates so receiving the highest number of votes shall be elected; and the one candidate of this six (6) so receiving the highest number of votes shall be the president-elect, except that in case such highest number is a tie vote, the president-elect shall be selected as provided under Sec. 2 of this article for the other officers.

Provided, that any nominating ballot  
(Continued next page)

lot showing fewer than eight (8) members or more than twelve (12) members voted for as nominees; and any election ballot showing fewer than five (5) members voted for for election, shall be invalid.

Provided further, that the secretary shall accept no returned ballots except in sealed envelopes which sealed envelopes shall be opened within 2 days after the designated time limit for receiving them, in the presence of at least five (5) of existing Council, who shall conduct at such time the counting of the said ballots.

Sec. 2. The six (6) members so elected, and the incoming president, the hold-over delegate (or delegates), the 2 hold-over censors, and the outgoing president as the new censor, shall meet within 5 days after the counting of the election ballots and shall by secret ballot select from the six (6) just elected by the Society a president-elect (only in case of a tie vote, as provided in Section 1), a vice president, a secretary, and a treasurer. They shall, at the same meeting select a delegate, either from the six (6) just elected by the Society or by re-election of the delegate whose term has expired.

Provided, that the delegate shall be selected for a term of 2 years, and that only one delegate shall be elected each year, unless or until the quota allowed shall increase in number by one; in which case the term of office of delegate shall be for a term of 3 years, and the terms shall be so adjusted at that time as to permit of but one vac-

ancy in this office to be filled in the above manner each year thereafter.

And provided further, that the outgoing president shall automatically become censor and shall hold said office for a term of 3 years.

And provided further, that no member shall hold simultaneously more than one office; nor shall any officer be elected or appointed to another office until after the expiration of the term of the office which such member may hold.

And provided further, that the above, together with the editor of the Official County Medical Society Publication shall constitute the Council; but said editor shall have no vote as to the election of officers.

Sec. 3. Official County Medical Society Publication Committee.

(a) The Official County Medical Society Publication Committee shall consist of eight (8) members, two (2) of whom shall be appointed by the president each year, for a term of 4 years;

Provided, that for the Presidential year, beginning in December, 1934, the President shall appoint two (2) members for a period of 4 years, two (2) members for a period of 3 years, two (2) members for a period of 2 years, and two (2) members for a period of one year.

(b) From its membership The Official County Medical Society Publication Committee shall select the editor and the business manager of the Official County Medical Society Publication, who shall serve for one year.

## ANALYSIS OF PROPOSED AMENDMENT

A. It is truly Representative:

You vote secretly, in the privacy of your home or office, for the nominees, representing your first and second choices for Council, and in so doing you are aware that of the twelve (12) receiving the highest number of votes, one will be the next president-elect.

In the same way, of the twelve (12) thus nominated, you designate the six (6) whom you prefer for election to serve on Council; and the six (6) receiving the highest

number of votes will be the new members of Council, the one, if any, receiving the highest number of votes thereby becoming the next president-elect.

Provision is made under the first proviso to prevent unfair concentration upon one individual, and in this way the members of Council must be actually the choices of the Society.

B. Personnel of the Council:

Every member of Council, as

(Continued p. 25)



# THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

## OFFICERS OF THE SOCIETY

JAMES B. NELSON, M. D., President      WM. M. SKIPP, M. D., Secretary  
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Published Monthly at 243 Lincoln Avenue, Youngstown, Ohio.

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## THEY CAME; THEY CONQUERED

The Seventh Annual Postgraduate Day is now history. The four captivating gentlemen, Drs. Meakins, Penfield, Collip, and Fraser, not only measured up to our expectations, which were very high, — but they exceeded them. In addition to being the scientists par excellence that we knew them to be, they were all that and much more,—they were loveable human beings!

That the day was a success in every conceivably desirable and agreeable way, everybody realizes. The attendance was unusually large, indeed it was astonishing for such times as these. And one feature of the day, noticeable and gratifying, was the rapt attention of the large audience, not for this paper or that, — but for all of them. Few people left the assembly room from the time a session opened until it closed. This is an eloquent testimonial to the earnestness of the listeners,—they came to hear and to learn; but it is more,—it is proof irrefutable that the teachers were delivering the goods,—as indeed they were! We are most grateful to our McGill friends!

This recurring Annual event,—“Postgraduate Day”—has become, so far as we are concerned, an established institution. There are problems in connection with it which require much work upon the part of our membership. Aside from the day's routine management, a vast amount of thought and planning are essential, weeks and months before, to arrange for the faculty and to shape the content of the Day. These are duties our membership must understand to be theirs, resting this year upon this group, next year upon another group, and every year, in a general way upon us all.

In booking the McGill group this year, the only days of the week when they could be away from their teaching duties were Friday and Saturday. Therefore, I had no alternative except to choose between those two days, and neither was as good for us as Thursday would have been. Had Thursday been available, reports indicate that the attendance would have perhaps been 100 more!

(Continued next page)

## AMONGST OUR COLLEAGUES

"At regular intervals, from varied sources, comes the inquiry why 'something isn't done' about this or that. We are confronted with problems and conditions that are not to a doctor's liking. Their solution is not born of the moment. Many of them will never be solved or adjusted until every doctor relinquishes the argumentative attitude for one of cooperative action and support.

"If you render services at a discount or a split of the regular fee; if you serve in a clinic or dispensary where persons able to pay receive free service; if you are filling out insurance certificates for no fee; if you are failing to practice preventive medicine, and stand by while parents take their children to health clinics; if you neglect to cultivate and enlighten your senator and representative—if—well, if you fail to play an active part in your County Society and your community, you will find the answer why something isn't being done by looking in your mirror, for the answer is because of YOU. If all the 'you's' would rally in support of your County Society, satisfactory solutions would be attained. Will 'you' get busy? Will 'you' go to work? File your answer at your next county meeting."

(Reprinted from Journal, Michigan State Medical Society).

"When the sick industrialist adopts a code of the ethical significance of the Hippocratic code, there will be no need to talk about the socialization racket." (Illinois Medical Journal).

"A good medical meeting is the most potent means for the promotion of good fellowship among the individual members of a society. . . A medical meeting that fails to leave in each member a desire to go forth

## THEY CAME (Continued)

These things pose a question: With the return of even moderate prosperity, how are we to handle the large crowds we are sure to have for Postgraduate Day? It is not too early to be thinking of this.

Now let us turn our thoughts ahead to still more useful Society activity!

and become a better doctor is not an ideal meeting. . . . The prime need of keeping its members well-informed in medicine is recognized by every association of physicians the world over." (Iowa State Med. Journal).

"In 1905 the traveling charlatan stopped in town and talked to 300 or 400 persons. Perhaps in ten years he could visit the whole country, but by that time the people of the town he first visited had forgotten him. Today we have the newspaper and especially the radio, and by these means the modern charlatan may swing twenty million to forty million at one time." (Bulletin of the St. Louis Medical Society).

"If we are simply going to hang our clothes on the hickory limb and keep away from the water for fear it contains the spawn of State Medicine or the scum of bureaucracy, or the sharks of pauperism, we will be in no position to defend ourselves sensibly in a changing world, for we will not be in a position to know whereof we speak. This is surely no time for preconceived ideas, for, to quote Lincoln Steffens, 'If you know too surely, you cannot learn'. Let's look carefully for the spawn and the scum and the sharks now so that we can either go swimming or seek a 'better hole.'" (E. P. H. in Jackson County Med. Journal).

"At present, Chicago holds rather a remarkable position in respect to contagious disease prevalence. There has not been a case of smallpox in the city during the past ten months, and this is as it should be. However, freedom from this disease is likely to lead to dire consequences in the future, unless serious heed is given to the matter of vaccination, for when little smallpox exists, vaccination is invariably neglected. As a result, the number of susceptibles increases from year to year until, with a large unvaccinated population, conditions are ripe for an extensive outbreak if the disease suddenly appears in the midst of the unprotected." (Dr. Archibald Hoyne, in the Chicago Medical Society Bulletin).

## MEDICAL FACTS

BY J. G. B.

The most common seat of emboli is in the lungs. Next in order of frequency are:—the kidneys, spleen, brain, iliac artery, axillary artery, celiac axis (hepatic and gastric), central artery of retina, superior mesenteric, inferior mesenteric, abdominal aorta, coronaries.

Cholesterin crystals in the aspirated duodenal contents indicate the presence of a stone in the common duct. Lyon's explanation is that these crystals have been washed off the stone by the flow of bile.

Twenty per cent. of all inmates of hospitals for the insane are there because of syphilis.

The incidence of blindness due to ophthalmia neonatorum has been reduced from 26.6 per cent. in 1906 to 7.5 per cent. in 1931 as a result of the Crede Method of treating the eyes.

Cesarean section is so named because one of the Caesars (not Julius) ordered that any woman dying at or near term was to be subjected to this operation in order to save the child.

