

# BULLETIN

of the  
Mahoning County  
Medical Society



"The door of the physician should never be shut;  
the door of the priest should always be open." — Hugo

June, 1934

Volume 4

Number 6





If this tired, worried, over-worked mother were using Pablum for her babies' cereal feedings, she could have slept that extra much-needed hour instead of losing her temper while her children clamor for breakfast. For she can prepare Pablum in an instant, directly in the cereal bowl, simply by adding water or milk of any temperature—salt, cream and sugar for the older child and herself.

GETTING up an hour earlier in the morning is an inconvenience for most persons, but for the mother of young babies it is a hardship, sometimes almost tragic, frequently nullifying the best-planned pediatric advice.

This is especially true in the case of the nursing mother whose supply and quality of breast milk are affected by emotional shocks resulting often in agalactia and sometimes giving rise in the baby to diarrhea, colic, and even convulsions. Furthermore, the mother's emotional stress brings about a train of behavior on her part which is reflected in the child's psychologic reactions so that a vicious circle of bad habit formation is set up.

From this angle, the recent introduction of the pre-cooked form of Mead's Cereal, known as Pablum, assumes new

importance in the doctor's psychological handling of both mother and child, quite aside from its nutritional value.\*

Because Pablum can be prepared in a minute, the mother can sleep the extra hour she would otherwise be compelled to spend in a hot kitchen cooking cereal. Added rest means better poise, so that petty annoyances do not bring jaded nerves. Prompt feedings prevent many childhood tantrums, and a satisfied baby usually eats better and enjoys better digestion and growth.

\*Like Mead's Cereal, Pablum represents a great advance among cereals in that it is richer in a wider variety of minerals (chiefly calcium, phosphorus, iron, and copper), contains vitamins A, B, E, and G, is base-forming and is non-irritating. Added to these special features, it is adequate in protein, fat, carbohydrates, and calories. Pablum consists of wheatmeal, oatmeal, cornmeal, wheat embryo, yeast, alfalfa leaf, and beef bone.

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# RUBBER BALLOONS

Professor Bovine of the Igloo Clinic at the North Pole, discoverer of the Tuberculosis named in his honor, Bovine T. B., and international authority on Cowhide, says in part or parts:—"X-ray showed a Peanut lodged in the bronchus.\*—I prescribed RUBBER BALLOONS—three a day (T. I. D.) regularly. Three weeks later she blew the peanut."

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Florence L. Heberding

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\*Prof. Bovine would not find the X-ray plates. We are sorry we cannot reproduce the colon.



It's not what we SWEEP OUT but what we KEEP OUT of our milk that COUNTS!

## To The Medical Profession

If you attend the American Medical Association meeting at Cleveland, Ohio, this month and IF you order any item from any exhibit on the floor it would be a beautiful gesture of friendliness and support to your own native Medical and Surgical Supply House to have it billed through them. It costs no more—no less and helps support your Bulletin.

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## PRESIDENT'S PAGE

This is the time of year for the annual event known as "changing interns." The graduating intern may be spoken of as the old intern and the incoming men will be known as the new interns.

The old intern, having completed his training, is now ready to use his accumulated knowledge and he faces the future with confidence. He is out for himself now—ready to make a living and a name. Either of these is hard to do at present, but if he can make the living honestly, the name will follow later. He will be welcomed by his professional brothers. They will treat him fairly and squarely but will expect the same treatment in return. Year by year has witnessed the passing of resentment by the older practitioner because he felt his bailiwick was being invaded by the youngster. It is safe to say these feelings of petty jealousy have almost completely disappeared. What the graduate intern owes the hospital and staff or what is due him from these agencies, is controversial.

The new intern will ask himself what he expects to derive from his hospital training. One gets out of anything just what one puts into it. He will not always find things pleasant, for the writing of good histories and the routine duties of the intern will become irksome. He will be bothered at first as to whether he is properly applying his knowledge and he may also have the feeling that he is not congenially situated. These fears, however, will soon pass away, for nearly all physicians now in practice have also been interns and have not forgotten the problems which they themselves had to meet. They will be tolerant.

The good intern will recognize the rules of his hospital. He must also possess a fund of good judgment that he is expected to use when no rules apply. He will remember that the patients whom he is contacting are the patients of another physician and an inadvertent word or act on his part may be the cause of trouble between the attending physician and his patient. No doubt many of the acts of the attending physician will appear foolish to the new intern, but every one of these men has a trick or two in his armamentarium that may be worth while. By close observation, something may be learned from every physician that makes the rounds with an intern and the intern might do well to be continually on hand, appreciating this fact. Don't take as an example the fictitious intern type as depicted in the recent play, "Men In White". Such an intern would never be tolerated in reality.

The new intern is requested to attend society meetings where an effort will be made to show him he is welcome. The old intern who locates in Mahoning County is eligible for membership after he has been in practice one year. This period of probation seems to be necessary. Application for membership to the society should then be made without delay; for membership in the county society antedates membership in any other medical organization. This membership will be beneficial in the long run, not only because of the further educational facilities it provides, but because it indicates a willingness on the new man's part to cooperate and to seek the assistance of those who have gone before him and have the advantage that comes only through experience.

—JAS. B. NELSON



## SECRETARY'S REPORT

Council met on May 14th, 1934, at which time the principal subject under discussion pertained to the Baby Welfare Stations. It was reported: that patients are solicited from among those able to pay, as well as those unable to do so; that the services rendered often are to sick babies; that this is unfair, giving a physician's services to children of people able to pay, in competition with the independently practicing physician. Such management is within its nature very bad public health policy in that it brings well babies into contact with sick babies who often are carriers of their diseases. Finally, it is totally foreign to the originally declared purpose of the Stations; namely, the giving of advice as to how to keep well babies well, to mothers unable to pay for such advice. Council decided to request the presence of the attending Station Physicians at a meeting May 18th, 1934. At this meeting, by vote of Council these Physicians were constituted a Committee on Baby Welfare Stations, and they were assigned the responsibility for formulating plans for the conducting of these Stations according to the original principles,—and thus cause these Stations to cease the prac-

tice of medicine. This Committee is to report back to Council, June 4th, 1934.

The regular meeting of the Society was held at the Youngstown Club, May 15th, 1934. Dr. John H. Stokes delivered a most scholarly address on "A Paramic View of Recent Advances in the Treatment of Syphilis". Following Dr. Stokes, Dr. C. L. Cummer, State President, addressed the Society on "The Organization View-Point". Dr. Cummer's address, also, was a masterful presentation, emphasizing the importance of harmonious united cooperation. We are most grateful to both Dr. Stokes and Dr. Cummer.

### Application For Membership

The following man has been passed by the Censors and Council:

Dr. John Allan Altdoerffer, 138 Lincoln Avenue.

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

Wm. M. Skipp, Secretary.

## DOCTORS HONORED

Three Youngstown Doctors are on the program of the American Medical Association this year. Drs. J. S. Lewis and E. C. Baker will present a paper on the subject, "Comparison of the Urinary Tract in Pregnancy and Pelvic Tumors".

Dr. John E. L. Keyes will present a paper on, "Observations of Four Thousand Optic Foramina in Human Skulls of Known Origin".

These gentlemen will also present scientific exhibits, which Youngstown physicians will wish to see.

## NOTICE DOCTORS

Have you any samples of Haliver Oil and of Mead's powdered yeast? If so, please leave them with Mr. Sam Rice, South Side Hospital Unit, for the personal use of a fellow physician.

## SPEAKER'S BUREAU

The secretary wishes to thank the members for their cooperation in this important function of lay-education. The A. M. A. urges us to continue this work, and request us also to use the radio and newspapers to the extent possible. A great number are assisting, but some decline, thinking they can not make a public speech. That is a mistake; try it, and you will be surprised how well you can do it. Let us all make every effort to do our part.

Here are those reported this month: Dr. J. L. Fisher, May 10th, Harrison School.

Dr. R. H. Middleton, May 17th, Taft School.

Dr. B. W. Schaffner, May 21st, Harding School.

"There are no trivial facts in humanity."—Hugo.

## TWENTY-FIVE YEARS OBSERVATIONS IN MEDICINE

BY H. E. PATRICK, M.D.

Ye Editor has called for a resume of the changes in medical practice that have occurred in the past twenty-five years. In casting around for an "old practitioner" to write thereon, he fastened his tentacles upon the writer. Said Editor was correct so far as the time element was concerned, in that just 25 years have elapsed since graduation. But we want it distinctly understood that in agreeing to write this review, we are to be absolved from the implication of being "old". There are many men yet practicing in this community whose memory and experience go to 30 and 40 years, and whose memoirs would be far more illuminative of the progress of medicine than the one herein proposed. It is to be hoped that ere they pass along they will see fit to record their observations also.

