

BULLETIN

of the
Mahoning County
Medical Society



"Play is an expression of both innocence and wisdom"

— Aristotle

August, 1934

Volume 4

Number 8

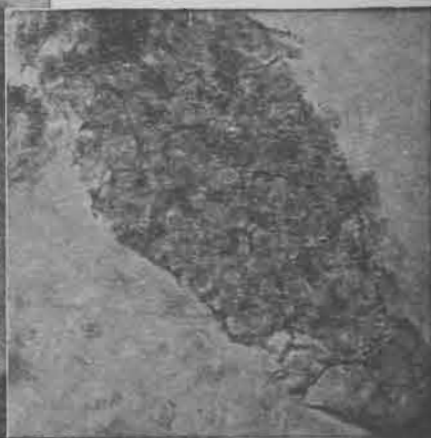
Why Starch of PABLUM Is More Quickly Digested than that of Long-cooked Cereals

BOTHERSOME and expensive long cooking, which is often recommended for infants' cereal, is proven unnecessary with Pablum. For, being precooked at 10 pounds steam pressure and dried, it is so well cooked that it can be served simply

by adding water or milk of any temperature. Photomicrographs show that this method of cooking thoroughly ruptures starch granules and converts Pablum into porous flakes which are readily permeable to the digestive fluids. This is supported by studies *in vitro* showing that the starch of Pablum prepared with cold water is more rapidly digested than that of oatmeal, farina, cornmeal, or whole wheat cooked 4 hours.*



140 X. STAINED



290 X. STAINED

Large photomicrograph: Pablum mixed with cold water—portion of large flake. Pablum flakes are honeycombed with "pores" (note light areas) which allow ready absorption of digestive fluids. Inset: Farina cooked 1/2 hour—clump of tissue including starch granules. Note density of clump and lack of porosity. Many starch granules, such as are present in raw cereal, remain unchanged in form.

FIFTEEN cereals (both cooked and uncooked) studied microscopically were revealed as containing many starch granules, most of them massed into dense clumps. Such unruptured clumps were never observed in hundreds of examinations of Pablum. Each tiny flake is filled with holes, and like a sponge it drinks up liquids. Hence Pablum can be entirely

saturated by the digestive secretions. Besides being thoroughly cooked and readily digestible, Pablum supplies essential vitamins and minerals, especially vitamins A, B, E, and G, and calcium, phosphorus, iron and copper. It is a palatable cereal consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, and salt.

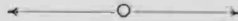
*Ross and Burrill, *J. Pediat.*, May 1934. Reprint sent on request of physicians.

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- Unless you inspire and deserve confidence, unless you are Loyal, there is no future for you, or anyone of us, in Youngstown.

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FOR THE TOXIC BOWEL

→○←

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→○←

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→○←

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→○←

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PRESIDENT'S PAGE

There can be no objection to any progressive movement along medical lines so long as the welfare of the individual physician is kept in mind. The rights of physicians in relation to each other and to their patients have been maintained by a subtle code of ethics. If these rights are to be preserved and guarded, this code must be adhered to as strictly now and in the future as it has been in the past.

In this day of price cutting competition and super salesmanship—and these exist whether one admits it or not—it may be possible that the high-powered physician-salesman is over-treating his patient and making his ordinary procedures assume too much importance in the eyes of the patient. This type of man loves also to patronize his fellow physician to the credulous. Remembering that, after all, there are but a few diseases for which there are specific remedies, and that these are common knowledge, one may well ask: In just what manner is he superior to any other practitioner engaged in the same line of work? In this scramble for patronage it is possible to lose sight of the control over one's actions that we term "*ethics*".

Many times one is trapped by the layman and innocently violates the code. This is particularly true of, although not confined to, a large foreign population who believe the physician should be able to do remarkable things in a very short time. Perhaps there are more occasions when, by wile or suggestion and direct or indirect propaganda, one may gain a case and make it appear as an innocent act. A case is often gained, not so much by what is said, as the manner in which it is said. Most physicians have the measure of such types of practitioners. While unable to prove any definite breach of ethics, because the code prevents too much pertinent inquiry, they are absolutely sure of the methods that have been used.