According to McCrae the tars liberated by the combustion of automobile fuel and those used in the construction of roadways are responsible for the tremendous increase of carcinoma of the bronchus in the past quarter of a century. He also calls attention to the fact that the date of the increase of cigarette smoking coincides with the increase of malignancy of the bronchi.

And speaking of tars—according to some observers the tar products liberated by charred kegs in which whiskey is kept, are the cause of hepatic cirrhosis. This belief rests on the fact that laboratory animals practically always develop this condition when tar compounds are injected repeatedly.

Some pediatricians believe that a suspicious cough in a child can be safely diagnosed as pertussis if the number of lymphocytes exceeds 10,000, and the blood sedimentation rate is normal or below.

Don't put any atropine into the eyes of a patient of forty or over,

as it may precipitate a glaucoma resulting in blindness.

Aortic stenosis is almost as common as is mitral stenosis. We find this out when we look for it.

In middle-aged patients with aortic stenosis angina may be caused by cutting down the coronary blood supply without coronary disease.

A white family showing oval and elliptical red blood cells was recently studied by Dameshek of Boston. This disorder is an inherited characteristic, and was supposed to be met with in the colored race only. Sick-cell anemia appears to be the ultimate result in this abnormality.

About 4 per cent. of all cancers of the cervix occur in women of thirty or younger.

In discussing a case of a forty year old man who died of coronary thrombosis, and whose heart weighed two and a half times the normal (750 grams), P. D. White says, "We were once taught that coronary disease does not give rise to enlargement of the heart, but now we know differently, for some of the largest hearts we have seen have developed after coronary thrombosis".

Occasionally the pulse of a patient with cardiac disease will slow down with exercise or excitement, instead of becoming accelerated, as is usually the case. This paradox is due to the fact that the conduction of impulses from the auricle to the ventricle is greatly impaired in this patient. For example, at rest, when the auricle beats 72 times a minute, there is a delayed conduction, but the ventricle is still able to respond to every auricular beat. On exercise, however, the auricular rate may rise to 96 but the ventricle can only respond to every other auricular impulse (two to one heart block), hence the pulse drops from 72 to 48 a minute. Digitalis should never be given in such cases as it may cause complete heart block. When in doubt, an electrocardiogram or a polygram will clear up the situation.



**JUNE MEETING**

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**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**

**THIRTEENTH ANNUAL CONVENTION  
OF THE**

**AMERICAN PHYSIOTHERAPY ASSOCIATION**

Hotel Cleveland, Cleveland, Ohio

**Wednesday, June 13th**

- 9:00 A. M. BUSINESS MEETING.  
ELECTION OF OFFICERS.
- 12:00 M. OFFICERS' LUNCHEON.
- 4:30 P. M. TEA.
- 8:00 P. M. ADDRESS OF WELCOME—Clarence H. Heyman, M. D.,  
Sec'y of the Academy of Medicine, Cleveland, Ohio.  
"ARTHRITIS AS A GENERAL MEDICAL PROBLEM"—  
R. L. Hayden, M. D., Cleveland Clinic.  
ADDRESS—To be announced.

**Thursday, June 14th**

- 9:30 A. M. BUSINESS MEETING.
- 2:30 P. M. TRIP TO RAINBOW HOSPITAL.  
ADDRESS—By Maxwell Harbin, M. D., Cleveland, Ohio.
- 6:30 P. M. DINNER (enroute to Nela Park).
- 8:00 P. M. VISIT TO NELA PARK, Laboratory of General Electric.

**Friday, June 15th**

- 9:30 A. M. BUSINESS MEETING.
- 2:00 P. M. "LOW BACK DISABILITY, ITS ETIOLOGY AND TREAT-  
MENT"—Wallace S. Duncan, M. D., Cleveland Clinic.  
SYMPOSIUM ON POSTURAL PROBLEMS—To be An-  
nounced.  
"HEALTH EXAMINATIONS IN THE DETROIT PUBLIC  
SCHOOL SYSTEM."—To be announced.
- 7:30 P. M. BANQUET (informal)  
"DEVELOPMENTS IN THE FIELD OF FEVER THER-  
APY,"—Frank H. Krusen, M. D., Philadelphia, Pa.

## DR. JOHN H. STOKES

No honor-roll of the names of those in Medicine whose scientific contributions are of the highest importance, could fail to include that of Dr. John H. Stokes.

Beginning some 20 years or so ago, and constantly gaining in quality and penetration, his writings on dermatological subjects and on syphilis have become almost classical. In addition to his painstaking accuracy, he is a challenging rival of Sir Wm. Osler in lucidity and beauty of expression. How many separate contributions he has made to these subjects it is not easy to guess. Scarcely a month passes, however, without some timely and thoroughly considered product from his facile pen.

It was Osler who said, "Know syphilis, and all things medical shall be added unto you". The deduction is easy: We have a clean-cut, comprehensive, clear, and most carefully detailed account of syphilis in Dr. Stokes' text on that subject, "Modern Clinical Syphilology". The adjectives used describe the book in important particulars,—but add to these one other—"readability,—delightful readability",—and you have Dr. Stokes' book in its right light.

As a speaker, Dr. Stokes "follows through". There are few men who can present a difficult subject, to any audience, with such warmth and vitality. You will be enthralled with his "plainness-in-elegance" of speech. No matter what your particular medical interest may be, you will feel that there is something being said that is valuable to your own scientific progress.

Dr. Stokes began his career at the University of Michigan. He was for many years at Mayo's, where much of his brilliant investigative work was done. From Mayo's he was called, several years ago, to the Professorship at the University of Pennsylvania, and in his new environment he has gone forward with ever-increasing vigor and range.

The Mahoning County Medical Society again has cause to feel very greatly honored in the coming of Dr. Stokes to us. Needless to say, we are profoundly grateful.

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### AT CLEVELAND

Regular Academy Meeting

Friday, May 18th,—8:15

WALTER C. ALVAREZ, M. D.

Clinical Professor of Medicine, Graduate School,  
University of Minnesota

SUBJECT

"Some Causes of Nervous Indigestion"

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June 7th,—8:00 P. M.

The American Association for the Study of Goitre

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*Both Meetings at Medical Library Auditorium*

**MAY MEETING**

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**DR. JOHN H. STOKES**

Professor of Dermatology and Syphilology  
University of Pennsylvania

SUBJECT

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

*and*

**DR. C. L. CUMMER**

President of the Ohio State Medical Association

SUBJECT

“The Organization View-Point”

Tuesday, May 15th,—8:30 P. M.

**YOUNGSTOWN CLUB**



## THE DECLINE OF SPECIALIZATION, UNLESS!

BY SIDNEY M. McCURDY, M. D.

It is recognized that all matter is alive and that it follows natural laws which direct it toward progression or decay. All the sciences teach that cooperation is necessary for success and that within a specie or act there inherently lies the means to accomplish or fail. There is no difference between the laws that guide the organic and inorganic worlds, and they must be followed if disaster is to be avoided. So too, social evolution demands cooperation between person and person, group and group, nation and nation, if any useful and lasting progress is to be attained. Social life is concerned with the personal struggle, but at no time can the individual be allowed to obstruct the progress of the whole.

Careful study reveals the fact that unmanaged specialization has within it the seeds of its own destruction. Man, as far as we know, is the best equipped, mentally, to adapt himself to his environment. Many forms of life have become extinct because of over-specialization and disappeared from the earth. The "Dinos" became so large that adaptation was impossible; and insects, so specialized their nourishment that when their food ceased to exist, so did they. These failures depict anatomical and physiological over-specialization. The same sort of law has improved or harmed nations, perhaps due to an over-developed war psychology, possibly to too much emphasis on material things and too little on the ethical, or quite likely to an abnormal ego which destroyed the necessary cooperative relation.

I think a basic fault in specialism lies in the fact that when effort becomes too selective, there is a separation of its necessary component activities and a consequent disruption of correlated endeavors. Medicine, industry, banking, politics, and religion are specialties within themselves and may be individually well conducted. But they may be moving along separately, and unrelated to each other, though furthering in like groups their own existence, even

if it be to the detriment of progress. Special groups can gather together people with special knowledge and employ them profitably, but still fail to correlate their group activity with units of like character and thus produce a destroying competition. The leaders may become, it is true, experts concerning steel or textile manufacture, the banker may be keen at money-getting and lending, and the man of science may discover wonders. But what good is it all if each group thinks only of itself, or its small unit, and selfishly uses its knowledge in a manner unrelated to, and detrimental to, society as a whole? Over-specialization tends to destroy, not to create.

Dr. Ruthven, president of the University of Michigan, calls attention to the fact that schools and colleges have so specialized their courses and methods of teaching that too often the finished educational product has been unable to correlate the facts learned, and, therefore, the expensive training has been less useful and productive than it should have been. The present break-down of industry and commerce is but a result of unregulated over-specialization.