A recapitulation of 25 years, however, notes many changes in the character of diseases encountered, in the methods of diagnoses and treatment, and more especially, in the understanding of disease processes within the human body. During the last two decades of the nineteenth century, Europe and especially the Teutonic peoples, held aloft the torch of medical progress. Thanks to Rokitansky in Vienna and Virchow in Berlin, cellular pathology and the knowledge of the end-processes of disease were markedly advanced. Students from America came back from their years abroad, steeped in the lore of the dead house, but with a sense of futility so far as therapy was concerned, until a wave of therapeutic nihilism swept over the medical profession. Nothing was known of what transpired in the body of a sick person; only what had resulted at the time of death. It remained for the American school of medicine in the first quarter of the twentieth century, to carry out those momentous researches in biochemistry, physiological chemistry, and metabolism, which have resulted in the advancement of the understanding of the deviations of the human body under disease processes. To Denis, Meyer, Van Slyke, and a host of others, is the credit due of saving medical practice from being naught else than a mental gymnastic in diagnosis.

The outstanding contribution of American medicine in the past 25 years, is the recognition of the patient as an individual. This is nowhere better exemplified than in the field of anaesthesia. In the early years of this century, chloroform and ether were the anaesthetics available, the latter gradually displacing the former. At best a surgical anaesthetic was a tremendous strain in an already sick individual. To George W. Crile, American medicine and the world at large are indebted for his preaching of the principal of anoci-association. To the younger men of today, who see in the operating room the peaceful induction of anesthesia, by gas-oxygen or ethylene, and the nerve blocking of the area to be operated upon by novocain infiltration, some of the inductions of the "good old days" would seem like a return to the dark ages. And then followed the days and nights of nausea and vomiting and dehydration, post operative; lacking as we did the means of supplying fluid and pabulum subcutaneously and intravenously.

To one who has spanned the past 25 years of medical practice, it is very apparent that the volume of medical work in the community has markedly diminished. In the fall of 1909 the wards of the Youngstown Hospital had between 40 and 50 cases of typhoid at one time. Today, a year may pass with but one or two such cases being brought to the institution. The time was in Youngstown, when no man doing general practice would think of leaving his office unless he had in his grip five to ten thousand units of diphtheria antitoxin. The last one I bought remained so long unused that I threw it away. Small-pox is rarely seen any more. Last but not least, in their contribution to the volume of medical practice some years back, were the summer diarrheas and cholera-infantums of infancy and early childhood. Improved sanitation of food and water supplies and the eradication of out-houses and the elimination of the neighborhood manure pile have all played their part, so that today there is scarcely enough of these types of infection to afford teaching material

(Turn the Page)



in our hospitals. Furthermore, although we seem to have numerous automobile accidents to attend to, the development of the Safety-first movement in our mills and industries and on the railroads has done much to reduce the incidence of accidents.

Not gone, not forgotten, but vastly diminished in the incidence and virulences of its protean manifestations, is tuberculosis. No longer do we see the succession of cold abscesses of the spine and hip and their draining sinuses, nor in infants and young adults, tubercular meningitis and peritonitis. Judging from this clinical evidence, there would seem to be a direct relationship between the lessened frequency of these types of tuberculosis and the eradication of tuberculosis infected herds.

On the other hand some new disease pictures must be kept in mind by the general practitioner. Undulant fever has been separated from the large group of unexplained fevers, and is now easily diagnosable by serological methods. Amebic dysentery, long thought to be endemic only in tropical or sub-tropical countries, has been found to be rather prevalent in the temperate zone, quite apart from its sporadic out-break in connection with the Century of Progress Exposition in Chicago. As our means of communication by airplane increase, new and strange maladies will find their way to our door.

One of the most impressive changes of the past quarter century has to do with aids to diagnosis. Urology, since the introduction of the diagnostic and operating cystoscope and the use of contrast dyes in the genito-urinary tract, has added a sixth sense to our diagnostic acumen. The same applies to the field of bronchoscopy in the understanding and interpretation of intra-pulmonary pathology. The invasion of the cerebro-spinal axis by spinal and transdural routes has literally visualized the hidden but unsurpassedly interesting pathological conditions of the central nervous system. Brain surgery is the direct out-growth of these advances in diagnosis. The roentgen ray has been perfected along with the developments in these special fields. Indeed, it is not too much to say that had not the technique of roentgenography kept in the van of events, the developments in urology, pulmology and neurology,

could not have taken place. We must not forget, too, that the Wassermann reaction is a development of this period, as well as the synthetic arsenicals and bismuth preparations, which have added so much to the efficacy of the syphilographer's armamentarium.

In the past quarter century the world witnessed the spread of influenza, much as the plagues of old must have swept over the land. Out of that holocaust we recognized a new type of pneumonia, a true pneumonitis, an inflammation of the supporting structure of the lung. Also, there came as a complication, an epidemic of "sleeping sickness", an encephalitis lethargica. Those it did not kill outright, it left to a fate worse than death. However, from these poor victims, the neurologist learned much of what is at present known of the physiology of the brain.

There have been great advances in the fields of bacteriology and immunology during these years. The causative factor in epidemic cerebro-spinal meningitis has been isolated and a serum developed to combat the infection. Tetanus too, has yielded some of its dreaded prerogative to similar agencies, and now we are given the hope of a toxoid immunization, which, it is hoped, will relegate this infection into the same limbo of desuetude as that enjoyed by diphtheria. Further, such infections of unknown etiology as poliomyelitis and measles are yielding to treatment by convalescence sera.

During this 25 year period, much of pediatric practice has been carved out of the general field of medicine and reared into an edifice of its own. Pyloric stenosis is now a common diagnosis, pyelitis no longer called infantile typhoid, and thanks to the invasion of the otologist into the field of pediatrics, otitis media is looked for, found early, and promptly relieved by paracentesis, so that the incidence of secondary mastoiditis is lessened.

Endocrinology, as an entity, is of recent development. Isolated facts were known, as to cretinism, gigantism, and certain of the types of dyspituitarism, but their relation to the dysfunction of the glands of internal secretion was not securely established until the work of Cushing

(Continued p. 24)



## 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

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### DR. CHAS. L. BROWN

Dr. Chas. L. Brown, who speaks to us this month, is the protegee of Dr. Cyrus C. Sturgis. He was closely associated with Dr. Sturgis at Peter Bent Brigham Hospital, and soon after the latter went to Michigan, Dr. Brown followed him there.

In addition to his membership in the American Medical Association, and the various constituent bodies, Dr. Brown is a member of the American Society for Clinical Investigation; of the Central Society for Clinical Research; and he is a Fellow of the American College of Physicians. He is also a member of the Revision Committee for the U. S. Pharmacopeia XI.

Dr. Brown has written extensively on medical research problems, but is thoroughly practical. Those who are anxious to keep fully abreast with medical progress will not wish to miss this address.

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### SPORTS EVENTS

The first of the series of sports events, including GOLF, will be held soon! With the thawing out of "Old Man Winter", let us have some fun,—thaw out ourselves!

Details Will Be Announced Later



# THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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Published Monthly at 243 Lincoln Avenue, Youngstown, Ohio.

Annual Subscription \$2.00

## TO OUR INTERNS

Each year our hospitals make a new contribution of fine, well-trained young physicians who have just completed their service as interns. To

them, all of them, those of yesteryear, some of whom are now old in service, as well as those of today, this number of Bulletin is dedicated.

## THE MILE POSTS

In every man's life there are signal events which seem always to stand as landmarks in his career. His own birth, of course, and marriage, and the birth of the first baby. But to any medical man there are added the day of his graduation, and, in particular, the day when he has equipped his office, and mailed his cards saying that he "Dr. So and So has opened his office at suite number upteen of such and such building for the practice of general medicine!" Even if no card-mailing is done, you get the idea!

How hopeful,—how confident, is this young man! The great barriers have been crossed,—and now for the triumph!

But 20 or 30 years later? There's the rub! Things which seemed only to need the strong, magical touch of vigorous youth have stubbornly stood

out, defying solution. Egregious mistakes have been made, mistakes one would yield up life to correct. Asinities scattered all through the fabric of life, make him ashamed,—make him ponder his own worthiness or unworthiness. Perhaps he would like to call it a day,—and quit!

Then come the silvery voices of those whose lives are full of bloom and health,—and by their possessors it is recognized that all of it they owe to the faithful ministrations of this faded and fagged old doctor,—and they tell him so! Life is sweet again: "Well done, good and faithful servant!"

At last, age commands retirement,—another mile-stone in a medical career: Shall he quit? No; only the "grim reaper" can execute that command! And so plods on this typical doctor.