One cause of friction between patient and physician is the variation of the fees that are charged. At one time The Mahoning County Medical Society had in force a minimum fee schedule and every member of the society was provided with a copy of it. This seems a logical way of preventing fee-cutting. But the value of a schedule has been lost sight of through the years of prosperity. The younger man often cuts his fees because he has no way of knowing the usual charge. Unless each new member of the society is provided with a fee schedule he should under no circumstances be accused of cutting fees. A minimum fee-schedule could in no way injure the man who by reason of special training, select clientele, etc., has been accustomed to charging more than others.

It must be conceded that the layman has his choice of physician at all times and during the course of an illness has a perfect right to change physicians; provided, of course, that he has discharged his obligations in full to the first physician. Any doctor taking up a case owes it to the first physician to see that these requirements have been met.

It is not a mark of progress for a few to depart from the ethical standards that have been in use these many years unless a new code of action is adopted that is shown to be more all embracing and satisfactory.

—JAS B. NELSON



SECRETARY'S REPORT

While there seems to be no activity in the Medical Society, because there are no regular meetings, the activities of the Society are progressing as usual. The committees are holding regular meetings, thus functioning in our interest.

The Annual Golf Outing was held at the Southern Hills Country Club, July 19th, 1934. Some ninety-three of our members and guests enjoyed themselves to the fullest extent. From the outward appearances of all present, we feel the depression is over, or that the new deal has definitely changed gloom to laughter.

The following won prizes at Golf:

Low Gross Score: Dr. W. A. Welsh.
 Blind Bogey: Dr. Carl Gustafson.
 Blind Bogey: Dr. Morris Deitchman.
 Blind Bogey: Dr. F. R. Cafaro.
 Blind Hole: Dr. Peter Boyle.
 Blind Hole: Dr. P. R. McConnell.
 Blind Hole: Dr. E. C. Goldcamp.
 Blind Hole: Dr. A. M. Rosenblum.
 Low Net Score: Dr. P. Kennedy.

In the evening, all enjoyed a delicious dinner of a rare steak, and all of the trimmings that go with it.

The regular monthly Council Meeting was held, July 25th, 1934. Routine business of the Society was transacted. The following letter, received from the Baby Welfare Association is herein printed. This is an answer to a resolution adopted by the members of our Society, conducting these stations:
 Dr. Wm. M. Skipp, Sec'y,
 Mahoning County Medical Society.

LEGISLATIVE COMMITTEE OF ALLIED PROFESSIONS

Representatives of the Mahoning County Medical Society, of the Dental Society, of the Nurses' Association, of the Hospital Association, and of the Retail Druggists' Association, met July 25th. A temporary organization was effected, and a Legislative Committee, from the interested groups, was selected. This Committee was instructed to prepare a questionnaire, covering the various matters of medical and cognate legislation, past and future, and to mail it to all the candidates whose duties will involve legislation. The questionnaire, and the attitude of each candidate as thus ascertained, will be published in the Bulletin later.

Youngstown, Ohio.

My Dear Dr. Skipp:

The Board of Trustees, Visiting Nurses Association, Youngstown, O., acknowledges receipt of resolutions adopted June 1, 1934, by the physicians in charge of the Infant Welfare Stations and approved June 18, 1934 by the Council of The Mahoning County Medical Society.

The Board of Trustees of the Visiting Nurses Association appreciates the spirit of these resolutions and will make a careful study of the requirements set forth in same. However, the Visiting Nurse program of service to children in this community, builded over a period of nineteen years cannot be radically altered or changed without a careful study of all facts entering into the situation. Therefore, the Board of Trustees of the Visiting Nurses Association will begin immediately to investigate conditions and to secure facts upon which a conclusion for its future course of action and program of service may be based. As soon as these facts are available a conclusion will be reached and your honorable council will be notified.

Until this study is completed the Board of Trustees of the Visiting Nurses Association will appreciate your continued cooperation in conducting the welfare stations.