The problem of today is to determine to what force the regulatory power shall best be given. A super-power must be used and that control must be lodged in some greater organization composed of all and in the control of all. Our natural instrument for such control is government, but even government is a political specialty as now organized, and is, therefore, subject to the same laws of evolution and their faults. It would seem that the most effective method for the control of over-specialization is a board of specialists from all branches of human activity who would be, if honest, competent to draw up the rules which government could enforce. It is next to impossible for any special unit, big or little, to clean its own house, for its perspective is quite localized at its own boundary line. It has become too individual-

istic to relate itself properly to the whole.

The specializing of medicine carries within it the same inherent dangers that I have outlined, so let us apply the yardstick to ourselves. This neoplasm has insinuated itself into our habits from time immemorial. The benign tumor has assumed the character of malignancy, but a cure can be effected if the diagnosis be made early and appropriate treatment instituted. We see that about a third of our students while in college have selected and are training for their future specialty. We know that in the cities it is variously estimated that 50 to 60 per cent. call themselves specialists of some sort.

We recognize that until very recently there was no standard requirement that compelled satisfactory training for such work, except that which each physician set for himself. There has been no correlation or thought of cooperation with the needs of society. Hence, we see too many specialists in the cities and too few in the rural districts. We have not planned to meet the size of the nation's pocketbook, and have offered to the public too expensive service, often where and when it was not needed. Mayo, Dean Lewis, and others believe that general men can satisfactorily treat, in an expensive way, 80 per cent. of the ills of mankind.

This plethoric condition of specialization has blossomed so rapidly that it startles us into a deep analysis. Its evils cast a shadow that is all too clear, and its possibility for harm indicates that it must be controlled. Only 40 years ago, I remember when a good general practitioner was severely criticized because he was too prone to ask for the services of an expensive specialist. Dr. H. G. Cornwell was the first doctor in Youngstown to limit his work to the Eye and Ear. This was in 1874. As medical knowledge has increased, the specialties have sub-divided human anatomy into selected parts for study, until today any sub-division may be worth a man's devoting his entire time to it.

But what of the General Practi-

tioner who can cure 80 per cent. of the cases? He is disappearing faster and faster when we want him to come back the most. The specialist finds greater competition for the 20 per cent. of cases in which he is needed, and too often cuts fees to meet the competition. The specialist demands the cases earlier and earlier that he may obtain a good result, and if this sorting of cases is carried out as he wishes, the general man becomes but a dealer of the cards and not a player, and degenerates into a poorly paid medical capper. If and when this condition prevails, the general man will lose his prestige with the public, will hardly survive economically, and will degenerate mentally. If and when this happens, the fees of all, and I mean income, will fall because of the over supply of specialists. The public then will demand the specialist's services for the general man's fee.

As I see it, the field of special work must be under control at all times. The specialist of the future must be selected from the youth of today. Dr. Lewellys Barker says, "Though the actual work with patients of a man with good preliminary training is his best postgraduate clinical 'educator', still there is need also of a whole series of adjunct educative opportunities. The man who is to become a specialist of the higher sort in any branch, must work alongside of, and under the direction of, a master in that branch". Only years of general work can make a man qualify. So, I think, all things being equal, youth will have to do the hard work and age should be able to qualify, after proper training, for specialism.

It is quite the fashion for groups of specialists to form societies to aid their advancement. Some do, by moral persuasion, set up standards for admission to their organizations, and thus cull out their misfits, but not for society at large. The time is here now, when the preceptorship system to gain knowledge for a specialty must be discarded in favor of a controlled postgraduate school for specialization.

(Continued p. 24)



## BARIUM ENEMA

BY JOSEPH POREMSKI, M. D.

The purpose of this paper is to review, briefly, the various findings in the affections of the colon, by means of barium enema. In the days when Roentgen ray was unknown, palpation was the main method of determination of disturbances in this part of the intestinal tract. In 1862, Wachmut and Simon attempted to explore the large bowel by means of a long tube passed per anus as far as the ileo-cecal valve; the measure, however, was found inapplicable for obvious reasons. After the discovery of the Roentgen ray, barium enema was developed and today this method, with modifications, stands as the most valuable means in the examination of the large bowel.

Technically, the method is quite simple, although some experience is necessary to obtain satisfactory results. It elicits facts of diagnostic value and is helpful in cases of obstruction because it determines the location, degree and, in less measure, the nature of the condition. It also clears up doubt in suspected colonic obstruction as well as in similar conditions at the terminal ileum, by a reflux of the enema through the ileo-cecal valve. It affords visualization of numerous anomalies, such as the length, displacements, retarded development, angulations, atony, hypermotility, and hernias. Though the deviated morphography does not constitute a disease, still its presence is recognized as a direct predisposition to various pathological changes.

The most important signs as revealed by the opaque clymsa in diseases of the colon are as follows: (1) Irritability of the bowel; (2) arrest or noticeable hindrances in the ascent of the barium column; (3) a filling defect in the shadow of the barium-filled colon; and (4) local or general absence of the haustra. The foregoing phenomena are not pathognomonic of any particular disease of the colon, because any one of them, or in combination, appear in all organic affections of the large bowel. When present they

should be regarded only as an evidence of pathological disorder.

To arrive at a proper diagnosis, the large bowel study should constitute a part of the general roentgenological examination of the entire gastro-intestinal tract, including the gall bladder. In addition, such valuable data as history, laboratory tests and general physical examination should be considered.

The diseases of the colon most commonly observed are: neoplasms, tuberculosis, diverticulitis, and ulcerative colitis. Roentgenologically, their diagnosis is best carried out by means of barium enema.

### Chronic Ulcerative Colitis:—

In the examination of this affection one is impressed with the filling of the colon. The enema travels very rapidly and in a few seconds reaches the caecum. If the caecum be involved, the ileo-cecal valve remains patent, which is shown by the simultaneous trickling of the barium into the terminal ileum. Morphography of the colon is markedly changed; the course is not infrequently very straight; the flexures become almost right angles; the moorings are displaced downwards; the haustra are subdued or gone, and both the size of the lumen and the length of the bowel are reduced. A soft, pliable, and thin-walled tube with gentle windings and twistings has been transformed into a thick-walled, tense and sclerotic string of "sausages". Mucosa ulceration may be seen by the presence of furry or moth-eaten shadows along the periphery of the barium column. Niche-like projections, extending out from the wall of the bowel, may be regarded as representative of deep ulcers. In acute colitis, however, extreme hyper-irritability might be the only demonstrable sign.

**Tuberculosis:** Here the opaque enema reveals localized deformity, usually in the proximal half of the colon, and particularly in the neighborhood of the ileo-cecal valve, the usual seat of tuberculosis. With the deformity, there is irritability and spasm. The caecum may re-

fuse to retain barium and due to insufficiency of the ileo-cecal valve, the barium is permitted to enter the terminal ileum. The hyperplastic mucosa very frequently gives a mosaic appearance to the barium shadows, thus forming a contact to the uniformly filled distal colon. All of the above signs collectively do not signify pathognomonically of colonic tuberculosis; nevertheless, one is justified in assuming it to be such, if an active or inactive pulmonary lesion is demonstrable.

**Diverticulitis:** Diagnosis of diverticulosis by means of barium enema is not difficult. These sacculations of various sizes can be seen as nipple-like shadows, projecting from the periphery of the bowel. They occur most frequently in the sigmoid. Inflammatory processes of one or more of these sacculae produce spasm of the bowel, and the resulting filling defect may be so pronounced as to render differentiation from carcinoma quite difficult. Under such circumstances, the use of belladonna for a short period before examination, or amylnitrite during examination, should clear up the doubt.

**Neoplasms:** Benign tumors of the bowel are rare; malignant quite common. In these lesions barium enema reveals two important signs; namely, obstruction and a filling defect. If obstruction is encountered, an effort should be made to have some of the enema pass proximally to the growth so that the full extent and configuration of the tumor may be visualized. The point of the obstruction is palpated not only to determine the presence of a mass and tenderness, but, also its relation to shadowed changes in the colon. With signs of obstruction, there is invariably an interruption in the column of barium, the border of which usually presents a ragged appearance. The latter sign is best visualized on the film. Canalization, and distortion of the bowel, may also be present. Though the above signs might be suggestive of a tumor, specific diagnosis cannot be made because a number of conditions, pathologic or otherwise, may produce identical phenomena. A filling defect may be produced by

gas in the bowel, by air introduced with the enema, or by the pressure of the spine at the point where it is crossed by the transverse colon, by spasms, or by extrinsic tumors indenting its outline. Differentiation of tuberculosis of the bowel from a scirrhus cancer is difficult even at autopsy (Assman). However, it is permissible to base our diagnosis of malignancy on the basis of these signs, if in addition there is a history of colitis of variable degree and a rapid change in physical symptoms.

