

BULLETIN

of the
Mahoning County
Medical Society



"Any comment upon the times should be conceived
in a spirit of resistance to ignorant change and equal
resistance to ignorant opposition to change"—

John Stuart Mill

July, 1934

Volume 4

Number 7

FOR THE TOXIC BOWEL

→○←

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→○←

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→○←

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JOHN P. HAAG, Sec'y-Treas.

PRESIDENT'S PAGE

The idea of a central office has appealed to many of us since its inception. Such an office with an executive secretary is badly needed. The additional sum it would cost you as a member of the Society to maintain this office would represent one of your best investments.

At the time the matter was brought before the Society for consideration, the majority were opposed to it. While some have since begun to realize through the pressure of the times, that perhaps the physician should be interested a little in the financial side of his business, there still remain some who object to bringing business economics into a Society that was primarily formed for scientific purposes. With the existence of opposing views it was evident that considerable time must elapse before any definite steps could be taken as a Society.

The Central Office Committee, therefore, after much research, evolved a plan that they presented to Council. This plan was adopted with the unanimous consent of Council. The plan, while falling short of the support of the entire membership of the Society, does provide a business office for those of us who believe in this sort of thing. It will provide you with a service that the Society cannot supply without increasing the dues. The organization called for in the plan can in no way be other than an adjunct to the Society, and while it may operate unhampered by it, yet the directors will always be members in good standing of the Medical and Dental Societies. The Central Office Committee will continue to function so that the Society will be protected in any policy that might be contrary to its best interests.

This office will come closer to solving the question of the dead-beat and the shopper than any plan that has been so far suggested. If but 75% of the members of the Society affiliate themselves with the medical bureau it cannot be 100% effective. The different types of service offered would seem to place the cost within the reach of all. A moment's thought will convince you that it is possible for such an office to do many things for you. The bureau will not run on its own momentum; therefore, it behooves all of us who believe in thus aiding our business, to cooperate in every possible way.

JAS. B. NELSON.



SECRETARY'S REPORT

A Council meeting was held on June 18, 1934. A resolution was presented to Council by the Committee on Baby Welfare Stations which was approved by Council. A copy of this resolution was sent to the proper authorities of the Baby Welfare Stations with a request that a written acceptance or rejection be sent this office. The resolution follows:

The Resolution

At a meeting held on June 1, 1934, by the physicians in charge of the Infant Welfare Stations, the following resolution pertaining to the conduct of the stations was discussed and passed.

1. The Infant Welfare Stations shall be conducted for well babies only.
2. There shall be no therapeutic medicine practiced at the stations. (The question of strapping umbilical hernias, stretching foreskins, treating simple conjunctivitis, diarrheas, and diaper-rashes shall be submitted to the Council of the Mahoning County Medical Society for decision.)
3. There shall be an investigation made of the income of the families registered at the stations. Any child whose parents' income exceeds \$75 a month, shall not be permitted to attend the Welfare stations. This income is to be stated on the infant's chart.

4. There shall be no immunization or vaccination performed at the stations.

Gentlemen of Council, please make an effort to be present at the called meetings of your Council. These meetings of late have been very poorly attended. It is impossible to conduct necessary business of the Society unless a quorum is present. It is rather discouraging to the few who are faithful to find that their time has been wasted.

Dr. Walter King Stewart, chairman of the Economics Committee, presented the plans for the care of indigent venereal cases. Hospital dispensaries will be closed and the patients will be referred to their own physician. The physician will receive necessary drugs from the City or Subdivision Board of Health on requisition. The physician will make a report back to the Board of Health of each of these cases treated.

The regular monthly meeting was held June 19th, 1934, at the Youngstown club. Dr. Charles L. Brown, of the University of Michigan, presented a paper on "Medical Management of Chronic Gall Bladder Disease". The subject was covered from all angles and was well received by 90 members and guests. This paper brought to light many worthwhile points in the treatment of cholecystic disease.

HEALTH NEWS

By J. B. B.

In the past five years the mortality rate in the United States has shown a gradual decrease. The death rate per 100,000 population decreasing from 11.8 in 1929 to 10.5 in 1933. Cancer and heart disease were the only 2 diseases showing a steady increase.

An article in Hygeia states that in a study of dish-cloths and dish-towels from the better residences shows that bacteria on dish-cloths range from 1 to 7,000,000 to the square yard, and on dish-towels from 75,000 to 1,000,000. The article also states that experiments carried on in a bacteriological laboratory for 5 years demonstrated that the sanitary efficiency of the electric dish-washer is from

60 to 300 per cent. greater than that of hand dish-washing.

The number of cases of measles in the United States continues to increase. In April, the number of cases was 2 to 3 times greater than for any corresponding period in the last 3 years.

In Mahoning County, there were 40 cases of measles and 71 cases of scarlet fever in April of this year as compared to 10 of measles and 139 of scarlet fever in April of 1933. These figures correspond closely to the National statistics.

In April, plague-infected ground squirrels were found in Kern and Tulare Counties in California.

MEDICAL FACTS

By J. G. B.

As a rule, it is hardly possible to differentiate clinically (without an electrocardiogram) between auricular paroxysmal tachycardia and ventricular paroxysmal tachycardia. However, the presence of a venous wave in the neck, beating at a definitely slower rate than the ventricle (Gallvardin's sign), indicates a ventricular tachycardia. Also, a slight arrhythmia favors a diagnosis of the ventricular type. Auricular paroxysmal tachycardia is usually not serious, while the ventricular type almost always is.

John Parkinson, in *The British Medical Journal*, says that enlargement of the heart should not be diagnosed in the absence of an adequate cause, unless roentgenological confirmation is obtained. Apparent enlargement is not infrequently due to scoliosis.

According to Evans and Hoyle (*Quarterly Journal of Medicine*, 3:105, 1934) glyceryl trinitrate in tablet form when absorbed from the mouth is by far the most effective agent for relieving attacks of angina pectoris, and for their immediate prevention. The only practical disadvantage is that they deteriorate in strength, especially when exposed to air and heat, so that they should be used preferably within two months of manufacture.

In summarizing the effects of glucose therapy in sixteen cases of heart failure in advanced heart disease, Smith and Luten in *The American Heart Journal* say: "In nine cases dyspnea was relieved to some extent. The effect, however, was of short duration (from 3 to 12 hours) as compared with the more lasting effect of digitalis. Glucose failed to restore compensation in any case. Digitalis restored compensation in three cases. The first injection of glucose seemed to have more beneficial effect than repetitions of the treatment. Glucose therapy appears to be indicated as an emergency measure in cases of acute or urgent heart failure and in cases of advanced chronic heart failure in

which digitalis in adequate amounts has not restored compensation."

In discussing a case of cerebral hemorrhage showing a flaccid paralysis which became spastic later, Dr. Henry R. Viets, of The Massachusetts General Hospital remarks: "There has now been gathered together a good deal of evidence that the so-called motor cortex, the origin of the large Betz cells, is the origin of fibers passing down through the internal capsule and to the spinal cord. Paralysis, however, of this system always leads to a flaccid state and never to a spastic condition. It is only when the nerve fibers from the area in front of the motor area, now designated as the premotor area, which does not contain Betz cells, are interrupted that we have spasticity as a sign of dysfunction."