### STILL GOOD ADVICE!

"Freshen up the label, it's the thing you've got to do;  
Give 'em something old, but make 'em think it's something new.  
Renovate; rejuvenate; and incidentally change the date,  
But don't forget to freshen up the LABEL."

Princeton Triangle Club.

(Written 30 years ago!)

### THE BULLETIN'S NEW "DRESS"

The Bulletin comes to you this time in a new cover design. The beautiful and artistic plate originally designed has become worn and blurred, and to decide each month upon this or that cover lay-out is not only a needless burden to the editor, but it is expensive. A uniform cover with a design not frequently changed will be an economy.

The panel outlines are taken from the statue of Asklepios, of the Temple of Epidaurus, by Thrasymedes of Paros. The figures in the lower corner are of Asklepios. The lamp of Knowledge is in the center. The rest of the design is self-explanatory. The whole is intended to combine the artistic and pleasing with Medical tradition.

### FROM DR. W. W. FRANCIS

Osler Librarian, McGill University

Dear Dr. Norris:

I am flattered that Dr. Bunn should have suggested your sending to me the design which I return to you herewith. I like it as it stands. "I am glad to see that you have got the medical emblem, the Aescula-

pian staff and serpent, correct, namely, one serpent wound around a rough knotted staff almost like a club. This is the proper symbol of Aesculapius (Asclepios)."

Sincerely yours,

W. W. Francis.

### THE COUNTRY DOCTOR IN THE EIGHTEEN-EIGHTIES

*(Being a few incidents in the life of one of them.)*

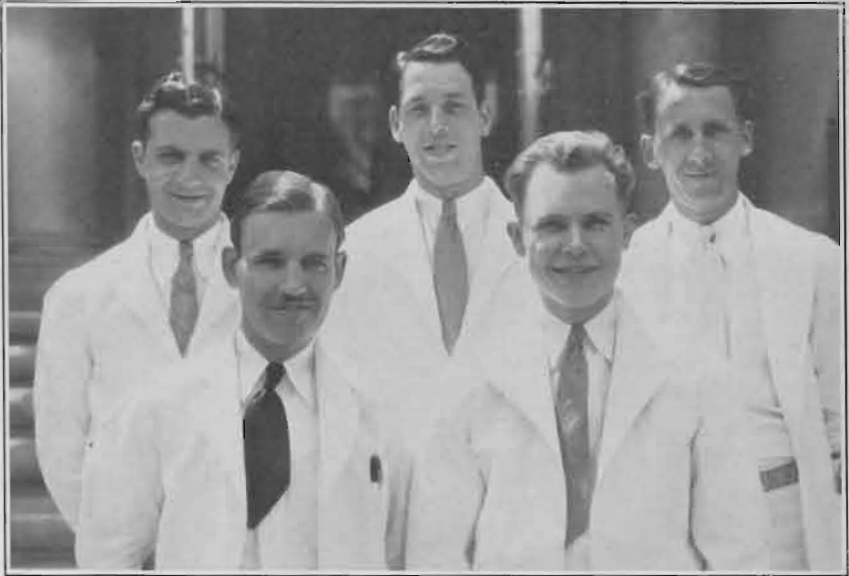
BY CARL H. CAMPBELL, M.D.

In Ohio about 1878, the standard medical course consisted of two years of six months each, which were practically the same, but from which the student tried to absorb on the second trial, what he had missed on the first. If he was especially ambitious he spent a third year in New York. The facilities for the study of anatomy and for dissection were rather sketchy as there was no legal way to get an adequate supply of material. The man whose duty it was to secure it sometimes made a mistake, as in the case when the body was removed from the grave by night, and after being in the dissecting room for several days, was finally seen by someone who recognized it as a case that had died of smallpox. In another instance

word was received from the physician attending the inmates of the infirmary of a small adjoining county, that an old lady's body was available. After driving 20 to 30 miles on a Saturday afternoon to obtain it, the anatomy assistant was arrested and lodged in the county jail over Sunday (This was before the day of telephones), where he attracted more attention than the murderer in a neighboring cell.

I think the men of those days must have had more self-reliance (or less knowledge of possible dangers), than we are taught now. In one instance the first obstetric case attended was the first ever seen by the attending physician. As it happened to

(Continued p. 15)



**HOUSE STAFF, ST. ELIZABETH'S HOSPITAL**

Front Row, Left to Right: Drs. W. R. Stager and P. P. Palsis.  
Back Row: Drs. S. R. Cafaro, P. J. Mahar, and H. B. Thomas.



**HOUSE STAFF, YOUNGSTOWN HOSPITAL ASSOCIATION**

Front Row, Left to Right—Drs. C. A. McReynolds, F. S. Coombs, D. W. James, H. C. Hughes, E. H. Stumme  
Second Row—Drs. L. S. Frogner, R. H. McKelvey, C. A. Gustafson, J. D. Morley  
Third Row—Drs. A. R. Cukerbaum, H. B. Kaufman, S. A. Myers, C. W. Sears



## THE EIGHTIES (From p. 13)

be a case of spina-bifida it was fortunate for him that he had seen a picture of the condition and recognized it, and was able to give a correct prognosis. His services were evidently satisfactory, as that was the first of six or eight children whose births he was called upon to attend.

At that time it was the height of skill and proper technique to be able to make the vaginal examination of the obstetrical case without uncovering the patient or making any inspection. Antisepsis was greatly respected, but asepsis was hardly known, and a few swirls of the scalpel in some carbolic acid water was quite sufficient to prepare it for use. But though asepsis was not understood, cleanliness was highly regarded and some rather daring operations were done in the home.

In one case a leg was amputated with the aid of the late Dr. Matthews, the anesthetic being given by a minister (his brother-in-law), who is now living in Poland. Another case of amputation of both legs below the knees was done at the county infirmary after the patient had had an amputation at the hospital, but the flesh had retracted, leaving the bones protruding. This was done with the hired man giving the anesthetic. The operator is dead, but the anesthetist is still living, and the patient (an Italian who formerly had a shoe-repair shop on Spring Common), may be seen nearly any day selling papers near the Warner Theatre, as he

moves around on a pair of large shoe-like articles, which he wears on his knees with the tips pointing backward protecting his stumps.

At that time the condition of the roads was one of the big factors in the day's work. To travel 5 miles in hub-deep mud and return was a half-day's job. And to be sent back a couple of miles over the road you had just traversed on a ten mile, five hour trip, late at night, was heart-breaking. But to have the prospective patient open the window and tell you you were not needed, in the hope of saving a fee, was more than the average man would stand for. The state of the roads and the general imbecility of those in charge of their upkeep, was a subject that invariably drew a rise out of the man who had to travel them.

The young practitioner's first sizable fee (\$300.00 in one lump) was earned by going a two mile trip, first once, then twice, and later three times in twenty-four hours, to administer a hypo to an old lady with cancer. She had been employing an older doctor who made the *faux pas* of leaving a dull, rusty hypo needle behind on the table, after giving an especially painful hypodermic. She agreed to allow the family to learn to give the injection, and to administer it to her, when they got as skillful as the new doctor, but insisted that they would have to get their practice on him and not on her.

## A TRIPARTITE OBLIGATION

BY A. W. THOMAS, M.D.

Each year we welcome into our hospitals groups of recent graduates in medicine who agree to stay with us for 12 months. Their object in this contract is that they may add to their stock of information and to see, in practical application, the didactic instruction to which they have, thus far, devoted many years. They bring, along with their diplomas, a fund of scientific knowledge and a desire to use it and to see it used. The hospital is their "proving-ground" and they offer their time and their help in exchange for what they will be taught during their residency.

It occurs to me that there are three obligations in effect in this proposition.

There is the obligation of the hospital. With the acceptance of certain applications for appointments, the hospital should recognize its responsibility of first, offering no opportunity to the intern which it cannot supply. The intern should be promised only such clinical facilities as will surely be afforded. An accurate picture of the institution should be drawn and no unfounded claims presented simply as a lure. It should be able to provide thoroughly comfortable and adequate living quarters. The food must be the very best obtainable and of sufficient quantity and variety. The intern should be initiated into the organ-

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**OBLIGATION** (From p. 15)

ization with cordiality and respect and should be responsible to one superior only. A conference of the hospital administration and the proper staff executives should be held as soon as possible after the interns arrive, at which time duties and responsibilities should be fully explained. At the first Staff meeting, the new interns should be formally introduced and heartily welcomed.