Inasmuch as our goal lies in the recognition of malignancy in its early stages, the employment of barium enema alone may not prove adequate. Unsuspected cases and cases without clinical manifestations, except constipation alternated with occasional diarrhea, particularly after forty years of age, do not, as a rule, present the classical signs of obstruction and a defect in the filling. In such instances, roentgenologists resort to what is known as the double contrast enema. This measure brings out details, eliminates errors, and furnishes us with additional information in other affections of the colon. It consists of insufflating the colon with air after a sufficient amount of the opaque enema has been allowed to escape from the bowel. Inflated to its full extent, and with the barium remaining, driven to the mucosa, the bowel affords us an excellent observation for valuable details. By this method, early neoplastic growths may readily be detected by their projections into the lumen from the walls of the colon.

In conclusion, it can be said that although barium enema provides us with a weight of convincing evidence of what is going on in the bowel, the roentgenologic interpretation, generally, is limited to the actual shadow phenomena observed. Carmen and Fineman state "that a final diagnosis must be based on correlation of all known data, but sometimes a specific diagnosis cannot be made with assurance until a biologic examination of the tissue removed at operation has been made".

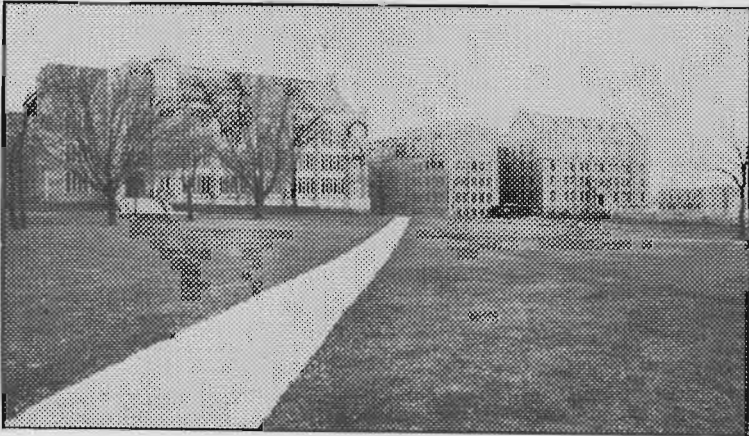


## COLLEGE OF MEDICINE, OHIO STATE UNIVERSITY

By E. H. JONES, M. D.

On March 1st, 2nd, and 3rd, 1934, the College of Medicine of the Ohio State University celebrated its 100th anniversary. More than 1000 of the 2040 living alumni returned to Columbus to take part in this celebration.

As a descendent of the Department of Medicine of Willoughby University of Lake Erie, the College of Medicine of Ohio State University is the oldest medical school west of the Allegheny mountains. It was founded March 3rd, 1834, on



PANORAMA OF MEDICAL GROUP

Hamilton Hall, Starling Loving Hospital and Kinsman Laboratory

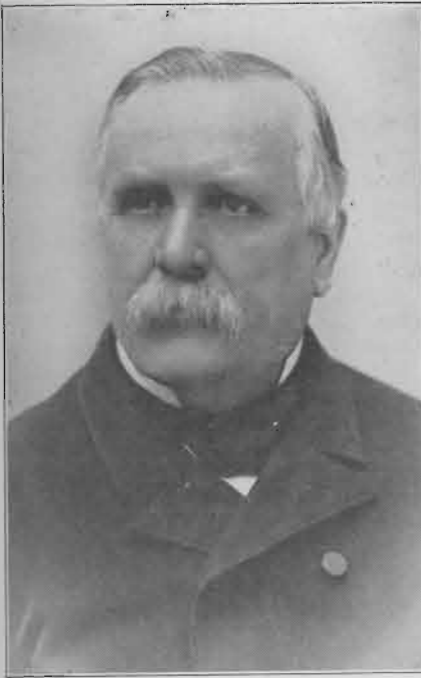


LYNN STARLING

Founder of Starling Medical College. His contribution of \$35,000.00 in 1847 gave courage which enabled others to carry on.

the banks of the Chagrin River, some 11 miles southwest of Painesville, in the wild stretches of the new Western Reserve territory. In those days Willoughby was known as Chagrin, and was a small village composed mostly of New England people. The medical department had a faculty of men largely recruited from the "Fairfield School" and the "Berkshire Medical Institute." In 1843, the Cleveland Medical College, now the Department of Medicine of Western Reserve University, was organized by a group from the faculty of the Willoughby School. Following this division among the faculty members, the responsibility for the future conduct of the school fell upon the shoulders of those who remained at Willoughby. The Ohio Legislature, in 1846, amended the charter of Willoughby University, permitting the transfer of its medical department to Columbus, and the school was designated as the Willoughby Medical College.





J. W. HAMILTON, M. D.  
Furthered Medical education in Ohio. In his memory Hamilton Hall is named.

On the 3rd day of November, 1847, Willoughby Medical College of Columbus opened its regular session in a wooden shanty on the northwest corner of High and Gay Streets. Columbus at that time had a population of only 12,000. That same year, Lynn Starling, a Virginian, became vastly interested in the new medical college and made a gift of \$30,000.00 to the school. Later he contributed an additional \$5,000.00 on condition that a hospital would be built in connection with the college. These gifts brought about certain changes in the organization and control of the school and its name was changed to the Starling Medical College.

In the midst of our present local and national financial worries it is interesting to reflect on similar troubles which the Columbus Medical Profession had to solve. Of the various plans submitted for the new building, that of R. A. Sheldon of New York was the most attractive. The estimated cost was \$30,000.00, so the authorities decided to

use all their money, hoping to be able to furnish any additional needful sums from the proceeds of tuition and contributions from friends. As is so often the case, the architect had greatly under-estimated the cost, and all of the money was used up before the walls were ready for the roof. Before the building had been completed the faculty and trustees found themselves in debt to the extent of \$40,000.00. On account of their lack of business experience, and with a firm determination to carry out the principles of medical teaching, the faculty and trustees gave their labors without pay and contributed from their private funds to the institution. Finally, by 1875, they were able to work themselves out of debt.

Under this new name, Starling Medical College, the school continued to operate until 1907, when it was merged with the Ohio Medical University, (a school founded in 1892) and assumed the name of Starling-Ohio Medical College (Starling had previously absorbed the Columbus Medical College), an institution organized in 1875 and continuing until 1892.

(Continued p. 29)



D. N. KINSMAN, M. D.  
Chancellor of Ohio Medical University. In his memory Kinsman Hall is named.



## NOTES FROM OUR NIGHTINGALES

In these days of insufficient employment it behooves the nursing profession to consider the yearly addition to its number produced by the training schools in Ohio. We all realize that hospitals have grave financial problems to consider, and many of them would feel unable to continue without the student nurse; yet it seems only reasonable to acknowledge the necessity for a reduction in numbers and to plan how best this reduction may be secured with the minimum of inconvenience to the nurse, to the hospital, and to the public. The eight-hour day is a palliative measure and should be continued; but after all, it will not always supply sufficient work for everyone if the training schools continue to pour out increasing numbers of nurses for the public to support.

Several methods of decreasing the numbers in training have been tried with varying success. The main methods used have been: (1) closing of smaller schools; (2) admission of smaller classes; (3) decreasing the number of classes admitted; (4) employment of more graduate nurses for general duty in hospitals; (5) raising the standards for admission to training schools.\*

A short resume of the June 1933 report of the Chief Examiner for Nurse registration furnishes some interesting figures:

"Since the passage in 1915 of the Nurses Practice Act in Ohio, 18,616 nurses have been registered in this State. In 1933 certificates were issued to 1325 applicants. There are 74 accredited schools of nursing in Ohio with a bed capacity of 15,076

and a student body of 4220."

The Commencement Exercises of the Youngstown Hospital Training School will be held in the Stambaugh Auditorium Wednesday, May 9th. A class of thirty-six will graduate. Dr. W. H. McMasters of Mount Union College will give the Commencement Address. The exercises will be followed by a dance for the graduates and their friends. A cordial invitation is extended to all members of the Mahoning Medical Society to attend these exercises.

Baccalaureate services for the graduating class and their friends will be in the First Presbyterian Church, Youngstown, the evening of Sunday, May 6th, 1934.

The biennial convention of the American Nurses Association, The National Organization for Public Health Nursing and the National League of Nursing Education will be held in Washington, D. C., April 22nd-27th, 1934. An interesting highlight will be the dedication of the Jane Delano Memorial presented by the Nurses of America. The following delegates will represent District No. 3 at this convention: Miss Boyd, East Liverpool; Miss Peterson, Youngstown; Miss Neilson, Youngstown; Miss Latimer, Warren; Miss Martin, Warren; Miss Modeland, Youngstown; Miss White, Youngstown; Sister Mary Linus, Youngstown; Sister Mary Theothane, Youngstown; Miss Yoder, Warren, Miss Radaker, Youngstown.

\*Ohio now requires a 4 year high school course as a prerequisite for nurse training instead of the 1 year required until July 1933.