Concerning the same case Dr. Mallory has this to say: "Nearly all of these cases of sudden cerebral accident have an extreme degree of pulmonary congestion and edema. It is so marked that Dr. Norris in New York is said to walk into the autopsy room and look at the lungs and say 'That is a cerebral lung' with a very high percentage of accuracy."

According to the latest reports on pneumonia there is probably little danger of contagion among patients or the staff in hospitals, as the incidence of homologous pneumococci among patients in hospitals is about two per cent. in contrast to about twenty per cent. in family contacts.

Ergotole, a sterile preparation given by mouth or subcutaneously (from 15 to 40 minims every one to two hours for twenty-four hours), is advocated in all kinds of pneumonia by Moersch of the Mayo Clinic. Ergot may also be used but the former is preferable. Its favorable effect in pneumonia is supposed to be due to the constriction of the pulmonary vessels thereby making them less permeable and preventing the ready passage of fibrin into the alveoli, and hindering the pulmonary toxins from getting into the general circulation.



THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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Published Monthly at 243 Lincoln Avenue, Youngstown, Ohio.

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THE DOCTOR AS A CITIZEN

Doctors sometimes complain that in Community affairs their counsel and especially their personal participation are not sought. If this is true, then, as in all other phenomena, there must be a cause for it.

Do we enter whole-heartedly into projects advanced for community improvement? Or better, do we bestir ourselves to initiate such movements? Or do we stand by, waiting for others to take the leadership? If one of our members takes the trouble to step out and do something, do we applaud him or do we criticize him as a seeker of publicity? Have we a tendency to doubt the motives of other citizens engaged in public activities? Do we indulge ourselves the luxury of advance criticism? When things don't work out just right, do we revel in "I told you so"? Self-searching may help to reveal the reasons, if, as we say, it really is true that in public matters we are neglected.

But is it true? When Dr. Patrick offered himself as a candidate for the School Board, he received about the largest vote cast for that office. Perhaps part of it was because of "Pat's"

personal popularity,—but may it not have been also an expression of confidence in his intelligence and integrity arising out of his membership in the Medical Profession?

When Dr. A. M. Rosenblum was appointed to the Old Age Pension Commission, the public reaction was enthusiastically commendatory. It is true that "Alex" has a host of good friends who were delighted at his selection for that important position. But is it not probable that the response is also based in part upon the very fact that Dr. Rosenblum is a physician?

Drs. Chas. Scofield and Ray Fenton are engaged, as is Dr. Patrick, in Board of Education work in their communities, and Dr. Carl Campbell is a member of the County Board of Education. In their Club and Church work a good many others are active

These doctors all do themselves credit in the work in which they are engaged, and the people are pleased. It is a fair conclusion that medical men will be influential in even ratio to their manifestation of interest in the responsibilities of citizenship.

AMONGST OUR COLLEAGUES

"The program was most admirably prepared and splendidly delivered by the interns of the various hospitals participating. The presentations were given so that there was no difficulty in hearing and understanding what the essayists were saying and what they wanted. It was thoroughly enjoyed and appreciated by the entire audience. The following comment, by Dr. Francis Reder, expressed the approval of the meeting:

"I wish to express my keen appreciation to these young doctors who have given us such a splendid presentation this evening with such an excellent scientific background. If these young doctors, or any young doctors with the caliber which has been evidenced here tonight, will be able to evade some of the pernicious influences, well-meant but unscrupulous, that lead to deterioration as far as ambition and studiousness and interest in scientific pursuit are concerned—if they are able to evade these influences they will create for themselves a position that will unfold to them the advantages of our noble profession in the fullest measure. I compliment these young men individually and collectively." — *Weekly Bulletin of the St. Louis Medical Society.*

* * *

"In these times of uncertainty and changing social and economic conditions, it is highly important that the young man about to enter the practice of medicine be given every possible opportunity to fortify himself with as much information as possible concerning some of the problems he is destined to run up against during his professional career.

"There is probably no better proving ground for the medical graduate or a better opportunity for him to learn through experience and from the counsel of experienced heads in medical practice than the hospital internship which most medical graduates enter upon completion of their academic work.

"The psychology of the intern represents a curious mixture of student unsophistication and half-matured professionalism.

"Frolicsome, schoolboyish, hypersensitive, petulant, enthusiastic, cooperating, hesitating and self-confident, are terms that accurately describe

the varying moods of the intern. He has crowded his memory with facts and figures concerning human pathology and symptomatology and yet he has not learned to apply his knowledge practically. He is inclined to pity the aging physician who knows how to employ so few drugs. He has preconceived notions as to the proper conduct of hospitals, and does not hesitate to voice them. This is the type of personality which each year enters the hospitals to assist in caring for the sick.

"That the intern needs a gentle but firm hand to guide his course should be self-evident. But in many hospitals the presentation of a book of rules and a service sheet all but represents this most important and understanding tutelage. No careful instructions as to his newly acquired responsibilities—no sympathetic mentor to guide him through his first few days—no one to demonstrate that major operation, for him at least, of taking a blood specimen for a chemical study—no one but the intern who preceded him on the service from whom to receive advice as to his new work. Staff members are inclined to be hurried and exacting—to be unable or unwilling to teach—and nurses irritate in endeavoring to impart information. Little wonder that the first few weeks of an intern's hospital life are filled with many misunderstandings.

"The hospital, therefore, is often to blame when unsatisfactory service is rendered by the intern. An absence of understanding of the psychology and the practical fundamental abilities of the recent graduate in medicine, a lack of system in instructing him during his first few weeks in hospital, and an absence of evident respect for his professional standing are strong enough influences to ruin the many other possibilities that he possesses for future usefulness to the sick. The coming of the new intern is an event fraught with promise, or with possibilities for lost opportunities for service to the sick."—*Ohio State Medical Journal, Jan., 1934.*

* * *

"DO YOU KNOW"

"That the ethical healing art in this country is facing an acute crisis. Socialized medicine is imminent; and
(Continued on p. 26)

THE MEDICAL - DENTAL BUREAU

By SIDNEY McCURDY, M.D.

President, The Medical-Dental Bureau

Any changes which concern the routine of our business dealings with our patients is, and should be, of interest to us all. Any encroachment of general business upon the incomes of physicians must be met by us with organized methods. Unfortunately for us as the strings of credit were stretched by business, and new protections were thrown around them, we heedlessly continued the system of *laissez faire*, and our incomes suffered accordingly. The Medical and Dental Professions are worthy of and entitled to their percentage of the family budget. But, unless we organize to obtain our share, others, more aggressive, will get theirs and most of ours too. There is nothing dishonorable in asking for a fair fee for medical and dental services, nor does it lower one's dignity if prompt payment is insisted upon.