Yours very truly,

(Mrs. Robert) Augusta B. Bentley
 President

For the Board

ANNUAL BANQUET AND POSTGRADUATE DAY

The Program Committee has arranged for Dr. George Hendon, Professor of Surgery, University of Louisville, to be the speaker at the Annual Banquet in January.

Postgraduate Set-Up

A group from the Mayo Clinic to be headed by Dr. Chas. Mayo, will conduct the Postgraduate activities next April. The personnel, besides Dr. Mayo, includes: Dr. Mann, on Experimental Medicine; Dr. Alvarez, on General Medicine; and Dr. Meyerding on Orthopedics. Thus we are again assured of another large and profitable Postgraduate Assembly Day!



MEDICAL FACTS

BY J. G. B.

Carcinoma and syphilis are the two common lesions of the lips. The former regularly involves the lower lip; the latter the upper.

* * *

Patients with gastric lues are thin but have a good appetite.

* * *

Boyd, in his Textbook of Pathology, writing about peptic ulcer states: "The surgeons say that duodenal ulcer is the commoner, but they see a selected group of cases, i. e. those in which symptoms of obstruction form an important feature. If all chronic ulcers are considered it will be found that peptic ulcer is commoner in the stomach than in the duodenum."

* * *

If a laparotomy is performed during menstruation one may find blood in the patient's abdominal cavity.

* * *

Lahey of Boston suggests that all cases of adenomatous goitre should be x-rayed for intra-thoracic extension.

* * *

Bronchopneumonia is rare with Type 1 and 2 pneumococcus. Lobar pneumonia is almost a certainty.

* * *

A gastric ulcer that is found to be over two and one half centimeters in diameter can be said to be carcinomatous.

* * *

Diabetes, C. N. S. lues, and spina bifida, are three common causes for trophic ulcers.

* * *

In trying to differentiate between cirrhosis and carcinoma, the size of the spleen is of importance. An enlarged liver and an enlarged spleen usually mean the former, whereas an enlarged liver and a normal spleen probably mean the latter. An enlarged spleen is against malignancy.

* * *

An embolus in the pulmonary artery causes dilatation of the right heart, hence the veins in the neck must be distended. According to James H. White of Boston this sign is essential in the diagnosis of pulmonary infarction. Pain is not essential.

* * *

Some recent changes in hematological nomenclature:—Leukemia is now leukosis; hemolytic jaundice is

hyperreticulosis; agranulocytic angina is called malignant neutropenia or agranulocytosis. Pernicious anemia is megaloblastic anemia. Primary hypochromic anemia is erythro-normoblastic anemia. Transitional cells are known as monocytes.

* * *

The spleen performs four functions:

- (1) Banking (storage of blood cells);
- (2) Filtration (removal of debris);
- (3) Antibody formation; and (4) Blood formation.

* * *

The most common cause of septic embolus is puerperal infection.

* * *

According to the new teaching infantile or childhood pulmonary tuberculosis usually manifests itself at first at the periphery of the lung and regularly involves the regional lymph nodes. Adult pulmonary tuberculosis begins at the apex of the lung, rarely involves the regional lymph nodes, and is not a lighting up of the healed childhood focus but a reinoculation with the tubercle bacillus.

* * *

Four common causes of organic pyloric stenosis are: (1) Carcinoma; (2) Ulceration with cicatrization; (3) Inflammation, usually originating about the gall bladder, and (4) Benign tumor.

* * *

Appendicitis in old people is frequently a cause of intestinal obstruction, and is diagnosed as such rather than appendicitis because of the fact that leukocytosis and spasm are not marked in the old.

* * *

As a matter of precaution do a white and differential blood count before incising a tonsillar or throat infection whenever you are in doubt as to the etiology. The case may be malignant neutropenia.

* * *

Diverticula, stricture, and carcinoma constitute the three most important pathological entities of the esophagus.

* * *

It has been suggested that Burger's disease (thrombo-angitis obliterans) results from eating rye bread, the rye of which has been infected with ergot and causing chronic ergotism.



THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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Annual Subscription \$2.00

PLAY

In the current issue of a popular magazine a writer says that of all people Americans are the most optimistic and the least happy; that in other nations where disillusionment has settled down like a pall, the people are most pessimistic and the least unhappy; that on the streets of the most wretched cities of Russia more genuine laughter may be heard in a day than in a year in any American city. Whether all this, or any of it, is true those of us whose circumstances require that we keep at our "cobbling" are in no position to affirm or deny.

This we as medical men do know: That as long as people covet health we shall be needed,—both to prevent illness and to cure it. And nobody is so foolish as to think that an anxious, harassed physician, himself or his family hungry and cold, can give the high and constantly improving type of service to which our people are accustomed, and which they will continue to demand. Time is futilely wasted in worry about the overcrowding of our ranks and the "systems" by which we are to be compensated. Long and stringent preparation plus intolerable competition will render the profession compara-

tively unattractive and automatically correct over-crowding. And the public will have at any cost an ever-increasing efficiency in medical practice. These truths hold, no matter what our economic system may be.

Our one concern, therefore, is to see that we, individually, are able to give this invaluable contribution. In the honest pursuit of that purpose we have full justification for uniting confidence and courage.

Confidence and Courage,—these two wedded, their first child is Happiness. And Happiness always wears a smile. Happiness loves to work, but also loves to play,—a cheerful nymph who simply bursts with play. The only instrument through which she can play is YOURSELF. Take her out often these long warm days!

GREAT STUFF!

For a great community to accept the cheap bribe of a paltry donation to a worthy cause as the price of protection of a gigantic gambling machine is really pathetic. But most of us place a few little bets, lose, and let it ride. Why kick? Even a pitance will help a few, even if in get-

(Continued Next Page)



AMONGST OUR COLLEAGUES

"The truth is that the destiny of society and civilization is the responsibility of the minority. The major part of the race, either through lack of opportunity or from natural stupidity, has no concern for anything except the satisfaction of elemental physical wants."—*The Little Journal for Physicians.*

* * *

"Just now there is a wide-spread violation of use of the "doctor" title. This is a serious thing because it endangers public health. The belief is general that all persons using the "doctor" title are qualified physicians. We cannot conceive of a greater menace than to allow cultists to illegally use the title "doctor", no matter what other designation they place after their names."—*Milwaukee Medical Times.*

* * *

Under the caption, "Remember the St. Louis Medical Society in Your Will," that Society suggests a form which is legal and is as follows:—"I bequeath to the St. Louis Medical Society of St. Louis, Missouri, the sum of..... to be used as the Society deems best to maintain and increase its usefulness." A certain Trust Company is also specified as an honorable agent of the benefactor. This is neither a hint nor an attempt to chisel, but it is quite true that such an act on the part of one of our members or friends would be a true benefaction to the community.

* * *

"No more necessary change remains to be made in the municipal hospital system than the payment of affiliated physicians."—*New York Medical Week.*

* * *

"Editorially and individually, we are not in favor of any wholesale

GREAT STUFF (From p. 10

ting it many who can't afford to be so gullible are sucked in. Nobody has any business betting who can not afford to lose; and, of those who can afford to lose, Polyanna thinks: Why then not give the entire betting capital to the "worthy cause", instead of jiggling the thing around so that only about 5 per cent. ever reaches that high-minded goal? But Polyanna figures,—“Oh, well; a crumb is perhaps better than no bread at all!”

plan for the care of the sick. As we have previously implied in this space, the points of view of the hospitals and that of the medical profession regarding socialized medicine, are as far apart as the poles. They cannot possibly coincide. The hospital's problem is a different one entirely from the one which faces us. We repeat, as we have previously maintained, that the esoteric leadership which is attempting to whip the hospitals into line for state medicine will meet with but meager response to its efforts from the physicians.

"We insist that state medicine, no matter what its guise, is a menace to the public and to the profession. No amount of legislation or dressing up will render the proverbial leopard anything other than a leopard. The spots remain. It is conceivable that a keen biologist with a profound knowledge of cross-breeding might eventually, by dint of working through consecutive strains of leopards, produce a spotless specimen, or at least one on which the markings differ greatly from the accepted form. One does not need to carry the idea much further before he arrives at the conclusion that it is within the realm of possibility the beast by this time may have acquired other and more important attributes, such as docility—and even kindness.