### SPECIALIZATION (From p. 19)

The day is here when it is as important that the right to practice a specialty shall be controlled by a State Board of Medical men, as it now is to obtain a certificate to practice medicine at all. The value of moral suasion is great, but it is not powerful enough. The use of license to regulate preparation and control is vastly more valuable.

I do not wish it to be understood that I am opposed to specialism

*per se*. But I am opposed to too many specialists, to those too poorly prepared, and therefore to the unnecessary expense thereby created for the public to bear. We will, in the last analysis, be regulated by public demand, and if we do not organize ourselves properly, the Society will over-correct the abuses that they fancy that we practice. One road to social medicine is along the route of over-specialization.

**AMENDMENT (From p. 11)**

above constituted, except the editor, will have become so as the result of the vote of the Society. In the election of officers the editor will have no vote.

The Council, besides the editor, will consist of eleven (11) members, five (5) of whom will be experienced hold-overs, including the new president (who will have served as president-elect the previous year).

**C. Democratic:**

Democracy is maintained on an efficient basis by virtue of the selection of the other officers by Council, who, in turn are councilmen because of your vote. As a matter of fact, four (4) or even five (5) out of the six (6) selected by your ballots will become new officers, and this method of their designation will be more efficient than their direct election.

**D. Rotation:**

By omission from the nominating ballot of the names of the outgoing president, the president-elect, the hold-over delegate, and the 2 hold-over censors, "new blood" must constantly be brought into control of the Society, a point itself of great value in that increased participation in Society-control and responsibilities, will increase membership interest. Furthermore, even if a "clique" should ever decide to "run" the affair, it would be almost impossible to do it.

**E. Efficient:**

This is a time-saver, and avoids, in a democratic way, the long-drawn-out, useless balloting at the Annual Meeting.

**INFANT WELFARE STATIONS**

BY L. H. MOYER, M. D.

Along with all other procedures and methods, the Infant Welfare Stations have been brought under the focus of the searching eye of Medical Economics. A recent conference with Miss Modeland, director of the stations, shows that an investigation, similar perhaps to the one in Cleveland, would be welcomed, if it would serve to correct some

of the misconceptions held by some physicians regarding the stations.

As implied in the name the stations are not only essentially but entirely welfare or health-maintenance clinics. Their function lies entirely in the realm of preventive, and not therapeutic medicine. That, and an earnest attempt to cement the existing relationship between the family and the family's own physician, is the creed of the welfare station, but the health of the infant is its objective and its ideal.

Nurses do not solicit attendance at the stations. On home investigation, if the families are found to be financially able, they are urged to discontinue attendance at the station and report for periodic health examinations to their own physicians. A great many cases that would otherwise go untreated are seen at the stations and urged to place themselves under the care of their own physicians. A great effort is made to inculcate a sincere regard for the value of periodic health examinations. The welfare stations continue guidance only until the child reaches six years of age, but the habit of periodic health examinations is formed both for the parent and the child. How splendid, and how remunerative to the physician would be the fostering of this habit.

Such a plan is feasible. In a recent national survey of 37 cities, ranging from 105,000 to 224,000 population, Youngstown was found to rank 19th in periodic health examinations and 15th in immunizations. Both these operations are a part of the function of the welfare stations; but the city ranked only 24th in vaccinations, a procedure not performed at the stations. Let us build up before we attempt to tear down lest the iconoclastic impulse reduces us in self respect, to a point lower than ever could have been reached by the extraneous forces of economic depression.

"If to do were as easy, as to know what were good to be done, chapels had been churches and poor men's cottages princes palaces."

--Shakespeare.



## DOCTORS WHO HAVE SUBSCRIBED FOR COURSE IN PHYSIOLOGY

Dr. W. K. Allsop	Dr. Sidney McCurdy
Dr. C. M. Askue	Dr. J. N. McCann
Dr. M. H. Bachman	Dr. A. Marinelli
Dr. H. J. Beard	Dr. H. E. Massy
Dr. W. H. Bennett	Dr. W. O. Mermis
Dr. M. I. Berkson	Dr. H. C. Miller
Dr. H. E. Blott	Dr. F. F. Monroe
Dr. A. E. Brant	Dr. A. C. Montani
Dr. Jas. D. Brown	Dr. R. R. Morrall
Dr. J. G. Brody	Dr. R. G. Mossman
Dr. W. H. Bunn	Dr. L. H. Moyer
Dr. G. E. Byers	Dr. R. H. Middleton
Dr. P. L. Boyle	Dr. H. E. Mathay
Dr. C. H. Campbell	Dr. J. F. Nagle
Dr. J. Cavanaugh	Dr. Jas. B. Nelson
Dr. C. R. Clark	Dr. G. G. Nelson
Dr. Wm. A. Clark, Jr.	Dr. Dean Nesbit
Dr. L. G. Coe	Dr. John Noll
Dr. W. D. Coy	Dr. C. B. Norris
Dr. H. E. Chalker	Dr. M. W. Neidus
Dr. Morris Deitchman	Dr. D. B. Phillips
Dr. L. S. Deitchman	Dr. F. F. Piercy
Dr. J. F. Dulick	Dr. R. B. Poling
Dr. B. J. Dreiling	Dr. Jos. Porembski
Dr. Geo. Y. Davis	Dr. M. S. Rosenblum
Dr. J. F. Elder	Dr. J. M. Ranz
Dr. Armin Elsaesser	Dr. C. M. Reed
Dr. W. H. Evans	Dr. J. Rosenfeld
Dr. J. L. Fisher	Dr. A. M. Rosenblum
Dr. H. E. Fusselman	Dr. S. H. Sedwitz
Dr. P. J. Fuzy	Dr. Lawrence Segal
Dr. S. W. Goldcamp	Dr. J. W. Schoolnic
Dr. Edw. C. Goldcamp	Dr. Henri Schmid
Dr. J. C. Hall	Dr. Chas. Scofield
Dr. C. D. Hauser	Dr. S. J. Shapiro
Dr. J. E. Hardman	Dr. J. A. Sherbondy
Dr. G. O. Hartman	Dr. Wm. M. Skipp
Dr. J. P. Harvey	Dr. D. H. Smeltzer
Dr. M. E. Hayes	Dr. I. C. Smith
Dr. Jno. Heberding	Dr. M. H. Speck
Dr. J. A. Heeley	Dr. W. K. Stewart
Dr. J. A. Helfrich	Dr. C. C. Stewart
Dr. A. V. Hinman	Dr. E. R. Thomas
Dr. E. H. Jones	Dr. Saul J. Tamarkin
Dr. P. M. Kaufman	Dr. A. C. Tidd
Dr. M. J. Kocialek	Dr. W. B. Turner
Dr. G. B. Kramer	Dr. W. J. Tymochko
Dr. S. J. Klatman	Dr. L. W. Weller
Dr. J. F. Lindsay	Dr. O. J. Walker
Dr. H. E. McClenahan	Dr. R. E. Whelan
Dr. W. W. McKay	Dr. Paul Williams
Dr. P. J. McOwen	Dr. C. F. Yauman
	Dr. Herman S. Zeve

Dr. J. S. Zimmerman

The Committee is gratified to be able to submit the above list. Doubtless many others will avail themselves later of the opportunity to participate in this course.

## MY DOCTOR

Here is a patient's conception of an ideal physician. It is interesting to compare the views expressed in this article with those of Dr. Roy W. Benton in A Tribute To The Ideal Patient, which appeared in the January issue of the Times. \* \* \* \*

It is with considerable trepidation that I have consented to follow up Dr. Benton's article, A Tribute To The Ideal Patient, with some of my views on "my doctor," but as a promise must be made good I am going to tell you about his excellent qualities and why I think he is successful.

Few doctors realize, I am sure, how observing discriminating patients are. Just let me give you an example of what I mean.

One evening I attended an informal social function. Across the table from me sat a physician. The first thing I noticed was that his finger nails were ill-kept and not clean. Of course, "my doctor" would not be guilty of this; above all he is cleanly and well-groomed. His office is not pretentious; in fact, it is quite ordinary except that it is well-arranged and clean. There is an efficiency about the arrangement, too, and his assistant always knows what she is about.

\*

By way of contrast, I must tell you about a prominent physician's office in which I had occasion to wait wearisomely some months ago. In this office there were no outside windows; the waiting room, therefore, was dark, stuffy, and miserably lighted, and wholly unattractive with its frayed tapestries and badly-worn wicker furniture.

The physician's assistant had her office in an inner suite; consequently she put in her appearance very infrequently. The result—interminable waiting amidst dreary surroundings. No wonder many patients express their objections to waiting for this physician.—excellent though he may be—in such surroundings.

While I realize that appearances are certainly not the most important thing so far as the patient is concerned, many people are influenced by them, and so it may be

profitable to go on a little farther with the more superficial aspects of the doctor's practice.