There is also the obligation of the intern. He should first of all appreciate that he is now a part of an already established organization. That the methods of conducting the institution, while perhaps different from his expectations, and hard to understand, have nevertheless been tried and proved satisfactory, and must be followed. He must steel himself to perform many a duty which may seem unreasonable or may be objectionable. He will soon consider himself at the beck and call of everyone, but his sense of humor will be his saving grace. To really gain the greatest good he must at all times remember that he is there to learn and not to teach. He must reserve his opinion of the individual members of the staff until he knows them well and sees them at work. He must not hesitate to ask such questions as occur to him in order that methods of diagnosis, or of technique, or of therapeutics will be thoroughly clear to him. He must remember that he can, if he tries, learn something of value from each member of the staff no matter how unpromising that member might impress him. He must be courteous at all times and appreciate that he is dealing with sick humans and that a sympathetic touch or word is the right of any mortal especially when sorrow or sickness appears. He will be requested to speak to the relatives of the ill and here again his patience may be tried but he must be aware that sickness, striking in a home, is of vast importance to all members of that household. The taking of histories will, after a time, appear arduous. But this duty and that of keeping accurate daily chart records is of the utmost importance. And he will learn that quite often a single word or phrase of the patient will make the diagnosis apparent. Yes, the intern has a great responsibility but he may

be assured that, if he plays the game, his year or more of hospital life will be most happy and not without great profit.

And what of the Staff? I venture that here, if at all, is the responsibility shirked. Do we first of all greet the new intern with a fraternal cordiality? Do we make him feel that we are glad he has chosen our hospital? Do we show any evidence of interest in his "back-ground"? Do we give him reason to consider us his friends as well as his preceptors? Do we encourage him to ask questions and do we take an extra minute occasionally to make our explanations full and complete? Do we, when he has made a mistake (as who does not?) in a boorish way "bawl him out", or do we take him aside and correct his error without subjecting him to the embarrassment of having his stupidity broadcasted? Remembering that many of these young men are miles from their homes and families, do we occasionally invite them into our own homes? And do we, whenever possible, take them out to private homes to teach them something of contagious or other disease which a hospital does not admit within its gates? Or are we so old that we have forgotten our own tremulous intern days and how we too often were made to feel less than the dust? Are we really teaching, or are we "showing off"? Do we impress upon them the cultivation of a dignified and proper bed-side attitude? Do we counsel them at all upon the economic problems of the practitioner? Do we give them cause to admire us personally as well as professionally? Yes, we also have a great responsibility and this writing is done because the recollection of my own predicament twenty years ago is still most vivid.

**THE HAPPIEST HOUR**

"Oh give me the hour that I love best,  
When the heart is quite warm, and  
the words are free.  
When I sit at my ease and commune  
with a friend  
Who sits at his ease and communes  
with me."  
—From "Fiery Grain" by H. R. L. Sheppard.

## THE INTERN, THE HOSPITAL, AND THE STAFF

By S. R. CAFARO, M.D.

The period which the medical graduate devotes to internship is one of the most valuable of his whole career. The medical college, the hospital with its staff, and the intern are now inseparable. The hospital affords practically the only means for intensive experience necessary to develop efficient physicians. The attending physicians in hospitals are making the intern year a clinical course in all departments of medicine and surgery. The medical graduate has been made to realize the necessity and advantage of a real fifth year in medicine.

In considering the intern, it may be well to picture the young man after he receives his medical diploma. He is of a mature age and has spent at least six years in college. He has acquired a broad training in the fundamental sciences, but has had limited clinical experience. He is usually imbued with the high ideals of his profession, is enthusiastic and ambitious to put his knowledge into practice. His graduation and state medical license, which he may have acquired, have definitely made him a member of his profession. In the eyes of the law he stands as an equal with his seniors, and though they may still be his instructors, he is now their colleague and expects to be treated as such. At times his enthusiasm may lead him into error, but his motives are good. He is still young, and although he needs a goodly amount of physical recreation, he is ready and anxious to go to work.

The hospital and its staff must recognize their responsibilities to the intern. It is the duty of the administrator to explain the general organization of his institution and to see that the hospital provides proper living quarters, food, and recreation facilities to the intern staff. It is the responsibility of the staff to provide opportunities whereby recent graduates may obtain practical experience in the practice of medicine and surgery under proper supervision. They are also responsible for the intern's further training in medical ethics. Their attitude and conduct toward one another will influence his future development in this regard. Questionable practice and destructive crit-

icism on the part of the staff members may bring serious harm to the career and character of the student. It is the hospital staff, then, to whom we must look for the final and proper introduction of the young medical graduate to the art and ethics of his profession.

The hospital's educational function should be a force working from within. Its development begins through the use of its own facilities for the further training of its own personnel. On the extent to which its methods have been developed, depends the value of its teaching. Monthly staff meetings should be open to the interns at which each intern should read at least one paper based on a clinical series of cases taken from the hospital records. A review of literature bearing on this subject should accompany each paper. Clinical conferences arranged especially in the interest of the intern and dealing with all major specialties should be held weekly. Periodic meetings with the Roentgenologist in his department are essential. Films should be examined and roentgen diagnosis and differential diagnosis discussed. Ample laboratory instruction is also essential to an intern and he should be given it. A well stocked hospital library with subscriptions to the best medical journals should be always open to the intern staff. The service should be definitely organized and should provide for the assumption of increasing responsibilities by the intern as his ability and proficiency develop. A routine method of examining and caring for patients should be established. This brings a constantly increasing knowledge and skill to the staff members themselves as well as to the interns. Through bedside instruction, laboratory aids, staff conferences, the performing of autopsies, moral support, good example, and intensive personal instruction, it is thought that the intern makes more advancement in his one hospital year than would be possible for him in five years of independent practice.

The last thing that owls desire is to have a candle brought to them."  
—Hugo.



## SIR JAMES MACKENZIE 1853-1926

BY WILLIAM H. BUNN, M.D.

With the passing of Sir James Mackenzie, in 1926, the edifice of scientific medicine lost a chief cornerstone and the inner temple of the ancient art a strong pillar.

No character in our generation so well deserved the title "beloved physician" given him by his biographer, McNair Wilson. Strangely enough, the life history of no scientific man

portant observations were made. No expensive apparatus was at his command, for he was practicing general medicine in a small industrial community in England. His experience nolls the argument of the interne who is afraid to "bury" himself in small town practice, lest he get into a groove from which he cannot escape.

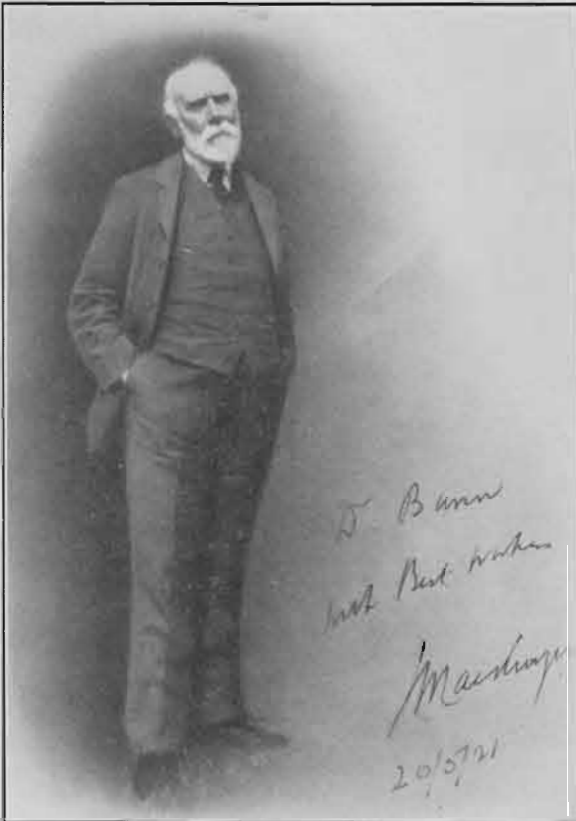
James Mackenzie was of Highland lineage. He was born in 1853, in a Scottish farmhouse in the parish of Scone. Although nurtured on necessities, as was the custom of his people, he lived in a district rich in historic and romantic lore. The tales of bravery of the ancient Scottish kings and of the gallant knights who had trod the same soil are thought to have strengthened his inherent desire to help his fellowman. Certain it is that his single-ness of purpose, his willingness to sacrifice all for an ideal, came from some unusual combination of heredity and environ-ment.

As a boy in school at Perth, Mackenzie showed no particular inclination to science, nor did he excel in any studies. We have his word for it that the 'subjects in which he did well required not memory but rea-

son. He left school at 15 with a feeling of defeat and somewhat by chance became apprenticed to a chemist. He soon tired of the drudgery connected with this occupation and thought of quitting but was persuaded by his family to finish his apprenticeship. As he became skilled in chemistry he began to have more confidence in his mental equipment, and as he matured came to know well some of the local physicians from whom he caught the spirit of service in medicine.

emphasizes to a greater degree the possibilities of fundamental practical research. The combination of practitioner and investigator—the wedding of art and science—does not often occur in such perfection, but the classical example, as always, inspires and heartens us.