The Medical-Dental Bureau was formed to meet changed conditions. Its principles, as outlined in the prospectus, influenced 101 medical doctors and dentists to join the movement. On May 28, 1934, the Bureau was formally opened in its new home, 801 Central Tower Building. It is managed by a board of seven directors who have employed J. A. McGhee as the Executive Secretary.

The Bureau is incorporated according to the laws of Ohio, and the stock issued to the extent of \$500.00, no par value, is held in trust for the members by the Board of Directors. Our finances have thus far been so well cared for that all bills are paid and our working capital is unimpaired.

The office has requested the members to fill out their rating cards and return them as soon as possible. This, many have discovered, is a bigger job than they anticipated. But little in the way of service can be rendered until ratings number many more than the

19000 already received. The promptness of a member in completing his part determines the usefulness of the bureau. Already some very interesting abuses of medical credit have been disclosed. Many more will be located as the file progresses.

A second activity will be started, I think, no later than July seventh. We have been so fortunate as to have associated with us an expert credit manager, Mr. L. C. Smith, who is thoroughly acquainted with the people of Youngstown and its vicinity. He will interest himself in starting and conducting our collection department. It is our intention to conduct this department in keeping with the best traditions of the Medical and Dental Professions. This activity will be carried on in a gentlemanly manner at all times, but with an insistence that cannot easily be brushed aside. Bulletins will be issued from time to time, to the members, giving records of bankruptcies, changes of location, and other matters of importance.

Very soon, within the next two weeks, a canvass of the membership will be made to ascertain who may desire to subscribe to the telephone exchange. This is an important bureau function for it makes possible the giving out of credit ratings every hour of the year. Subscribers must decide promptly, as the listing day for the September Directory closes the middle of July. This service can be rendered no cheaper than by the already existing exchanges, but, with the credit rating feature, it will be much more valuable.

It was to be expected that some physicians would criticize this new organization. Your Board respects sincere objections but still believes that the Bureau will be of great value to all of the members of the Professions. We believe that the principles are sound and, if carried out properly, the feeling in money matters between the Professions and the public will be improved. The experiment will be tried, our mistakes will be corrected, and we believe we shall earn the esteem of all as we demonstrate our value.



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SPECTACLE-!!!!!!

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"Recent Advances in Applied Physiology"

LECTURE SCHEDULE

- SEPT. 4. The Regulation of the Motor Functions of the Gastro-intestinal Tract.
- SEPT. 7. The Physiological Interpretation of Gastro-intestinal Disturbances.
- SEPT. 11. The Functions of the Liver.
- SEPT. 14. Normal and Abnormal Mechanisms of Cardiac Rhythm (illustrated with moving pictures).
- SEPT. 18. The Control of the Coronary Circulation.
- SEPT. 21. The Physiological Consequences of Coronary Occlusion.
- SEPT. 25. The Value and Limitations of the Electrocardiogram in Diagnosis.
- SEPT. 28. The Mechanisms of Cardiac Compensation and De-compensation.



Autumn Events!

OCTOBER

Dr. Harlow Brooks

NOVEMBER

Dr. Frank H. Lahey

DECEMBER

Business Meeting

PROGRAM CHAIRMAN'S REPORT

The schedule of the special lectures to be given by Prof. Carl J. Wiggers, appears on another page of this Bulletin. These lectures, approved by your Council, are an essential part of the program of your Medical Society for the present year.

Our hope is that every reputable physician in this and adjoining counties will avail himself of this opportunity. Enough have subscribed to insure the course being given; however, there are many who have not as yet sent in their names who we know will be present the first evening for enrollment.

Your presence is not only desired but it is your show—Drs. Jim Brown, Bill Neidus and associates will be there to welcome you and insure your comfort.

Respectfully,

H. J. BEARD,
Chairman, Program Committee.



COLLEGE OF MEDICINE, OHIO STATE UNIVERSITY

(Continued from May Issue)
 By E. H. JONES, M.D.

At the Neil Avenue entrance to the University there stands today the unit established and added to since 1914—a college hall, Hamilton, housing the administrative offices of the College of Medicine and the Departments of Anatomy, Physiology, Physiological Chemistry and Pathology. Starling Loving University Hospital stands along the south-central space allotted to the medical group. Kinsman Hall adjoins the new hospital and is given over entirely to research.

Recently a new department of medical and surgical research has been organized and Dr. Charles A. Doan, Rockefeller Institute, named as director. The newly organized can-

(Next page)



FRANCIS D. LANDACRE, M.D.

For many years Chief of the Department of Anatomy. Dr. Charles Judson Herrick, the famous neurologist of the University of Chicago in his appreciation of this man has recently written:—"His life was devoted to the Ohio State University; the intensity of this devotion and the immense labor and personal sacrifice by which he expressed it have rarely been equaled. So quietly and modestly were his ideals of University standard of policy and practice advocated and enforced that few people perhaps, even in his own community, realized their illustrious quality and the influence which he actually exerted in shaping the course of medical education in American Universities. He engaged in no propaganda. He wrote no papers. He made no speeches about medical education. He gave a practical demonstration of how it should be done and this was not done in a corner."



STARLING LOVING, M.D.

Nephew of Lynn Starling and a graduate of Starling Medical College in 1849. Until his death in 1911 he was identified with Medical Education in Columbus.



cer clinic has recently received a liberal supply of radium for its use. Enlargements now under way include an isolation wing to University Hospital, removal of the present downtown dispensary to a proposed new building to be connected with the hospital, the enlargement of the present laboratory building, Kinsman Hall, a new nurses' home and interne quarters. Dr. J. H. J. Upham is the present dean of the college.

The teaching staff at present numbers 129 and includes 50 professors and assistant professors, and 79 lecturers, instructors and demonstrators.

The following hospitals afford teaching material: Starling Loving University Hospital, St. Francis Hospital, Children's Hospital, State Hospitals for the Insane, and State Hospitals for feeble-minded children.

During the years six notable contributions to American Medicine were made by teachers of these schools:



ERNEST SCOTT, M.D.

Leaves a beautiful memory.

For thirty years, until his death March 5, 1934, was Professor of Pathology and had been secretary of the faculty since Dr. Landacre's death.



VERNE ADAMS DODD, M.D.

Professor of Clinical Surgery and Chief of Surgical Division University Hospital.

First, in 1867, was the epic making book on micro-chemistry of poisons by Dr. T. G. Wormley.

Second, in 1884, the presentation by Dr. John Wesley Wright of his operation for the extraction of a cataract in the capsule by expression.

Third, in 1900, by Dr. D. Tod Gilliam, when he presented his operation by which a ventro-suspension of the uterus was done by means of the round ligaments.

Fourth, in 1904, by Dr. J. F. Baldwin, when he described a new method for the formation of an artificial vagina in the absence of that organ.

Fifth, Dr. Francis LeRoy Landacre's outstanding original contribution, an embryological analysis of the ganglia of the cranial nerves, with an exact and well-controlled account of the origin and development of their components.