Jokes about the ancient magazines in a physician's office are as numerous as those invented about the Ford car. To me, the thumb-worn and aged magazines which are to be found in some doctors' offices are no joke; they are an irritation. "My doctor" has only a few well-chosen magazines in his waiting room, and they are current issues. If he has to keep me waiting he shows me the consideration of giving me something of interest to occupy my mind.

"My doctor" is careful in his selection of an office assistant. He has chosen one who is intelligent and considerate. She reflects more than the physician realizes the kind of person for whom she works. If she is tactful, she remembers your name after a visit or two, and does not allow you to sit for a half hour without approaching you, you know that the physician has given her employment some thought. From many discussions with friends I know that discourteous and thoughtless office assistants have done much damage to the practice of many physicians.

\*

Of course, the personality and the ability of the doctor are of more importance than any of the things I have mentioned. Many superficialities which are irritating can be overlooked if the physician possesses an agreeable personality and conveys the impression of unquestioned ability.

You perhaps have noticed that I have given personality first place; this I have done advisedly because it is of the greatest importance. Unfortunately, many excellent physicians do not have attractive personalities, but, unquestionably, they can do much to correct this defect.

Let us examine some of the characteristics of "my doctor." He is kind and understanding but not too "gentle." He never says "this will not hurt" when he knows that it will. He tells you about what to expect and goes about his work in a businesslike manner. Trying to cajole the patient into believing

(Turn the page)

that the treatment will not hurt when it really will is an aggravation. Dentists are more prone to do this than are physicians.

"My doctor" keeps his appointments. If it is impossible for him to do so, he lets me know. An excellent editorial which appeared in the Saturday Evening Post about a year ago called attention to the amount of time wasted in physicians' waiting rooms, which could, with a little regulation on the physician's part and cooperation on the part of the patient, be spent much more profitably. I agree with Dr. Benton that patients are often negligent in keeping appointments; however, physicians, too, are oftentimes inconsiderate in this regard.

This situation is not ameliorated by having patients shown into an "extra" office, there to be allowed to wait for hours. The patient is not fooled by this procedure. It would be better to leave the patient in the waiting room where at least it is more interesting and usually more comfortable.

When it comes to the examination or the treatment necessary, "my doctor" speaks with authority; he is not domineering nor does he give me orders. He explains and directs me as to what I should do. Nothing is taken for granted. Too often the physician is not specific. I am referring particularly to treatment. For instance, how am I to know what a "normal salt solution" is unless I am told? Nothing should be merely inferred in instructing the patient; at least "my doctor" never takes any chances.

So far as the results of an examination are concerned, "my doctor" does not minimize the gravity of his findings nor does he frighten me. He recognizes the limitation of my medical knowledge and talks to me in language and terms I can understand—and—he is *explicit*.

Frequently patients are allowed to leave physicians' offices without the slightest knowledge of what it is all about. "My doctor" is never guilty of this, and his many patients like him for it. When advisable he also tells them what is in the drugs which he prescribes and why he is prescribing them. In other words, he makes his patients feel that the

(Continued p. 32)

*Antiphlogistine*  
TRADE MARK

The Ideal Dressing

FOR THE RELIEF OF  
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"The statement is frequently made that no two babies can be fed in the same manner and that the formula must be individualized in each case. This may be true when certain types of formulas are used, but it is not true in the case of formulas which meet the fundamental requirements. In this connection one should not lose sight of the fact that human milk, which is admittedly the best food for the normal infant, does not vary appreciably in composition throughout the first year, the only changes in the feeding of the breast-fed infant being in the total amounts taken and the additional foods which are added to the diet." Marriott, Williams McKim: *Infant Nutrition*, 151, (1930)

S. M. A., when diluted according to directions, is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

Consequently, as the infant grows older it is only necessary to increase the amount of S. M. A., as with breast milk. Clinical results over a period of many years show that, for infants deprived of breast milk, S. M. A. produces excellent nutritional results more simply and more quickly.

STATE MEDICAL (From p. 23)



W. J. MEANS, M. D.

Dean and Professor of Surgery, Ohio Medical University and later of Starling Ohio Medical University. As Dean he was instrumental eventually in the establishment of the College of Medicine at Ohio State.

With the founding of the College of Medicine at Ohio State University in 1914, all of the property of the consolidated Starling-Ohio Medical College was turned over to the State, and the new college absorbed the faculty of the former school. Through its romantic saga are woven tales of pioneer days, of personal privations, of individual gifts, of mergers, of changes of location, but always a steadily increasing prestige, a growing student body, a faculty of outstanding men. Today it stands as one of the fine examples of medical progress in the universities of the mid-west.

(To Be Continued)

### THE WAYS

To every man there openeth  
 A way, and ways, and a way;  
 And the high soul climbs the  
 high way,  
 And the low soul gropes the  
 low,  
 And in between, on the misty  
 flats,  
 The rest drift to and fro  
 But to every man there  
 openeth,  
 A high way, and a low.  
 And every man decideth  
 The way his soul shall go.

—John Oxenham.

"Humanity takes itself too seriously. It is the world's original sin. If the caveman had known how to laugh, History would have been different."

—O. Wilde.



DR. WM. MCPHERSON

For many years Professor of Chemistry and now Dean of the Graduate School.



**BREETUS**

POSTGRADUATE DAY DISPLAYS:

**Pablum—Mead's Pre-Cooked Cereal**

Mead Johnson & Co. are now marketing Mead's Cereal in dried pre-cooked form, ready to serve, under the name of Pablum. This product combines all of the outstanding mineral and vitamin advantages of Mead's Cereal with great ease of preparation.

All the mother has to do to prepare Pablum is to measure the prescribed amount directly into the baby's cereal bowl and add previously boiled milk, water, or milk-and-water, stirring with a fork. It may be served hot or cold and for older children and adults cream, salt and sugar may be added as desired.

Mothers will cooperate with physicians better in the feeding of their babies because Pablum is so easy to prepare. It gives them the extra hour's rest in the morning and saves bending their backs over a hot kitchen stove in summer. Please send for samples to Mead Johnson & Company, Evansville, Ind.

H. B. Johnson, C. L. Rogers, Bill Hayford met old friends galore, for Zemmer Co. H. B. hasn't aged a bit since he was here two years ago.

Did you see Mae at Florence Heberding's display? She was there with a "come up to the farm and see me sometime". Florence had a very nice display and dispensed the famous milk and ice cream to all comers. We understand she contemplates getting the famous clinics of Siberia to support her ads.

W. I. Parks was in his glory at the Wm. S. Merrell booth. Parks called on Dr. Askue two months ago to sell him Merrell Products. Chester took Parks for a ride in a V-8 Ford and sold Parks a new Ford. We think Henry Ford should advertise here too. Merrell's Calphats is becoming a big seller here, Dr. Ralph Morrall likes it. We like pentabromides and alkarhein.

Ralph White always takes lots of pains to prepare his display. It has always looked good. Ralph is still the same jolly fellow, doesn't

**FOR YOUR SPRING TONIC  
PRESCRIBE  
RECONSTRUCTIVE TONIC**

**WITH VITAMIN B**

(WINE MORRHUOL COMPOUND)

**MAXIMUM ALCOHOLIC STRENGTH 8%**

**CONTAINING**

<b>MORRHUOL</b>	<b>HYDROCYANIC ACID</b>
<b>CALCIUM HYPOPHOSPHITE</b>	<b>EXTRACT OF MALT</b>
<b>SODIUM HYPOPHOSPHITE</b>	<b>SYRUP WILD CHERRY</b>
<b>POTASSIUM HYPOPHOSPHITE</b>	<b>PORT WINE</b>
<b>GLYCERINE</b>	<b>VITAMIN B.</b>

**A MERITORIOUS PREPARATION INDICATED IN ALL CHRONIC AND WASTING DISEASES OF PULMONARY ORIGIN, IN BRONCHITIS AND DEEP SEATED COLDS, ALSO IN CONVALESCENCE FROM FEVERS AND AS A TISSUE BUILDER.**  
DOSE—A teaspoonful to a tablespoonful as required.

**THE LYONS-LAERI CO.**

OFFICE AND HOSPITAL EQUIPMENT

26 FIFTH AVE.

PHONE 4-0131

YOUNGSTOWN, OHIO



change much except perhaps getting a little heavier.

Mrs. Mantle's ad last month said she has been a corsetiere for nine years. (It has been much more but she is reluctant to admit it.) Spencer corsets are her line—she had some good looking ones on display. Live models always draw a big crowd.

Paul Schmidt, always giving away roses at the displays. He had a new idea in decorative logs and we saw Dr. Joe Rosenfeld buy a pretty one for his office. We bought a little one. H. B. Johnson took a large one back to Pittsburgh with him.

Jack Lotze slipped in and out so fast, we didn't get to see his contagious smile. The General Jumbos looked "spiffy", on display. Jack says they look better on the car—and the car looks better when it's on the Jumbos. Righto—Jack!