Mackenzie's life revealed to the general practitioner the fact that the best research laboratory is at the bedside and in office practice, for it was in this manner that his most im-



Finishing his pharmacy apprenticeship at the age of 20, he spent a year in a chemist's shop in Glasgow and then matriculated in medicine in Edinburgh.

His preclinical years were somewhat disappointing to him because of the necessity of memory work, but he came into his own when he began to see patients on the ward and in dispensaries and was able to apply reason to the solution of their problems.

After graduation, in 1878, he took a "locum tenens" in a coal town for one season, then went back to the Royal Infirmary as a resident physician. His work there was so satisfactory that he was invited to become associated with two doctors in Burnley, an English mining town. For a time his duties were so many that he had little opportunity to think about medical problems other than those directly concerned with putting into practice all that he had learned in medical school. Within a year he was taken into partnership with his associates, Drs. Briggs and Brown, and a practical arrangement for a daily free hour for study was arranged for each member of the group.

A discovery made by Mackenzie at this time reveals the unusual analytical power of his reasoning and the independence of his thinking. This to a certain extent influenced his entire career. It was the fact that diseases were recognized, in a great part, only when they had reached the advanced stage, and little could be done to cure them. No medical books interpreted for him the meaning of very early symptoms, which, if properly evaluated, might make diagnosis possible before destructive organic changes had occurred.

He was also greatly impressed by the uncanny ability of the older physicians to prognosticate so accurately. This, he soon realized, was because of the judgment which came from long experience and applied in a general way more to serious illness than to the type of patient he was treating in his office. He had a growing conviction that something should be done to change this traditional method of approach to the solution of medical problems.

He made a resolution to keep careful records of early symptoms of every patient, so that he might, after a few years, reanalyze these data

in the light of the progress of the disease. This undertaking was so overwhelming that he soon realized that he would be forced to abandon his application of this idea to every case. Just at this period a young woman died unexpectedly of a heart irregularity during labor. This so impressed Mackenzie that he determined to apply his method of study to heart irregularities alone. This he did with such intensity and singleness of purpose that years later he was able to confirm his clinical convictions by mechanical means. His conclusion, based on hundreds of observations at the bed side, was that the auricles were acting independently of the ventricles in some serious types of cardiac irregularities. His method of proof was the polygraph, a machine which he devised to record the radial and jugular pulses. This discovery marked the beginning of modern cardiology.

At first it seemed impossible to the teachers of medicine that anything new could originate outside the halls of learning. Later, in too enthusiastically accepting this new mechanical method of investigating heart irregularities and forgetting the clinical implication, they missed the salient point of the Mackenzie method for the study of disease.

By popular demand the inventor of this new instrument established an office in London. Because of his common sense and the confidence which he inspired by his personality and practical experience, he was soon a popular consultant and moved to exclusive Harley Street. He was able to convince so many patients with cardiac irregularities, who had been frightened by the grave prognosis given by other physicians—that they were not going to die—that he was soon famous. His practice grew rapidly and included lord and commoner.

Soon after this he published his great book, "Diseases of the Heart", which put the study of heart disease on a new basis. He was knighted by the king, elected to the Royal College of Physicians, and made a fellow of the Royal Society.

Even then, Sir James was not able to convince the profession that what he had done in inventing the polygraph to explain arrhythmias was merely incidental to the critical need

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in medicine. "Disease must be recognized in its earliest form." "The feelings of patients cannot be detected by x-ray and the so-called instruments of precision." "Symptoms must be interpreted before organic changes occur."

The machine which he had invented was a Frankenstein destroying a precious idea. Something must be done to get back to first principles. The only method of achieving this end was to work with the family doctor and that is exactly what Mackenzie decided to do.

For a poor man to have "arrived" and then go back to voluntary, comparative poverty is unique in any field of human endeavor. Tremendous strength of character, courage of convictions, and self-effacement must have been required to make the decision to give up a lucrative consulting practice in London for an ideal. There are few examples of this sort of loyalty in the history of medicine, none before nor since on Harley Street.

The great war interrupted Mackenzie's arrangements for leaving London. The problem of "the soldier's heart" became an important one and Sir James, with others, was asked to work out a plan for deciding who were fit for duty. This offered an opportunity for the practical application of some principles set forth in his book. "The ability of a heart to carry on can be determined by the history of its response to usual effort." "The presence of a murmur does not signify a disabled heart." "Pain in the region of the heart and breathlessness are often toxic, not cardiac in origin."

Just before the end of the war Mackenzie left London to establish a system of study at St. Andrews, in Scotland. He was able to enlist all the general practitioners of this town of 12,000 in his plan to study early symptoms and to investigate the "circumstances favoring the onset of disease." An institution for clinical research was founded where each physician files the record of his patients' symptoms from the birth of the individual to his death, and where the mechanisms of symptoms, especially that of pain, are carefully analyzed. Patently, years must elapse before an institution based on these principles can bear its full fruit. Mackenzie lived long enough to see it well on its

way and to train younger men to carry on his ideas. Recent reports from the Institute on the relationship of pain to the blood vessels is evidence that fruitful seed was sown and the harvest already beginning. Much more information of a fundamental nature is bound to come from the Mackenzie Institute for Clinical Research.

It is difficult for the few Americans who were privileged to study with Mackenzie to convey a true picture of the man. He was so individual that there is no basis for comparison. Largely because of the personal character of my introduction to him, so generously given by Prof. Henry A. Christian, I was permitted to see all phases of his later life. At home his devotion to Lady Mackenzie and their daughter Dorothy was so genuine that it seems improper to do more than mention this intimate glimpse into a beautiful family life. In clinic, Sir James was sympathetic, understanding and gentle with all except the garrulous. He was a master craftsman in history taking, which he considered the most important part of the examination of the patient. He had an inherent distrust of complicated theories and of all instruments of precision, especially the electrocardiograph. He was quite sure that the stethoscope had done more harm than good in the study of heart disease and was equally intolerant of the sphygmomanometer but considered it a harmless toy because fortunately nothing could be done about altering pressure, even if it was abnormal.

He was always direct, straight to the point and not always "easy spoken". He made himself unpopular by his denunciation of teachers who had never practiced general medicine. He was likely to be uncompromising, but always fair. Mackenzie was a logical thinker with an honest mind and no bluff. He attained his position by the sheer force of his intellect and maintained it because of the fundamental simplicity of his discoveries.

Unlike Osler, Mackenzie is not well remembered as a humanitarian, nor was he a great teacher of young men. His contribution to the science of medicine goes deeper, is more original and fundamental and in contrast will become increasingly important as the years pass.

## STARTING PRACTICE

BY C. W. SEARS, M.D.

The visions of a man just starting into the practice of medicine are many and varied, and can be covered under three main headings. The first being, has he had enough training? second, deciding on a location; and third, what of the future?

When a man starts in Arts school he usually has some goal in mind, and if he is to be a Medical Doctor he has set up that goal before graduating from high school, and in College directs his efforts toward it. This has to be done so that he will have the required credits in the right subjects for admission to the medical school where his training starts, covering all of the branches of medicine, and getting the fundamentals. While getting this training, some become more interested in some certain branch of medicine, and decide to extend their efforts more in that direction and plan for years of special training before ever going into practice.

This, now, brings up the question of whether one has had sufficient training to practice intelligently. When he learns something new every day in the hospital, he becomes afraid to get out on his own, away from the protecting wings of the older men whom he can fall back on. That means that he has a good case of "hospitalitis", and the sooner he goes into practice, with its responsibilities, the better. Some of the men advise him to get all of his training first, then go immediately into a specialty. Others say a few years of general practice will give him training that he will never get in a hospital, and later if he decides to specialize, it will help him in viewing the patient as an individual, and not some one special part. He then decides on which one of these two courses to follow. He is helped in his decision

by many outside factors; namely, the dream he has had of being a general practitioner, or a specialist, or the financial side, and opportunities which present themselves.

Then comes the biggest question of all he has to meet, and that is where to locate. After 8 years in school, and from one to 5 years in a hospital, following graduation about all of the capital he has is his education. Therefore, he wants to pick a place where he can make a living. However, he must also be contented and happy where he expects to live, so that he can practice the best type of medicine and enjoy living. He hears of towns where there are openings for a young doctor, these towns varying in size from two-hundred population up, but he has to consider the future as well as the present when selecting a location.

In the small villages, with their surrounding population, where there is no doctor, the starting will probably be easier, but there will be no hospital. However, with improved roads, and transportation, a hospital can usually be reached in 30 to 40 minutes, in most instances. In the larger town he will either fail, or go to greater heights, because competition will be keener, and the association with other doctors will stimulate him to read more extensively and expend greater effort in his practice.