Sixth, the recognition and proof, by Dr. Roy Graham Hoskins and Dr. Charles D. McClure, in 1913, that it was not the secretion of the adrenal gland that maintains the normal blood

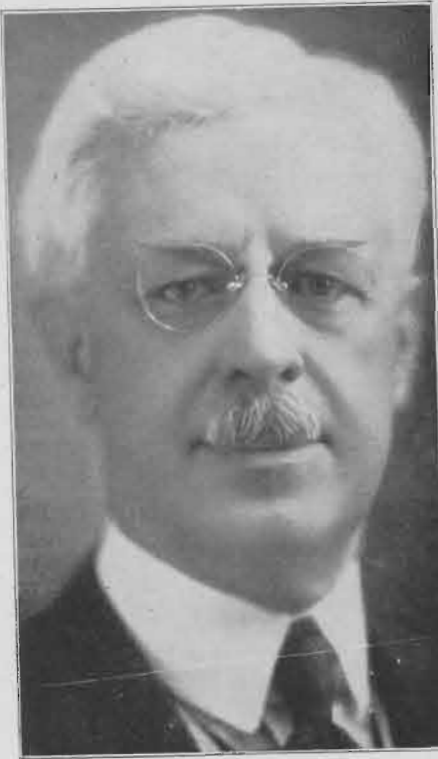
(Turn the page)

MEDICAL SCHOOL (From p. 17)

pressure but that this secretion only appears in the blood stream in effective quantity in times of emergency.

The College of Medicine of the Ohio State University therefore begins the second century of its existence with an excellent faculty, the splendid traditions of 100 years of excellent teaching and the active support of its 2200 living alumni.

The writer desires to express his appreciation to the following for the privilege of using material and photographs supplied through their co-operation: Dr. Jonathan Foreman, faculty College of Medicine, the Ohio State University Monthly, and Mr. L. A. Hamilton, photographer at Ohio State University.



J. H. J. UPHAM, M.D.

Has vision for future:—Has consolidated many of the objectives under his leadership and departments of Medical and Surgical Research have been established. He has also suc-



CHARLES A. DOAN, M.D.
Director of Medical Research.

ceeded in making the College of Medicine an integral part of the campus life.

CAROTENE

Smaco Carotene in Oil, formerly called Caritol, is a solution of carotene which is the plant source of all vitamin A activity and is commonly referred to as the precursor of vitamin A or Pro-Vitamin A. Unlike other therapeutic forms of vitamin A activity, Smaco Carotene in Oil is derived entirely from vegetable sources and therefore has no fishy taste. Biological potency not less than 7500 new U. S. P. units of Vitamin A per gram (U.S.P. X-1934 Revision).

Smaco Carotene in Oil, by virtue of its vitamin A activity, promotes growth and, as indicated by experimental studies, may be an important aid toward the establishment of resistance of the body to infections in general.

Smaco Carotene and Vitamin Products are accepted by the Council on Pharmacy and Chemistry of the A.M.A. —Adv.



DIAGNOSING WORDS

By F. F. HERR

Principal-Elect, Rayen School

Few people pay any attention to words other than the meaning that is conveyed in their face value. They never go beneath the surface to see why words mean what they do. For instance, when I asked a physician friend of mine if he knew the meaning of "diphtheria", he looked at me with scorn as if I were presuming a lot to try to tell him anything about medicine. When I saw I had taken a *faux pas*, I insisted upon an answer and found he had no notion why that particular word had been applied to this disease. So I explained that in asking the question I was casting no aspersions upon the medical profession but only indulging in a little hobby of my own which had been a pastime in my family for years—to find out the origins of words. Then the physician became interested in "diphtheria" and was surprised to find that it is Greek for "like leather", and describes the condition of the throat in that disease.

So much of descriptive medicine, I understand, has come down to us from the Greek writers—Hippocrates, Aristotle, and Galen—that the vocabulary of the profession is full of high-sounding words which enable certain doctors at times to impress the *hoi polloi* when the terms are only simple descriptive ones. "Erysipelas" has to be explained to the average hearer, and all it means is "red skin". "Eczema" too is Greek for "boiling out" and refers to a skin condition. How accurately "quinsy" describes the action of trying to get rid of the bone in one's throat, for the word means "dog choke". A student recently was sent home from college with "nostalgia" and told to rest up. The only thing wrong with him was "homesickness" which is what "nostalgia" means. "Apoplexy" comes from the Greek word "to strike" and aptly describes a "stroke". An interesting word is "hypochondria" which literally means "under the cartilage of the breast-bone". Here was supposed to be the seat of mind depression, and so it took the name of the locality. "Hemorrhage" is nothing more than "blood break" in the original. "Syphilis" takes its name from that of a

shepherd in an old poem and means "hog-loving", which application seems almost a libel on the hog. "Physician" goes back to "nature" and the study of its laws, and the early practitioners were philosophers who experimented in the art of healing. "Surgeon" comes from the Greek meaning "hand work" and originally referred to one who professed to cure diseases or injuries by manual operation, in contrast to the physician who tried to direct the laws of nature. "Doctor" is really the word for "teacher" or "learned man", but for some reason not clear is now understood to mean a member of the medical profession. "Medicine" comes from a Latin word and means "healing". A fairly new term is "anaesthesia" which arose as the result of Morton's experimenting. As one writer puts it, "the fact that a word to define insensibility to pain was not in use is striking evidence that such a condition was something wholly new, for man promptly names all the phenomena which come under his observation". Hardly was Morton's hospital demonstration over before the scholar and physician, Oliver Wendell Holmes, was asked to suggest a name. He replied with the word "anaesthetic" to define the substance used to produce insensibility, and the word "anaesthesia", from the Greek for "without feeling", for the state of insensibility.

Here and there is a word that harks back to early days when little was really known about the causes of disease. "Malaria" is from the Italian for "bad air" and formerly was supposed to come from soil exhalations. "Don't breathe night air", was a common injunction and led many to close all the windows and doors at sundown. Even more interesting is the word "humor" which physicians have almost forgotten, but which at one time was a part of every diagnosis. In old physiology "humor" meant "fluid" and referred to the four fluids—blood, phlegm, choler or yellow bile, and melancholy or black bile—all conceived as entering into the constitution of the body and determining by

(Turn the page)



WORDS (From p. 19)

their relative proportions a person's health and temperament. So the word "temperament" meant a proper mixing of the body fluids with the various excesses described as sanguine, phlegmatic, choleric, melancholic—all words which still connote much as to the condition of one's health. And speaking of humor reminds one of the influence of the gods in the lives of people of old, since "jovial" harks back to good-natured Jove, as does "mercurial" to the lively Mercury, morphine to sleepy Morpheus, and "saturnine" to gloomy Saturn. Venus, with all the thought and attention directed to her kind, has given us the word "venereal".