Frank Carr dropped in to see how Bixler's X-L bread was going over.

(Continued p. 33)

# Blair's

## Responsible Drycleaning

Let us clean your spring garments and house furnishings—also send your winter garments to be cleaned and returned in cedar moth-proof bags.

**EARL M. BLAIR,**  
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## HILLSVIEW FARMS SANITARIUM



—a hospital service in homelike surroundings.—Particular attention given through investigation and equipment to rheumatisms, endocrine and metabolic dysfunctions, anxiety neurosis, fatigues states, and convalescence. Completely staffed and equipped for surgical, medical, dietetic, physical and occupational therapeutic care and treatment.—All modern aids to diagnosis.—Two hours drive from Youngstown.

Address:

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Hillsview Farms Sanitarium

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*Prescriptions are our specialty*

ART  
DRUG CO.

1704 Market at Chalmers

Phone 4-0548

ARTHUR FRIEDMAN, Prop.

DOCTOR (From p. 28)

success of his treatments depends upon thorough understanding and cooperation.

Perhaps nothing is so disturbing to the patient as the impression that the physician is in a hurry, or has his mind occupied with matters more important. A successful physician told me not very long ago that he carefully avoided giving the impression that his time was limited, and tried to make each patient feel that he was all important. "My doctor" is like that, and it has paid him as his numerous patients will testify.

"My doctor" never makes me feel uncomfortable because I go to him for some minor ailment; he always takes my request for examination seriously no matter how well I look. It is embarrassing to say the least, to be told "You look one hundred per cent. Go home and don't worry." Fortunately, most physicians don't take that attitude.

The average patient is much interested in what medical services are going to cost. Particularly is this true where an operation is to be performed. I am sure, in most cases, that payment would be made more promptly if there was an understanding in advance, and most patients would appreciate this thoughtfulness on the part of physicians. I can not understand the reluctance of many physicians to discuss fees with their patients, and frankly I am skeptical about their claims that patients make unreasonable demands for private rooms and nurses, knowing that they are not necessary and that the money paid for these "extras" might be saved. Frankness in financial matters is one of "my doctors" virtues.

Another virtue possessed by "my doctor" which pleases me a lot is his understanding; he never makes me uncomfortable because I have gone to see another physician. Perhaps I have unknowingly conflicted with the ethics of his profession, but he makes allowances for my lack of such knowledge, realizing my good intentions.

And here I must tell you that when he comes to my home he is always friendly, but he never stops

(Continued p. 34)

## BREETUS (From p. 31)

Everybody we saw, Frank, had a miniature loaf of bread under their arm. Mrs. Claude B. Norris took one home for Philip. We got two. We missed the cheese, Frank. When is Wally Koch going to give his party to the boys? The weather is getting nice now.

We missed Mr. Muter and the United Printing display. They had a pretty one last year. Our hats are off to the United Printing Co. We select their ad, in the April Bulletin as the winner.

Our old friend, Mr. Clark, represented Mead Johnson at the display. We saw many, many physicians at his booth. Mead Cod Liver Oil is still an old stand-by of many of the old boys, and Dextri-Maltose is synonymous with Meads.

The Wheeler Mineral Springs cooler was a popular place. There was someone drinking water most of the time.

The Lyons-Laeri booth is always  
(Continued p. 34)

## Wheeler's Pure Spring

OR

## Tripure Distilled Water

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.

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Visitors to our shoe department may see exactly how their feet lie within their shoes—and we can determine scientifically what their shoe needs are.

A complete stock of Selby "Arch Preserver" shoes for women, "Nettleton" Shoes for men and "Ped-eze" shoes for children enable us to fit normal feet for the utmost in comfort. We are glad to cooperate in providing special shoes for abnormal feet.

## STROUSS-HIRSHBERG'S

SHOES—SECOND FLOOR (Men's Shop on STREET FLOOR)

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN



DOCTOR (From p. 32)

to talk about his golf game or some other hobby before he has seen his patient. He does his work first, and afterwards his friendliness and advice are most enjoyable and helpful.

Unlike Dr. Benton I have not conjured a vision in telling you about "my doctor." There are, in fact, thousands like him in real flesh, many of whom we all know personally. May his number increase to bless this old earth.—The Milwaukee Medical Times, Feb., 1934.

BREETUS (From p. 33)

popular. They have most anything you desire in physicians' supplies. The Pandora bag they featured is worthy of investigation, by any one needing a bag—it's clever, Frank.

Our old Stand-by—A. G. Henry was with us for the entire day. With him was Mr. Hardy of the S. M. A. personnel. We believe Mr. Hardy was thoroughly impressed with the opportunities of Postgraduate displays, and we hope that S. M. A. will continue to use the BULLETIN. A. G. was too busy to leave us a story—we missed it, A. G., but here's to when.

Al Giering and Jimmie Jones were unfortunate in that they had to set up their displays in a separate room and were not visited by as many as should have. But they will fare better on the next occasion. Al had ginger ale—beer—wines—etc., while Jimmie representing the Jones Surgical Supply Co. of Cleveland had an excellent display of medical and surgical supplies.

There was something missing in this last P. G. Day—Dr. J. S. Lewis—whose absence was necessitated by illness in the family—Best wishes, Jack.

Missed at Postgraduate Day:

The late Dr. M. P. Jones! He always enjoyed the lectures, was enthusiastic about the attendance and always spoke highly of the event. We thought of you, M. P.!

Ask Dr. McNamara when he found out what an "Old fashion" was. It happened in Akron. Mac drank the fruit juice and ignored the little glass of water.

The Telegram and Esther Ham-

(Continued p. 40)

HEALTH NEWS

BY J. B. B.

The season just closed has been recorded as a "carbon monoxide winter", which shows us that a large proportion of the American public insist upon dying as they will, regardless of all warnings. In Ohio alone there were 103 reported cases with 55 fatalities.

\* \* \*

The recent outbreak of Psittacosis in Pittsburgh, Penna., resulted in 10 deaths in the 25 cases reported. The City Health Department has banned the selling at the present time of all birds of the Psittacine family.

\* \* \*

Communicable diseases as reported in the United States increased 19.2 per cent. from the first to the second half of March, with indications for the first half of April, that measles alone will cause a further increase of 9 per cent.

\* \* \*

Sickness among male industrial employees during the final quarter of 1933 was lower than in the corresponding periods of any of the four preceding years. The relatively low sickness-rate for the recent quarter was due principally to a decrease in non-respiratory diseases.

\* \* \*

During a recent four-month period 41 cases of aestivo-autumnal and quartan malaria with 18 fatalities were reported in New York City. All cases occurred in drug-addicts and were transmitted by the use of contaminated hypodermic syringes.

PRE-SCHOOL ROUND-UP

Members of the Society are reminded that in conformity with a previously established rule, pre-school children will be examined in the Physician's Office, and not in groups in the schools.

P. J. Fuzy,

Chm. Public Relations Committee

## THE POSTMAN BRINGS US

March 15, 1934.

Dr. C. B. Norris,  
Lincoln Ave.,  
City.

Dear Dr. Norris:

I wish to submit the following letter to you for consideration as possible material for publication in the County Medical Bulletin. You are permitted to revise or to shorten this letter; or to accept or to reject it in full, as you see fit. I am writing anonymously, since I do not consider the authorship a very essential part of the matter.

Dear Colleagues:

Since the inception of the so-called E. R. A., calling for the payment of certain sums of money to physicians for the care of the indigent sick, I have attended the several meetings of the Medical Society and listened to the pros and cons of the various questions which have arisen there. One is immediately impressed by the lack of cohesive thought and the lack of definite planning in regard to the entire situation.

I have listened to all the arguments and have given the matters presented considerable thought. However, not being capable of expressing myself orally, I have taken the privilege of doing so on paper.

The first question which arises in my mind is, just what are we as physicians, after? What are we attempting to accomplish? Then, how are we going to go about accomplishing it?

In attempting to solve any problem, one usually starts with an hypothesis and then outlines a definite plan of action. Is the hypothesis in our case "An adequate plan for the proper care of the indigent sick?" or is it "A means whereby the Medical Profession may derive financial compensation from governmental sources?"

It appears to me that the indigent sick are being used as a ball, bounced back and forth between the politician, the social worker, and the physician,—each trying to gain the vantage point,—and with the indigent still inadequately provided for.

I feel that the Medical Profession has placed itself in a compromising position by signing the E. R. A. agreement, allowing us to receive small alms, from which we have derived no benefit. Because we have done this we have:

1. Given up our right to choose our patients, just as the patient has lost the right to the free choice of physician. I would much rather have a patient enter my office for medical advice and to leave feeling that he is obligated to the amount of my fee, even though I should never collect this fee, than to have him hand me a slip with the idea that I must take care of him because I have contracted to do so.