Thus, after a great deal of pondering, the whole question is answered by the advice of some of the older men, which is: "Go where you want to live, build a practice, planning for the future as well as the present, so that you do not get so far and no further, but by keeping up with the new developments in medicine, and working, you have the satisfaction of always advancing".

## THE MEDICAL-DENTAL BUREAU

On Monday, May 28th, the Medical-Dental Bureau opened for the transaction of business in this community. The office is located at 801 Central Tower, Telephone 3-3159.

Mr. J. A. McGhee, of Akron, is in charge. He is being assisted by Miss Johnson and Mr. Zehn, his as-

sociates in the Akron Bureau, and by Miss Maude McMasters.

Dr. Sidney McCurdy, the President, and Dr. H. E. Hathhorn, Secretary-Treasurer of the organization, report a membership well over 100, and they are very much encouraged at the response of the profession.

## TWENTY YEARS IN THE PRACTICE OF MEDICINE

BY SAMUEL H. SEDWITZ, M.D.

What a golden age of medicine this has been! Since leaving the hospital internship and entering general practice, one can look back and fully appreciate how vast and numerous have been the achievements in scientific medicine in the past 20 years. When we compare the medical practice of those days, still bordering on empiricism, with the present day with its scientific discoveries related to our fields, one must shudder to think of what kind of service we gave to our patients, according to modern standards.

Early in practice, with the Wassermann reaction readily available and salvarsan still procurable in spite of the war, lues seemed to be rampant. One could still see secondaries, tertiaries, tabetics and paretics in far more profusion than is evidenced today. Exemplary of the advances, the technique of giving salvarsan has changed it from a full hospital procedure to a simple office visit.

Typhoid fever and smallpox have assumed the status of medical rarities in our community, quite different from 20 years ago, when their detection and recognition were very simple because of their frequency.

Of course, one disease that was introduced to us all on the same ground, namely, influenza, brought with it problems the solving of which demanded a new education in itself. Truly, it is an experience only to be endured once in a lifetime. Fortunately, such rapid progress had been made in the development of the x-ray, bronchoscopy, biological chemistry and surgery that our burden was lightened in dealing with these profound problems.

I believe that so profuse were these scientific discoveries, that it was not given unto one man to keep abreast with all of them, and, for this reason, it helped bring about the era of specialization and, with it, group practice. Witness today the specialists under whom an interne works during an ordinary hospital service, as compared with what was available 20 years ago. One thing he learns, however, is that the means are readily at hand for proper diagnosis if he will only avail himself of them.

There is no question that the general practitioner today keeps himself informed to a greater degree than his colleague of 20 years ago. Knowledge is thrust upon him by periodicals, libraries, post-graduate courses, meetings and conventions. Even in teaching, the progress has been advanced because of the scientific discoveries in every branch, especially x-ray, movie camera and the easy means of transportation.

To list the discoveries of outstanding value in the past 20 years is too great for the scope of this article, but, in mentioning the outstanding achievements, we would have to include the immunization and tests for immunity to diphtheria, scarlet fever, and pneumonia; malaria in syphilis; bronchoscopic advances and chest surgery; advances in colloid and biological chemistry; insulin; parathyroid extract; ovarian, anterior pituitary and sex hormones; parathyroid disease; and x-ray advances, both in treatment and interpretation, with the aid of lipiodol and the cholecystography of Graham.

Much has been discovered, but far more remains to be uncovered. Only he, by rendering service, could have unto him the "open sesame" to give to mankind of the unknown treasures from the storehouse of these secrets. This is best expressed, I believe, by Leigh Hunt in his poem:

ABOU BEN ADHEM

Abou Ben Adhem (may his tribe increase!)  
 Awoke one night from a deep dream of peace,  
 And saw within the moonlight of his room,  
 Making it rich, and like a lily in bloom  
 An angel, writing in a book of gold.  
 Exceeding peace had made Ben Adhem bold,  
 And to the presence in the room he said,  
 "What writest thou?" The vision raised its head,  
 And, with a look made all of sweet accord,  
 Answered, "The names of those who love the Lord!"  
 "And is mine one?" said Abou. "Nay, not so,"

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## OLD DOCTOR "HAS BEEN!"

FREDERICK S. COOMBS, JR., M.D.

The Doctor—the man who knows what causes Johnnie's bilious attacks, Mary's headaches, Tommy's sore joints and growing pains, and Baby's colds and coughs. He carries many colored pills which bring sleep and almost instant relief. His presence causes a sigh of relief from Mother and Dad, on down. He can bring babies, sew up cuts on the arm and fingers, and vaccinate us against small-pox.

He used to tell us it wouldn't hurt—much. There was a needle he pricked us with, or something he had to squeeze the pus out of, so we would be well in a hurry.

He never had much to say. He would tell Mother and Dad something outside our sickroom door, but it was in a whisper and we couldn't hear a word of it. We remember in a short while Mother would dispatch Dad to the drugstore to get the prescription filled which he left.

When we grew older—and Doctor too,—he came to see the younger members of the family and we were allowed in on the consultations outside the sickroom. Even then most of what he said was by inference—just enough to make the folks feel better. He would see what happened by morning. Then he would go downstairs. Instead of picking up his coat and hat he would sit and talk for a while—glad for a moment's relaxation. He knew *we* wanted to study medicine. He told us of his early days, his post-graduate work in this country, and the several years he spent in Vienna.

Somehow Doctor knew everything about us. He was a master mind who

looked out for us. It meant long hours for him, but he seemed willing to do it.

We went to college and we didn't see much of Doctor in the next few years. We still kept him as our ideal. We wanted to practice medicine just as he did—to be able to know our patients had confidence in us—to keep up with the modern developments in medicine—to practice the art scientifically.

Then we went to medical school. We soon became separated from our ideals, lost in a maze of muscles, tendons, insertions, nerves, bones, and microscopes. It seemed like medicine was a hopeless task. There was too much to know—one could never master it. Besides medical school seemed designed merely to try one's soul. It wasn't worth the struggle. Somehow we lasted the first year; probably just stayed around.

Physiology started with the second year. We could begin to see results. Muscles contracted when they were stimulated. A heart could be made to beat faster or come to a complete standstill. We got our first taste of surgery and the dog recovered. We were becoming skilled.

We were lost in lectures and dispensaries our third year. Once in a while we made a correct diagnosis. We forgot when we missed. We were becoming clinicians. The professors told us all we had to do was learn these signs and symptoms.

Our senior year we were admitted to the wards. Our cases were diagnosed after much reading and laboratory work. We presented them to the visiting men and they missed them once in awhile. They couldn't be so good. Maybe we could practice medicine too. We could guess right often enough.

Somehow we were licensed to practice. We had read (partly) some of the best medical books published, taught laboratory diagnosis, could wear a stethoscope around our neck on ward rounds with an air of authority, and knew the dose of morphine.

It had been implied that the man on the outside knew little or nothing of modern medicine. As recent graduates, we were prepared to carry on

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TWENTY YEARS (From p. 22)

Replied the angel. Abou spoke more low,  
But cheerily still, and said, "I pray thee, then,  
Write me as one who loves his fellow-men."

The angel wrote and vanished. The next night  
It came again, with a great wakening light,  
And showed the names whom love of God had blest;  
And lo! Ben Adhem's name led all the rest.



## TWENTY-FIVE YEARS (from p. 10)

was published. That world-old function of menstruation, too, had escaped understanding.

The crowning achievement of American medicine of the past 25 years, has been in the fields of diabetes and pernicious anaemia. True, the student of 25 years ago knew diabetes as sugar in the urine, due to some failure of pancreatic function, but there was no conception of the increased blood sugar content; there were no carefully worked out tables as to the fat, protein and carbohydrate content of foods; of the need of carbohydrate to metabolize fat; of the importance of an adequate amount of protein in the diet, and no insulin. The fate of the diabetic was indeed pitiful. He had one of two choices, both bad. He could eat and die of coma, or he could fast and die of starvation. The era of Allen was tragic indeed. Then came insulin; and, while there yet remains a tremendous amount about diabetes to be investigated, interpreted, and applied, at least the afflicted one can live and develop comfortably.

When the writer was a student, the then Professor of Medicine, George Dock, gave a clinic on pernicious anaemia. Thanks to the development of Ehrlich's blood stains, it had

## OLD DOCTOR (From p. 23)

lightenment to these "Has-Beens". We started to interne. We saw physicians do things we had been warned never to do. We shuddered with an air of authority. The patient got well. We wondered.

We could diagnose a heart lesion. If the patient were under 30, there was only one common heart disease. If over 30, there were three lesions and they were relatively easy to discern. We could diagnose an acute belly. The history was sure to be all revealing. We diagnosed. We saw the belly opened. We were wrong.