Now let me explain a few words which have very curious beginnings and have wandered far afield in the course of time. "Delirium" originally meant one who went "out of the furrow" in plowing. Figuratively it came to mean one in a more or less temporary state of mental disturbance. "Imbecile" is ordinarily derived from the French, meaning "on a cane" and presents the picture of one not able to walk through weakness, first of body, then of mind. "Influenza" in the early days was attributed by astrologers to the "influence" of the heavenly bodies. "Crisis" too is from astrology and refers to the conjunction of certain stars or planets in determining all kinds of critical issues. "Quarantine" means "forty" and was the number of days which a boat was held in the harbor, during which time watch was kept to detect the outbreak of any disease which might have been carried from a foreign port. Today the significance of the number is entirely lost. "Nausea" comes from the Greek for "boat" and describes the ailment—sea-sickness—so common to those who travel on the water. "Sinus" is the regular Latin word for "bay" or "inlet", and the shoreline of every old Roman map is marked with many a "sinus". So the word lends itself to the cavities in the bone structure of the body, especially of the skull. "Cancer" gets its name from the Greek for "crab", because the surface growth with the veins distended resembled the claws of that crustacean. "Migraine" is a clipped word from

Latin "hemigrania" or "hemicrania" meaning "half skull". It is a nervous headache confined to one side of the head.

A word now appears for dissection which almost baffles me. Take "paregoric". It means "beside an assembly" in the Greek, and evidently refers to the old meeting place in Athens where the people gathered to talk over things. Occasionally there came a spellbinder whose power was such that even the opposition was quieted. Such an effect was said to be "paregoric", and with this mollifying influence I bring this effort to a close.

And so I take my leave of you and hope I have not bored you—you who have read this article through — to distraction. Like the Ancient Mariner, though, I shall be likely to stop you anywhere anytime and ask you point-blank if you really know the meaning of your vocabulary. You will, I know, be kind enough to indulge me in my little weakness, and nobody, I hope, will be the worse for your indulgence.

(Note: We appreciate this valuable contribution; and we congratulate Youngstown that Mr. Herr is to head Rayen School. Editor.)

Nurse Buying Hat

Clerk: This hat can be cleaned with ether.

Nurse: Probably I will use ether to clean it.

Clerk: Are you a nurse?

Nurse: Yes, I am a pupil nurse.

Clerk: You know I just moved here from Pittsburgh, but I had a medium laboratory operation just before I came here and my thyroids are bothering me since I came.

Nurse: You're in a goitre belt here you know.

Clerk: No, I don't wear one of those.

"I had rather do a moderate business for which I was fairly well paid than a large practice for which I was poorly paid. Personally, I think I would much prefer to die with a reputation as a good collector and something to show for it, than to die with a reputation as a good old doctor, with little or nothing as my family's reward."—Selected.



LOW BACKACHE IN GYNECOLOGICAL PRACTICE

By PAUL M. KAUFMAN, M.D.

Backache, or "pain in the small of the back", is one of the most common and one of the most distressing of the symptoms which bring women into the doctor's office. In some cases gynecological disease *per se* is at fault. There are so many causes that the etiology should be gone into carefully.

The exact position of the backache is important. Crossen states that localization is as important in backache as is pain and tenderness in the abdomen. It is necessary to know if the pain is in the lumbar region or in the sacral region. If in the lumbar region, it is essential to know if it is in the spine, in the thick muscle region on either side of the spine, or in the region of the kidney, or on both sides. If it is in the sacral region it is necessary to know if it is diffuse across the sacrum, in the sacro-iliac joints, or the sacro-coccygeal joint.

Obstetrical injuries of the soft parts affect particularly the utero-sacral ligaments and the cellular tissues in the region of the broad ligaments and pelvic veins. Abdominal varicosities and venus stasis often cause backache. Prolapse, cystocele, and high cystocele, frequently result in deep seated backache. Retro-displacement often produces widespread backache. It is always central and either sacral or low lumbar, and the pain is exaggerated on exertion or standing, and during menstruation. The heavy uterus in an abnormal position causes traction on the utero-sacral ligaments. Tumors in the broad ligaments, or tumors in which adhesions are a feature, and exudates in the pelvis, all contribute to the etiology of low backache.

The severity of the backache is variable. It depends on the amount of pressure from pelvic congestion and nerve involvement. Unfortunately the cervix is practically insensitive, and when backache becomes manifested with cancer of the cervix, the stage of curability has passed. The pain is due to involvement of the parametrium and lymph nodes.

Women are much more susceptible to backache than men. First, because of the congestion, physiological or pathological; and second, because of the mechanical strain in muscles induced by pregnancy and labor.

One of the most frequent causes of gynecological backache is pelvic congestion, physiological or pathological. If physiological, the backache is more pronounced in the pre-menstrual state and during the stage of menstruation. If pathological, one must consider women with enlarged displaced uteri, prolapsed ovaries, fibroids, ovarian tumors, cystocele, endometritis, etc.

Backache from retro-displacement is a commonly discussed occurrence in our gynecological journals. But it is so common to see patients with retro-displacement with no attendant backache, that one wonders about the relationship. Retroverted and retroflexed uteri may cause backache and, if so caused, immediate relief is obtained when the displacement is corrected. Rubin believes that this type of backache is due to acute congestion of the uterus and restoration to its normal size is followed by immediate relief. He states that passive congestion in the pelvic veins, more pronounced in the parametrium with combined pressure on the neighboring nerves, serves to cause a disagreeable sense of fullness, weight, and then backache. He states that the distension of the uterus causes a stretching of the serosa. This distension is a transmitted form of pain from the sacro-lumbar region thru the pelvic sacral nerve. The sacro-uterine ligaments contain, in addition to the blood supply, sensory sympathetic nerve fibers. Therefore, any direct pull or distortion of the ligaments usually causes pain.

Novak states that there must be some definite bypath for sensory transmission of irritation, whether due to mechanical pull, such as prolapse of uterus, or to pressure from a new growth. He suggests that there must be some pathological alteration of the vegetative nervous system of the pelvis, especially of the plexus cervicalis or plexus hypogastricis. He states that the vagueness of the localization of the pain in backache and its dull character would point to disease of the vegetative nervous system. It is typical of visceral pain, no matter where the primary source is situ-

(Turn the page)



BACKACHE (From p. 21)

ated, to spread over a wider area than that from irritation of the central spinal nervous system, where localization is sharp, definite, and circumscribed.

Such a lesion in the vegetative plexus in the pelvis may be from either tearing or pulling of the fibers, due to increased intra-abdominal pressure, consequent to lifting, or to compression by tumors, or inflammation in the neighboring tissues; or to citricial contraction, due to sclerosing parametritis, or to combinations of various destructive agencies, such as arterio-sclerosis, etc. Backache frequently accompanies the climacterium. It may be due to degeneration which takes place in the pelvic nerves through senile atrophy and shrinking of the connective tissue.

It would appear that backache from extra-genital lesions often predominates in this perplexing problem. A complete medical survey, including history and physical examination, is important. The use of x-ray in the study of anterior, posterior, and lateral aspects of the lower spine is necessary. The study of the back itself is important. Lynch states that acute infection, metabolic disturbances, and neoplastic growths, are primary and in many cases etiological factors in chronic backache. He stresses also the importance of muscular and ligamentous strain. He shows that bone anomalies often restrict motion and subsequently become the site of arthritic deposits.