2. Opened the door to the thing which we were all trying to avoid; namely, State Medicine. We have asked and accepted financial support of medicine from the State and with State financial support always comes State control.

Assuming that our problem starts with "The adequate care of the indigent sick"; we must next work out a plan for such adequate care. At none of the meetings which I have attended has there been such a plan proposed by the Medical Society.

A recent resolution was passed by the Society, which stated in essence that the Society is willing to cooperate in any plan which is satisfactory to the parties concerned. In this resolution again we sit back and wait for some political body or some social relief organization to advocate a plan.

This attitude is wrong. The plan for the care of the sick should come from the physicians themselves. We should formulate this plan and after it is made and agreed upon by the physicians, it should be placed before the other parties interested, for their acceptance. Only in this way will the physician retain the control over the care of the sick, a responsibility which is rightfully his.

A MEMBER.

(Note:—This letter is so obviously sincere that it is published in spite of its anonymity.—Ed.)



## DARLING, WHY DON'T YOU?

To the Editor:—

You doctors of the Mahoning County Medical Society seem to have so much fun!

I say to my doctor-husband, "How about having 'so and so' in next Tuesday?" Answer from friend hubby: "Sorry, dear, but County Society meets." Well, I say, "How about Wednesday?" "Can't then either, Staff meeting!" Then I ask about Thursday,—it's another medical meeting of some sort.

Now I'm not complaining. I want my husband to be interested in his medical organizations. I have the feeling that if he were not keen on the work of his Profession, I should fear that he might not continue to be the splendid doctor I now know and admire him for being.

He has not always been so alert. But for several years now he surely has been "pepped up"! Even these days when the money isn't very evident, he is more than ever before engrossed in medicine.

Another thing, too. He no longer drops what we women would call "catty" remarks about Drs. "This and That". Why, only a few days ago, he paid a high compliment to a doctor whom I'd heard him "cuss" (Doctor is a little profane sometimes,—but only from his mouth out,—it never comes from deep down in his dear kind heart!). I asked him, why the change? "Oh," he replied, "I've been working with him on the ———Committee,—he's really a good egg!"

It just goes to show that when folks get acquainted they find a lot of good in one another. That's a great advantage it seems to me!

Now, this is what I wanted to ask about: Why not have a Women's Auxiliary? Why not? Wives and daughters of doctors must be about the same sort of people as their men are. Besides, we might help the cause. At least, many of us would like to try!

Yours truly,  
No Name Please.

"The first and best victory is to conquer self; to be conquered by self is of all things the most shameful and vile."—Plato.

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## "VITAL" FACTS

"There is a vital cycle of mortality, the months with the largest daily number of deaths being those of winter and early spring, the months with the smallest daily number those of summer and early fall.

"The death rate of males is about one-sixth higher than that of females. This difference between the crude rates of the two sexes was greater than the average west of the Mississippi and less east of it. Between 1900 and 1930 the death rate of males decreased less than that of females so that the difference between the two sexes increased.

"The healthiest period of life as measured by the death rate is 10 to 14 years of age; the unhealthiest period are the first year and the years after 80."

(Walter F. Willcox, Introduction to the Vital Statistics of the United States).

"Power to do good is the true and lawful end of aspiring."—Bacon

## SIGNIFICANT EVENTS ASSOCIATED

In 1896, Drs. James H. Bennett, H. E. Blott, H. E. Welch, E. W. Coe, Chas. Slosson, R. E. Whelan, J. S. Zimmerman, C. D. Hauser, R. D. Gibson, C. H. Beight, R. M. Morrison, and W. P. Love were granted licenses to practice medicine.

And industry chalked up wireless, by Marconi.

But Medicine? Becquerel demonstrated the radio-activity of Uranium, thorium, and radium; Widal gave the world his agglutination test, and Gilchrist discovered the parasite of blastomycosis!

To go on:

In 1897, Drs. Julia March Baird, Henry Osborn, W. W. Ryall, M. E. Hayes, and T. J. Arundel, and

In 1898, Drs. Geo. L. Pearson, John Shaffer, and Arba S. Green,—each received legal sanction for healing the sick. Well,—

In 1897, came the Diesel engine.

But in Medicine? Ross proved anopholes to be the carrier of malaria, and,—

In 1898, Madam Curie identified radium; Loeffler and Frosch demonstrated that some viruses are filtrable; Schenck revealed the organism responsible for sporotrichosis; Bordet proved bacterial hemolysis; and Jno. B. Murphy did the first pneumothorax in tuberculosis!

Pursuing the subject:

In 1899, Dr. C. R. Clark, and one year later, with the advent of the New Century,—

In 1900, Drs. B. B. McElhaney, B. E. Mossman, Louisa S. Cervone; and the next year,—

In 1901, Drs. Howard Miller and W. D. Coy,—all having satisfied the requirements as to skill and education were declared eligible to go hopefully forth to relieve suffering and to save lives.

Except for the advent of Dr. Clark upon the scene, (which, of course, was within itself a triumph for good medicine), industry and medicine seem, in 1899, to have undergone an "incubation" period.

In 1900, industry hatched this brood: the first cork board, the gasoline tractor, the motorcycle (and the traffic cop!), the first

(Continued p. 40)

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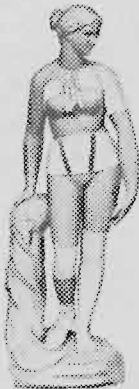
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In the Spring when lambs were skipping  
 And the World felt fine and pipping—  
 Came a fiddler with his fiddle and he fiddled common  
 sense,  
 "There's a loaf" sang he, "now selling  
 Oh! So good, I must be telling  
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We predict that even if Dillinger is captured alive, he will come to a shocking end.

1800 U. S. Agents are mobilized to fight liquor, according to press report. But there are a lot more booze-fighters than that in any ordinary city!

Another escape from the Ohio State Penitentiary. Something just ought to be done to make that place more cozy and attractive to the inmates so that they would not be always trying to get away.

Amongst unusual similes, we include—"as alert as a one-eyed bachelor trespassing in a nudist colony."

Those persons desirous of studying foreign languages may well peruse the modern "sport pages".

Why don't the obstetricians enforce the C. O. D. Policy?

At Elyria, it is reported that kidnapers capture citizens by use of Jiu Jitsu. I should think that the code for bandits should exclude such unfair methods.

Headline states that the "U. S. goes to bat against Weirton Co." We presume it is in order to keep the strike out.

Advertisement describes "automatic choke" for automobiles. Now if something like this could be applied to after-dinner-speakers,—ch, what?

Photograph shows F. D. Roosevelt throwing the first baseball of the season. We offer no suggestions, but he would have been more in character if shown wielding a big stick.

**PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN**



BREETUS (From p. 34)

ilton extended themselves for the Society this year. The gesture was very well received, Esther,—the boys got a real big KICK out of it.

Dr. Louis Karnosh honored us with his presence. Thanks Louie!

Dr. James Brown as P. G. Day Chairman deserves much credit for its success. He worked hard, with him Drs. Beard, Monroe, Bachman, and Tamarkin. Congratulations.

We take off our hats to Dr. Claude Norris for it was he who worked so faithfully and had to convince the McGill group that they should give us a Postgraduate Day program. Especially after being told he couldn't do it—Claude did it! Thanks, Claude, you did us all a good turn!

EVENTS (From p. 37)

glass-blowing machine, the first electric process for making steel, the first automatic train-stop, and the first player piano. (Coincidentally, several State legislatures seriously discussed abolishing capital punishment as a penalty for murder. This agitation may be explained on the hypothesis that the addition of the player-piano to the saxophone was really quite too much!)

Then, in 1901, came the first shaft-driven automobile, the first alternating current electric motor, and the multigraph. So much for industry. How about medicine?

In 1900, Reed, Carroll, and Agramonte solved the cause of yellow fever; then

In 1901, Takamine contributed to therapeutics the drug adrenalin, and Landsteiner established the

scientifically safe basis for blood transfusions.

(So far, every advance in industry is more than equaled in significance by advances in medicine—both in personnel and in scientific output. This story may (or may not) be continued next month.—Ed.)

SPRING TIME

"When the flowers and trees are budding

And the fleecy clouds are scudding,  
Like fluffy balls of cotton far away;

There comes a mild suggestion,  
An oft-recurring question,—

'I wonder how some golf would be today?'

When you're busy with your labor,  
And you chance to see your

neighbor  
With a bag of shining sticks go trotting by,—

There comes a funny feelin'  
O'er your system gently stealin',—  
There's a far-off longin' look comes in your eye!

There's the hole beyond the river,  
You can make it, y' bet your liver!  
And mentally your stance is all complete,—

Oh, what a day of pleasure,—  
Past the power of words to measure,—

With such sport no other can compete!

Put aside your business worry,  
And your striving mercenary,—

Pick a day when indications all are right:

It is time to swat the pellet,  
No matter how you tell it,—

It is Spring-time; you can do your work tonight!" A. O. G.

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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).

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