We have seen patients seriously ill come into the hospital. Maybe they were going to die. Someone ought to do something. Then the family physician came in to see the patient. He realized the situation. He explained it to the family. They had confidence in him; they knew he would do everything possible. He

just become possible to recognize the bizarre changes in the cells of pernicious anaemia blood. To this clinic came physicians from many of the large urban centers, and I remember that in his introductory remarks, Dock made the statement that this was not a new disease; the only new thing was our ability to recognize it, and he predicted that we would live to see the time when we would not cross the road to see a case of pernicious anaemia. Remarkably, Dr. Dock himself has lived to see his prophecy come true, not that that hard-headed old clinician would not cross the road, but that not only has its recognition become common-place, but thanks to Minot and Murphy's work along with Castle, we have an understanding of the underlying deficiency and the means for its successful treatment.

These are some of the phases of medicine that have constituted the ebb and flow of the past 25 years. It is appreciated that not all new things of the period have been encompassed. Enough however, to make us wonder if we have not lived in the period of the greatest progress in medicine that the world has ever seen. As we look to the future, we doubt if a similar span will ever produce so much. Time alone will tell.

was calm, and the family was surprisingly so, too!

We saw the old timer—the "Has Been"—called in consultation. He had been through many a battle. He carefully LOOKED at the patient. He suggested one laboratory test which might give the answer. We saw the patient at a movie not long ago.

But not all of our time has been spent in observation. We are being allowed to do things, too. Some of our patients got well. We feel that all was not wasted. We are beginning to learn.

And what has happened to our Doctor—the one who came whenever Mother called him. He spent probably 50 years worrying about us and many others. He is still alive, broken in health, somewhat forgotten, but his is the satisfaction that he did what he could. His errors were of the brain. He was conscientious. We hope we can be like him.

**BREETUS**

As this issue is dedicated to the interns, we suggest that Sears drop in at Ralph White's for a dose of Sippy powder when he leaves the Tod House some morning.

"Peanut" Stanley Myers is referred to Florence Heberding's ad. Here's some new dope for you. That is with or without the shell.

Fire Chief Morley is on his toes—perhaps Lester Lane at Strouss-Hirshberg's fits him with shoes via X-ray.

We have sleuthed Idora, Bel Del, Brown, Zemar and Art Drug stores to see why Hughes says that he eats where Potass. nitrate.

Gustafson needs a Spencer. Look for Mrs. Mantle's ad in this issue. Gus. He's the next resident.

Gus Stumme insists on blaming the tin box episode on a staff man. Why Gus! Please refer to Jack Lotze's Safety Tire ad. They are low pressure and prevent conjunctivitis.

W. I. Parks, representing Wm. S. Merrell Co. presented McKelvey and Frogner with an ideal combination of Detoxol tooth paste and mouth wash for the curare effect on the taste buds of tonsil washes. No Merrells do not make tomato juice.

Divvy James carries a pair of scissors when he examines a chest—cuts the gown up the front. Here's a prospect Frank Lyons—maybe a dozen scissors wouldn't be amiss.

McReynolds has been finally weaned from Dextrin-Maltose. He was putting on too much weight, was awake nights and sleeping days.

If the Adon's dolls up in Scott Co. haberdashery, it's going to be too bad for the rest of us. Keep Cukerbaum and Kaufman away from Charlie Scott's.

Stager, by recent event, is a proud papa. To celebrate the event, Al Giering has a variety that is hard to beat. He has been making it since 1876. Change your ad to 58, Al.

Lester H. Lane has been appointed to the position of sales director in charge of advertising at Strouss-Hirshberg Co. Congratulations,

(Continued p. 27)

## Are You Represented On Our **R** File?

### BROWN'S DRUG STORE

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"On the East Side—  
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### SUMMER DIARRHEA IN BABIES

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omitted from the 24-hour formula and replaced with 8 level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextrin-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six tablespoonfuls of a thin paste of Casec and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Please send for samples to Mead Johnson & Company, Evansville, Indiana.



### S. Q. LAYPIUS OBSERVES

Guess I'll never forget the first patient I had when I was an intern AND I was scared to death AND I was loafing around AND I got a call to the emergency AND I responded AND I found a nice old man about 70 years old on the table AND he was frothing at the mouth AND he was having a fit of some kind AND I took his blood-pressure AND the mercury went to the top of the instrument AND I catheterized the old man AND his urine was full of albumin AND I decided that he was an old cardio-nephritic AND that uremia was responsible for his fits AND I ordered him to bed AND as the old man had white whiskers about a foot long or longer AND I told the orderly to take a tin-shears AND de-whisker the old man as we could not have such luxuriant whiskers in the ward because they would catch birds AND small animals AND the orderly did as he was told AND after he was finished AND the old man was shorn AND shaved I proceeded to do a routine physical ex-

amination AND found that there was a set of false teeth occluding the entire back of his throat AND I got a couple of pairs of bone-forceps AND broke his plate AND extracted the false teeth AND as soon as I had done so the old man regained consciousness AND the first thing he did was to start at his umbilicus feeling for his whiskers AND with his eyes progressively showing greater amazement as his hand came nearer his chin as he was feeling for his whiskers AND they were not there AND he finally came to his nude chin AND he looked at me AND said Son where the hell are my whiskers AND I said Dad they are in a peck basket under your bed AND two rabbits which were in your whiskers are in the laboratory AND what about it AND he was a nice forgiving old man AND he said Well son you tried to save my life AND I said Yes I did AND he said that he could grow more whiskers AND he forgave me AND so I feel sort of sympathetic toward the new intern.

**BEL-DEL  
PHARMACY**

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THE BRIDE**

Wedding Bouquets  
Artistically Arranged

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Youngstown, Ohio

### St. Elizabeth's Commencement

On June 11th, at 7:00 P. M., St. Elizabeth's Hospital will hold Nurses' Commencement exercises on the Campus of the Hospital. Rev. Ralph A. Gallagher, Director of Sociology, John Carroll University, Cleveland, will deliver the graduation address. Dr. J. E. Hardman also will speak. Twenty-five nurses will receive their diplomas.

### DEFERRED ARTICLES

The interesting article by Dr. E. H. Jones, as well as some other material, which we expected to continue this month, because of limitations of space will appear later.—Editor.

### YOUNGSTOWN HOSPITAL INTERNS REUNION

The reunion of the ex-interns and the staff of the Youngstown Hospital will be held at the Mahoning Valley Country Club on Friday, June 15th. Festivities include a buffet lunch at noon followed by golf and a banquet in the evening. Reservations can be made at the South Side Unit.

J. N.

## BREETUS (From p. 25)

Lester. Hope you continue to like the Bulletin.

Thos. Hewitt of Bel Del pharmacy is to run for state representative. He should make a good representative.

Lee King has the best auto radio in town. He runs the Central Square Garage and likes to see the doctors park their cars there. Many of the boys park by the month. Did you ever notice how slick and clean Eddie Goldcamp's car is?

Everybody should read in the May Medical Economics on page 45, "Boston's Medical Ambassadors."

C. L. Thompson continues to enjoy the reputation of having the only invalid coach ad in the Bulletin.

Coombs, next years resident, has a journalistic career behind him. His shirts are too small around the collar. O. K. Chief.

These quiet blonds with dimples, remind us of "still waters". Palsis doesn't say much, but he thinks a lot.

Cafaro and Maher are both tall, and shall we say — good looking? Neither of them need S. M. A. Caritol, but their patients may. Do you Caritol for the suggestion?

Crow left last month to practice in Farmington. S. M. A. comes in handy there.

Thomas is the Resident for next year at St. E. He is athletic and we are careful of what we say of him.

## CLEANINGS

By S. T.

Dr. W. D. Cunningham of Girard, Ohio, who has been seriously ill in St. Elizabeth's Hospital with a gangrenous appendix has made a splendid recovery.

## RHEUMATISM

Inflammatory conditions are by no means confined to the winter months, and rheumatism does not govern itself by the calendar. So Antiphlogistine is an all-year therapeutic agent, indicated for and often affording the most grateful relief in the treatment of articular and non-articular rheumatism.

The moist heat which it maintains for more than 12 hours, reinforced by the osmotic and phagocytic actions of its chemical constituents, tends to improve the local metabolism, promote absorption of the swellings in and around the muscular fibres, helps to restore movement in stiffened joints and muscles and to bring relief from the pain.

Antiphlogistine is indicated for the majority of inflammatory lesions, whether deep-seated or local and those physicians who are not conversant with its uses, or who may wish to give it further clinical trial, are invited to write for samples and literature, The Denver Chemical Mfg. Co., 163 Varick Street, New York, U. S. A.

Drs. J. N. McCann and M. W. Neidus attended a one week's course on Metabolic Diseases at the University of Michigan.