If the distress is in the lumbar region, kidney and ureteral disease must not be overlooked. The tenderness is usually in the kidney region posteriorly. One may also elicit tenderness along the kidney and ureter while the patient is in the lateral position. There are, as a rule, bladder and ureteral symptoms associated with this type of backache.

Myositis of the erector-spinae muscles should be considered. It is generally limited to the large muscular roll along either side of the column. The pain is more marked on attempted movement after a long rest. After exercise the back becomes less painful. Neuralgia or neuritis of the lumbar nerves is important. Neuritis in this region is a common occurrence. The tenderness is characteristically

localized along the course of the various nerves. It is worse at night. The pain extends through the muscular region. When some of the adjacent nerves are involved there is widespread hyperesthesia, associated with the pain.

Arthritis is not rare, and the x-ray should be used freely when obscure pain in this region is involved. Graves believes that backache above the level of the lumbar region is never pelvic in origin except that pelvic infection may produce an arthritis or myositis at any level of the spine. More stress is put upon infection in the tonsils, apical infection of the teeth, and chronic constipation. Porter states that 90 per cent. of the cases of arthritis associated with backache encountered by orthopedists are due to constipation. He states that with the exception of "GC" arthritis, pelvic infection is rather an infrequent focus affecting the spine. His advice is that other suspicious foci of infection should be ruled out before the blame is put upon pelvic inflammatory disease.

Crossen states that many patients present themselves with no definite anatomical lesion. Most of the pain is in the lower lumbar region, the site of most functional pain. He divides functional backache into three types:

(1) That due to muscular strain.

This is more prevalent in patients who do much bending and stooping. Patients in poor health or who have anemia or syphilis, whose occupation requires much standing, are predisposed to this type of backache.

(2) That which shows a general hypersensitive condition of nerves such as hysteria or neurasthenia. There are usually other evidences of an unstable nervous system.

(3) That due to faulty position, such as flat feet and visceroptosis. These patients usually exhibit a hypotonic state of general health, with weakness in the spinal column, dating back to early life and resulting in a visceroptotic abdomen, slouch, stooping shoulders, etc., accompanied often by functional disorder of menstruation, particularly dysmenorrhea.

Poor body mechanics play an important part in backache. Reed reviews the normal profile of the spine starting at the cervical region:

First, there is a slight forward cervical curve, then a slight backward



dorsal curve, then a slight forward lumbar curve, and then a marked backward curve over the sacrum.

Second, the pelvis is level, the anterior and posterior superior spines are just about the same distance from the floor.

Third, the thighs are fully extended and the knees are straight. The body weight is borne on the bony skeleton all the way to the ground. If the body is in this position, all that the muscles are concerned with is preserving the balance. None of the weight is supported by muscular action. Half the body weight is above the waist. Therefore poor posture causes an exaggeration of these curves. The pelvis is tilted forward and the sacrum is nearly horizontal. There is no possibility of the weight being borne in such a position without considerable constant muscular tension. Of course, any muscle under strain aches.

Developmental anomalies and sacralization of the fifth lumbar should always be borne in mind in chronic low backache. Also, orthopedic lesions of the lower spine are very important, chiefly involvement of the lumbar-sacral and sacro-iliac joints.

YOUNGSTOWN COLLEGE

One human trait, in fact a universal human weakness, is to discount too much the value of men and institutions with whom we happen to be closely associated, particularly when compared with those at a distance. This is generally wrong. A good example is with reference to Youngstown College and its faculty. Here, the law department recently presented 13 applicants for bar examination. Nearly all of them acquitted themselves very well indeed, and one took the highest grade made in the entire State. Drs. Smeltzer and Kramer were right up front. Such a showing is no accident,—it means good teaching of a carefully chosen student body.

“Nature can not be commanded except by being obeyed.”

—F. Bacon.

“All crimes of the man begin in the vagabondage of the child.”—Hugo.

MEDICO-LEGAL

BY D. H. S.

Malpractice - Joint - Liability (460 App. 525)

V. P. became ill.

Diagnosis: duodenal ulcer.

Four days later a blood transfusion was performed. The family doctor and the surgeon decided a bridge that was anchored to a single tooth should be removed. This was done; midnight of the same day his nurse made a notation on the record that there were occasional twitchings.

The following morning V. P. was operated upon for ulcer and two days later died of tetanus.

OPINION OF COURT:

“Where injury results from neglect to perform duty, resting on two or more persons liability is joint though there may be no concert of action.

“When one physician and surgeon was recommended by another and both of them consulted and acted together, liability, in action for death of patient allegedly due to malpractice, was joint.

“Judgment against both physicians affirmed.”

“Original tort-feasor liable for injuries aggravated by physician or surgeon.”

128 O. S.

Decided March 28, 1934

If one who has suffered personal injuries by reason of another's negligence exercises reasonable care in obtaining the services of a competent physician or surgeon, and such injuries are thereafter aggravated by the negligence, mistake or lack of skill of such physician or surgeon, such aggravation is a proximate result of the negligence of the original tort-feasor, and he is liable therefor.

If one has suffered personal injuries which thereafter were aggravated by the malpractice of an attending physician or surgeon, and then executes a valid, general and unconditional release to the original tort-

(Continued on p. 29)



NOTES FROM OUR NIGHTINGALES

By W. C.

The joint picnic of District No. 3 and the Official Registry was held as usual at Slippery Rock Pavilion on the afternoon and evening of June 26th. Nurses from Ashtabula, Conneaut, Warren, Salem, East Liverpool and Youngstown attended. This has been an annual event for a good many years. Friends, fun, and food are always eagerly anticipated and this event met all expectations.

The annual meeting of the Ohio State Nurses Association was held in Springfield, Ohio, May 21st-24th, 1934. Thirty-five delegates represented District No. 3 at this convention. The meetings were interesting and well attended. Springfield did its best to make our visit worthwhile.

From the New York Times

"While the majority of local nurses appear to be in favor of the new plan (8 hours) a few are opposed to it. They, it is said by the spokesman for the committee, are older members of the profession. The attitude of the younger nurses is 'What's \$2.00 compared with a chance to live.'

"Efforts are being made all over the country to establish the eight hour day for special duty nursing. Some provision for it has been made in 29 states and the District of Columbia. That the nurses themselves are eager for a shorter working schedule, even though it reduces their daily income, was shown in the unanimous adoption by 7000 nurses assembled in Washing-

ton of resolutions urging the 8-hour day."

The Changing Order in Nursing is a frequent theme for consideration when nurses are gathered together. The Washington Convention and also the one in Springfield allowed much opportunity for discussion of the many questions confronting the nursing profession today. The phase that was perhaps most emphasized was that of the position in which the private duty nurse finds herself.

The leaders in the profession feel that the time is past when many persons can employ private nurses, and these nurses must prepare themselves for a different kind of service. Just what plans will be worked out is not yet apparent, but it is a matter of great satisfaction to the nurses in Youngstown that, during the last 3 years, 52 nurses from the local schools have gone away to take special courses in Hospital Management, Public Health, Orthopedics, Obstetrics, Pediatrics, Surgery, Anesthesia, Eye Work and Psychiatrics. Some of these girls have proved so satisfactory that they have been asked to stay on in good positions and others have come back to Youngstown to give better service here.

In addition to those who have gone away for special courses are a considerable number who have completed high school work and a few others who have obtained credits toward college degrees.

THE POSTMAN BRINGS US

Dear Dr. Tamarkin:

I was very much impressed by the size and character of the meeting, and wish to give you my warmest congratulations for all those who had a part in it, and particularly for yourself. Our space was a choice one and your cooperation is very much appreciated.

In closing, let me thank you again for your splendid treatment of us, and say that I shall be looking forward to seeing you at the A. M. A. meeting in June.

Yours very truly,
S. M. A. CORPORATION
A. A. Hardy.

Dear Dr. Tamarkin:—

On my return from Youngstown I could not resist writing you a line or two conveying the impressions I obtained during the recent Mahoning County Post Graduate Day meeting.

For pure spirit and yet seriousness of purpose, the writer has never as yet seen such an energetic society of physicians. I might add to this that the courtesy extended by your local organization to the members of the Merrell Company is greatly appreciated and we feel that we are receiving an unrivaled cooperation in your vicinity in our effort to place at the disposal of the American physician

newer and finer medicinal products.

May I add that the writer, personally, as well as the Merrell Company, is very much appreciative of your own efforts toward making this meeting a success for us.

THE WM. S. MERRELL CO.,
Nelson M. Gampfer.

Dear Doctor Norris:

Your June issue reached me during the time of the A. M. A. meeting and I have not had the opportunity to write you until now.

This is just a word of congratula-

tion on your new cover design. I think it succeeds admirably in combining "the artistic and pleasing with Medical tradition".

I may also take the opportunity to say that I found the issue interesting and instructive.

Yours very truly,

BROTHERS ADVERTISING
AGENCY, Inc.

A. G. Henry.

P. S. The article by S. Q. Laypius is one of the funniest things I ever read.

CLEANINGS

By J. N.

The second annual reunion of the Ex-Intern Association of the Youngstown Hospital was held at the Mahoning Valley Country Club, on Friday, June 15th. Sixty-eight members were present at the banquet, following the golf tournament. Winners of the golf prizes were the following: Blind Holes: Drs. W. A. Welsh, H. Kaufman and Mr. Endres, with a tie-score of 14; Blind Bogey: Tied at 72, by Drs. Brown, Smith and Harvey.

At the business meeting, following the banquet, Dr. S. W. Goldcamp was elected President; Dr. Svdnev McCurdy, Vice-President, and Dr. John Noll, Secretary-Treasurer.

The following doctors were elected to the American Board of Oto-laryngologists, at the recent meeting in Cleveland: Drs. F. F. Piercy, W. H. Evans, and O. J. Walker.

Dr. F. F. Monroe, who has been ill at his home, is improving.

Dr. C. R. Clark is recuperating from his recent illness.

Dr. J. A. Sherbondy recently engaged in a kissing contest,—with a golf ball! His lip tells the tale.

Again a doctor has been honored, and with him the Medical Profession: Dr. A. M. Rosenblum was recently appointed to the Old-Age Pension Board—and as a further expression of confidence in his leadership, he was made Chairman of the Board.

The following Doctors attended their 25th reunion of the University of Michigan Medical School, June 15th to 17th: Drs. F. J. Bierkamp and H. E. Patrick.

The old-time Wednesday night syphilis clinic at the South Side Unit

is no more. All cases will now be taken care of by the Doctors in their offices.

The following new interns assume their duties at the Youngstown Hospital Association, under the leadership of Drs. Frederick Coombs and C. A. Gustafsen, as Residents: John J. Brown, University of Washington; Auren McConkey, University of Tennessee; Lawrence Mueller, University of Iowa; Herbert Ramsayer, John A. Murphy, and Paul Crone, Western Reserve University; Louis Kroger, University of Cincinnati; Jas. McGough, University of Louisville; Robert Simons and Joseph Keogh, University of Colorado; Malcomb Hawk, Jefferson Medical College; and W. P. Montgomery, Rush Medical College.

By S. T.

At the June Staff meeting of the St. Elizabeth's Hospital Drs. J. Nagle and J. F. McGowan presented papers on "Peptic Ulcer". Drs. F. W. McNamara and A. M. Rosenblum opened the discussion. It was announced that there will be no Staff meetings during the months of July and August, but the regular weekly Friday morning clinical conferences will continue as usual.

On June 21st the outgoing interns of St. Elizabeth's Hospital and several of the junior staff members, together with their wives and friends, enjoyed a dinner at the Bannor-Brook Inn. The dinner was in the nature of a "farewell" for the interns who have completed their term at the hospital.

Dr. W. R. Stager is to spend several months at Bellvue Hospital in New

(Turn the page)

GLEANINGS (From p. 25)

York, and will then take up the practice of medicine in Dover, Ohio. He will be associated with Dr. Edgar Davis of that City. Drs. R. S. Cafaro and P. J. Maher are opening offices in Youngstown. Dr. P. P. Palsis will practice in Cleveland.

The dance sponsored by the Nurses Alumnae Asso. of St. Elizabeth's Hospital at Bannow-Brook was very well attended, and everyone reports having enjoyed it a lot. The nurses wish to extend their thanks to all of the doctors and their friends who aided in making the dance a success.

COLLEAGUES (From p. 11)

if the members of the healing professions and their natural allies refuse to organize and take a definite stand for ethical individual medicine, then they must prepare themselves to dance to the tune piped by some federal bureau or group of professional uplifters.

"That in Germany, where socialized medicine has been in vogue since the year 1883, the average income of physicians is \$1500 per year and 42 per cent. of the physicians receive less

than \$500 per year after ten years' preparation. They receive 25 cents for an office call, 50 cents for a residence call, \$5.00 for an appendectomy, \$10 for a stomach resection, and \$1.25 for a tonsillectomy. Yet the tax payer staggers under an unbearable load of tax.

"That the economic status of the American physician is fast approaching that of the German, English and Russian physician is abundantly attested by the fact that over fifty per cent. of the physicians in the United States have an income of less than \$2400 per year. One-third less than it was in the year 1928. A compensation of about one dollar per working hour.

"That our physicians donate a quarter of a billion dollars in service annually to charity and lose an equal amount to bad business methods and poor collections.

That there is a surplus of 34,000 physicians in the United States. If the present rate of increase continues, in the year 1980 there will be one physician for every 690 persons. In England there is one physician for

(Continued on p. 28)



WE were pleased with the number of Doctors who approved the formula and tried,

PULVIS SIPPY IMPROVED

We were more pleased with comments of the results obtained.