Dr. F. W. McNamara is back from Louisville, Ky., where he spent several days with Dr. Irving Abell.

The scientific program at the May meeting of the St. Elizabeth's Staff consisted of three short papers on Genito-Urinary diseases. Papers were presented by Drs. A. C. Montani, D. H. Hauser, and W. O. Mermis.

Dr. E. G. Kyle is critically ill with pneumonia in Warren City Hospital.

The authorities of St. Elizabeth's Hospital announce the appointment of the following interns:

William E. Maine, Lewis S. Shensa, and James K. Herald (extern), Youngstown, Ohio; Leslie M. Evans, Racine, Wisconsin; Everett Chalker, Garrettsville, Ohio; J. J. Wasilko, Sharpsville, Pa.; and H. B. Thomas (Resident), Niles, Ohio.

## STUDIES ON HEAT AND NUTRITION

In cooperation with the Staff of the Youngstown Hospital Association, Dr. D. B. Dill, Director of the Fatigue Laboratory of Harvard University, and his associate, Dr. John Talbott, are conducting a series of interesting investigations concerning heat and nutrition. Dr. Talbott will be in charge locally, and he will

later be joined by Dr. A. V. Bock, and Dr. H. T. Edwards of the Research Laboratory of the Massachusetts General Hospital. This work is designed to pursue further some of the valuable findings previously made in the Canal Zone, at Boulder Dam, and in the Laboratories at Harvard.



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**PULVIS SIPPY**  
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A clinically proven combination in therapeutically balanced proportions of the following ingredients:

R	Bismuthi Subcarbonas	Sodii Bicarbonas
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Free from Sugar and Carbohydrates

Dose: One to two teaspoonfuls in water repeated as necessary.

---

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1308 MARKET ST.

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YOUNGSTOWN, O.

*Prescriptions are our specialty*

**HOW TO CORRECT DIARRHEA**

After a starvation period of twelve to twenty-four hours on boiled water or gelatin water (1-3 ounce of gelatin to one pint of boiled water), the infant should be given, according to the following schedule, Protein S. M. A. (Acidulated) prepared in proportion of four level tablespoons to nine ounces of water:

	1st day	2nd day	3rd day
Severe cases	3 oz.	5 oz.	9 oz.
Medium cases	10 oz.	15 oz.	20 oz.
Mild Cases	15 oz.	30 oz.	

The above quantities are to be increased until the proper amount for the patient's age and condition is reached, which is 200 c.c. per kilo of body weight per twenty-four hours, or three ounces per pound of body weight per twenty-four hours. However, the total twenty-four hour intake need not go above thirty-two to thirty-five ounces or 960 to 1050 c. c.

After 48 hours, or sooner if the diarrhea has stopped, Alerdex (Protein-Free Maltose and Dextrins) should be added gradually, beginning with one ounce to the quart, and increasing until the infant is gaining steadily in weight. In certain cases, it may be necessary to increase the carbohydrate to a total of 12 to 15% (3 to 4 ounces of carbohydrate to the quart).

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## Baby Patients

fitted with sponge rubber  
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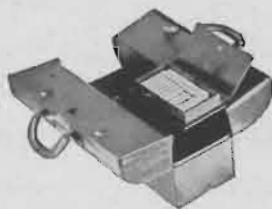
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# S.M.A. The Antirachitic Breast Milk Adaptation

## SO SIMPLE

that even Mrs. ....\*can prepare it properly.

## SO SIMPLE

that Mrs. ....I will thank you for sparing her much worry and trouble.

(\*I No doubt you can supply names from your practice.)

## ANYONE CAN FOLLOW THESE SIMPLE INSTRUCTIONS



To each measure of S. M. A. **ADD** One ounce of boiled water  $\rightarrow$  One fluid ounce of S. M. A. ready to feed.

This proportion remains unchanged. As the infant grows older you merely increase the quantity as with breast milk. (See table below.)

## SAVES PHYSICIAN'S TIME TOO

S. M. A. is simple to prescribe. The physician is relieved of exacting detail because he has only to increase the *amount* of S. M. A. (as with breast milk) when in his judgment it becomes necessary. The accompanying chart suggests average amounts.

The physician's time is also saved because the chances are good for excellent results under his skilled supervision.

### SUGGESTED FEEDING TABLE

Infant	Total Quantity In 24 Hours In Ounces *	No. of Feedings	Quantity per Feeding In Ounces *
2 days	1 to 2½	2 to 3	½ to 1
3 days	2½ to 5	3 to 4	½ to 1½
4 days	5 to 7½	4 to 5	1 to 1½
5 days	7½ to 10	5 to 7	1 to 2
6 days	10 to 12½	5 to 7	1½ to 2½
7 days	12½ to 15	5 to 7	2 to 3
2 weeks	15 to 17½	5 to 7	2 to 3½
4 weeks	17½ to 20	5 to 7	2½ to 4
6 weeks	20 to 22½	5 to 7	3 to 4½
2 months	22½ to 25	5 to 6	3½ to 5
2½ months	25 to 27½	5 to 6	4 to 5½
3 months	27½ to 30	5	5½ to 6
3½ months	30 to 32½	5	6 to 6½
4 months	32½ to 35	5	6½ to 7
5 months	32½ to 37½	5	6½ to 7½
6 months			
to 1 year	32½ to 40	5 to 4	6½ to 10

6 to 7 Mos.. At this age it is customary to add soups and vegetables to the diet, especially spinach.

\*These quantities refer to fluid ounces of S. M. A. diluted according to directions.

#### TIME SCHEDULE

7 feedings: 6, 9, 12, 3, 6, 9 and once during night.  
 6 feedings: 6, 9, 12, 3, 6 and 9 or later.  
 6 feedings: 6, 10, 2, 6, 10 and 2.  
 5 feedings: 6, 10, 2, 6 and 10 or later.  
 5 feedings: 6, 9, 12, 3 and 6 or later.

#### NUMBER OF FEEDINGS IN 24 HOURS.

The number of feedings in 24 hours should likewise be the same as those allowed breast-fed infants generally stated not more than seven and not less than five. However, when the infant reaches the age of 6 to 7 months, it is customary to replace one of the feedings with an 8 ounce meal of farina broth soup.

## S. M. A. RESEMBLES BREAST MILK

S. M. A. is a food for infants—derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically-tested cod liver oil; with the addition of milk sugar, potassium chloride, and salts; altogether forming an *antirachitic food*. When diluted according to directions, it is *essentially similar to human milk* in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and in physical properties.

## ETHICAL OF COURSE

If babies were all alike, it might not be quite so necessary to have a physician plan and supervise feedings. However, from the very beginning every package of S. M. A. has carried these instructions prominently on the label: "Use only on order and under supervision of a licensed physician. He will give you instructions."



S. M. A. CORPORATION  
 CLEVELAND, OHIO

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S. M. A. PRODUCES RESULTS - MORE SIMPLY, MORE QUICKLY



If this tired, worried, over-worked mother were using Pablum for her babies' cereal feedings, she could have slept that extra much-needed hour instead of losing her temper while her children clamor for breakfast. For she can prepare Pablum in an instant, directly in the cereal bowl, simply by adding water or milk of any temperature—salt, cream and sugar for the older child and herself.

GETTING up an hour earlier in the morning is an inconvenience for most persons, but for the mother of young babies it is a hardship, sometimes almost tragic, frequently nullifying the best-planned pediatric advice.

This is especially true in the case of the nursing mother whose supply and quality of breast milk are affected by emotional shocks resulting often in agalactia and sometimes giving rise in the baby to diarrhea, colic, and even convulsions. Furthermore, the mother's emotional stress brings about a train of behavior on her part which is reflected in the child's psychologic reactions so that a vicious circle of bad habit formation is set up.

From this angle, the recent introduction of the pre-cooked form of Mead's Cereal, known as Pablum, assumes new

importance in the doctor's psychological handling of both mother and child, quite aside from its nutritional value.\*

Because Pablum can be prepared in a minute, the mother can sleep the extra hour she would otherwise be compelled to spend in a hot kitchen cooking cereal. Added rest means better poise, so that petty annoyances do not bring jaded nerves. Prompt feedings prevent many childhood tantrums, and a satisfied baby usually eats better and enjoys better digestion and growth.

\*Like Mead's Cereal, Pablum represents a great advance among cereals in that it is richer in a wider variety of minerals (chiefly calcium, phosphorus, iron, and copper), contains vitamins A, B, E, and G, is base-forming and is non-irritating. Added to these special features, it is adequate in protein, fat, carbohydrates, and calories. Pablum consists of wheatmeal, oatmeal, cornmeal, wheat embryo, yeast, alfalfa leaf, and beef bone.

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