If you have not used this preparation, should an ant-acid be indicated; prescribe it upon our recommendation.

Formula:—

Bismuthi Subcarbonas
Magnesii Carbonas
Calcii Carbonas
Diastae Conc.
Ol. Menth. Ptp.

Dose:—

One to two teaspoonfuls in water repeated as necessary.

WHITE'S DRUG STORES
RELIABLE PRESCRIPTION DRUGGISTS

BREETUS

The new Pandora bag Frank Lyons is featuring is a honey. Some day we expect to buy one when our ship comes in—but the canal is a long way off.

C. L. Thompson follows the profession in more ways than one—his flame is a nurse.

Send Tommy Hewitt to Columbus as a representative.

The rock garden and rose garden are doing fine, Paul Schmidt—thanks for the nice stock.

Merrell does have other products beside Karicin. We have a dentist friend who says that he uses detoxol toothpaste in all cases of pyorrhea—it can't be beat, he says—the sodium ricinoleate is detoxifying.

Glad Earl Blair has the matches in our cleaned suits, we are accused of having new suits each time you clean one, Earl, that speaks well for your work—keep it up.

Al Giering has a variety of liquids for liquid diets.

A new arrival—Bott Drug Co.

Charlie Scott can vary his ads the nice ways—always interesting and instructive. He does it so easily, too.

The Indian Creek Farm ads are the most senseless things in our estimation. We don't want to hurt Florence's feelings but the truth sometimes hurts. We are pleased to note her ad has changed to a serious strain. It is well worth reading.

Lester Lane, Strouss-Hirshberg Co., we pay our "Strouss" bill with much more relish, Lester, since you are in our Bulletin.

Theophrastus Rombastas, M.D.,

Dear T. B. M. D.:

Since you have made the A. M. A. Journal, you have been so quiet. Gene Tunney did the same thing. After he arrived—He left; perhaps it is wise to rest on your laurels.

What with the "asinine stuff" in this periodical things are changing fast. We hear that all over the country the "fur flies" on "chiselling" in the form of charity ideas.

Why is it that so many wealthy people who have money to spare, and want to do some worthy act of charity, always put it to work along medical lines and chisel on the medical profession. Why don't they build the

(Continued on p. 29)

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It's Brown's"

COLLEAGUES (From p. 26)

1490 persons, in France, one for 1690 persons, and in Switzerland one physician for 2890 persons. Last year in this country 12,280 students applied to enter medical schools and 6,335 were accepted.

That it is estimated that from 40 to 60 per cent of all human ailments go untreated, because the laity is not informed. A publicity campaign is indicated.

"That the annual cost of medicines to the public of the United States is \$715,000,000, of which \$525,000,000 or 73.4 per cent is for patent medicines and so-called home remedies sold directly to the laity by druggists and 26.6 per cent is prescribed by the physicians. The druggists are treating more patients than the physicians are treating.

"That many of the leading drug manufacturing houses advertise their products directly to the public, and do all they can to encourage self-diagnosis and self-medication. Also thousands of druggists are freely diagnosing and prescribing for various ailments—practicing medicine without a license. Yet physicians continue to patronize these unethical pharmaceutical houses and equally unethical druggists.

"That seventy per cent of all hospitalized patients in this country are in tax supported or charity supported hospitals, where the private practitioner receives no remuneration for his services.

"That we have nearly 10,000 free clinics that treat 30,000,000 patients annually, and most of these clinics are woefully lacking in adequate social service facilities to weed out the undeserving.

"That nearly every legislative body in America is flirting with the idea of some form of socialized medicine, yet, DOCTOR NERO FIDDLES WHILE MEDICAL ROME BURNS."

(Public Health League of America)

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Tr. Opium	15 m.	Aromatics	q. s.

(Each fluid ounce contains 1 1-2 gr. Opium)

ADULT DOSE:—A tablespoonful, repeat in one hour and allow increase of one hour interval between doses.

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MEDICO-LEGAL (From p. 23)

feasor, in full settlement for all present and future claims and causes of action, such release operates as a bar to an action against such physician or surgeon for such malpractice.

The doctor was questioning the new nurse about her latest patient: "Have you kept a chart of his progress?" he queried. "No," the nurse blushing replied, "but I can show you my diary."

(Life, from Arizona Kitty Kat.)

BREETUS (From p. 27)

worthy some sanitary dwellings, buy a lot of scholarships for worthy school boys who are ambitious, pay the water bills of worthy people—or even be a Santa Claus to some intern, who is not only badly bent but "broke", by donating him a car or an office desk or a meal ticket for a year so he can do his share of charity work at least well *fed*. (At-a-boy, Breetus! Editor)

Maybe President Roosevelt could get us an N. R. A. code and keep the Social Service groups on the social service side of the fence, and not competing with medical men in the practice of their profession. Lest we forget—many doctors' wives after the doctor dies, are on the verge of taking in washing for a living.

You, Theophrastus, have such a subtle, humorous way of dealing with problems, can you solve this for your ardent admirer, who still believes that too many "cooks" spoil the practice of medicine?

Yours till the grass grows on the streets,

BREETUS.

A. G. Henry:—Thanks for the letter. The nasty council spoils the pun. We may not caritol anymore but we can still smack a carotene oil any time. Not so good. The program committee has some athletics and fun scheduled for this summer. See the dates in the Bulletin and consider yourself invited.



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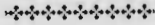
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Formerly Chief Physician, State Hospital for Insane, Norristown, Pennsylvania

S. Q. LAYPIUS OBSERVES

After having backed out of his driveway, the thoughtful motorist will always carefully scrutinize the sidewalk in order that he be able to render first aid to any small children he might have run over.

If our so-called leaders continue to open and reopen the subject of State Medicine, something WILL happen to us.

No doubt there were some ardent Republicans who deplored the recent rain which terminated the drought.

London police magistrate, because of the heat, breaks precedent and removes his wig. Now we know the kindly motive that prompted the American Indian to perform a similar service to the frontiersman.

In this NEW DEAL, the Dealer always seems to have a new card up his sleeve and somehow I find myself unable to criticize his dexterity.

If those exponents of the "good old days" care to resume celluloid collars, far be it from me to offer an objec-

tion, but think of their hazard if they used modern cigarette-lighters.

Zaro Agha, Turk, dies at alleged age of 160 years. He spent his last illness in a Children's Hospital. This seems to us to be taking the "second Childhood" too seriously.

We are grateful for the fashion which permits the wearing of "shorts". I am thinking of my numerous cuff-frayed trousers which may be converted over to that purpose.

We can see no objection to what may be the National Slogan "In Brains We Trust". True it is, we have tried everything else EXCEPT brains.

Dry speaker deploras the "terrible results of the combined consumption of bootleg and legal liquor." Evidently the gentleman does not believe in mixed drinks.

The U. S. Government is finally making a determined effort to locate the virus responsible for infantile paralysis. We surmise that said virus has either not agreed to the code or has failed to pay its income tax.

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