"Some day we may have a form of medicine for the masses which will be acceptable to the profession. If and when that movement flowers, it will be in a form that does not kill the patient's self-respect nor make of the doctor a classificatory automaton; it will come as an elevating influence to the public and the profession alike; and not in a medium to shatter the personal relationship between patient and physician. Unless the evolution comes through intelligence, humanitarianism and a jealous consideration for the verities, the finished product will still be the same old leopard."—*Toledo Academy of Medicine Bulletin.*

"THE FUNNIES"

The caricatures included in this issue were drawn by Mr. Albert Parella. That they reveal first-rate talent all will agree. These drawings are practically gratuitous, and we appreciate Mr. Parella's generosity.

September Program

SPECIAL LECTURE COURSE

ON

"Recent Advances in Applied Physiology"

BY

DR. CARL J. WIGGERS

Professor of Physiology, Western Reserve University

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.

8:30 P. M.

Auditorium, Main Y. M. C. A.



OCTOBER MEETING



DR. HARLOW BROOKS

Professor Emeritus of Clinical Medicine, University and
Bellevue Hospital Medical College



SUBJECT AND DATE

To Be Announced

NOVEMBER

DR. FRANK H. LAHEY

Head of Lahey Clinic, Boston

PLEASE NOTE



Those doctors desiring to meet Dr. Wiggers personally, and any who have problems which they would like to discuss with him, are cordially invited to meet him at dinner on any of his speaking dates. Simply call Dr. H. J. Beard, who will be glad to make the necessary arrangements.



YOU'RE THE DOCTOR; OR, HA, HA!

By OGDEN NASH

Draw nigh, young man, for I see you are pondering the choice of a career,
And I am about to give tongue and it is your privilege to give ear.
There are many profitable professions among which I shall not attempt to
discriminate;

I just want to tell you about one that if you have a hearty appetite you
would do well immediately to eliminate.

If you have worldly ambitions, young man, go and be a cowboy or a steeple-
jack or a crooner or a notary public or a proctor,

But do not be a doctor;

I beseech you, young man, be a policeman or a mathematician or an animal
trainer or a scapegrace or try to make a living thinking up new dances
for the Tiller girls and Fred Astaire and Harriet Hocter,

But do not, no, do not be a doctor;

Go ahead and be a banker or a lawyer or a railroad president or a man-
about-town or a noted cocktail concoctor,

But not a doctor,

Because if you are a doctor, unless like the chameleon you can live on air,
you will certainly starve,

No matter how well you can prescribe or carve.

The appearance of doctors is often misleading, because they have all the dig-
nity and authority of Roman consuls

When they order you to hand over your appendix or tonsils,

But if you ever look past the stethoscope and the thermometer and the awe-
inspiring bedside manner and other professional accoutrements

You can see that they are suffering from lack of nutriments,

Because meat and vegetables are to them nothing but a myth,

Because much as they would like to buy them doctors have nothing to buy
them with.

I warn you, young man, that a doctor's life contains much more of wild
locusts than of honey,

And just about the only thing a doctor doesn't see in the course of his career
is money,

Because where is he going to get any money when the patients who get well
figure there's no use paying him because they'll never need him again,
so they take the money for his bill and spend it on the races or a new
dress or a set of the Arabian Nights translated by Burton,

And patients who don't get well don't pay any bills, I am pretty certain.

Even those rare patients who have enough good intentions to pave a four-
lane highway to Hell know that no matter how much they may owe
him the doctor will still come and see them the next time they have a
pain or a rash or a cough.

So they are always putting paying him off and off and off,

Which is only human nature, because an unpaid butcher stops butchering and
an unpaid gas company stops gassing and an unpaid grocer stops
grocerying for you,

But an unpaid doctor keeps right on diagnosering for you,

Which all of us patients must allow is pretty sweet,

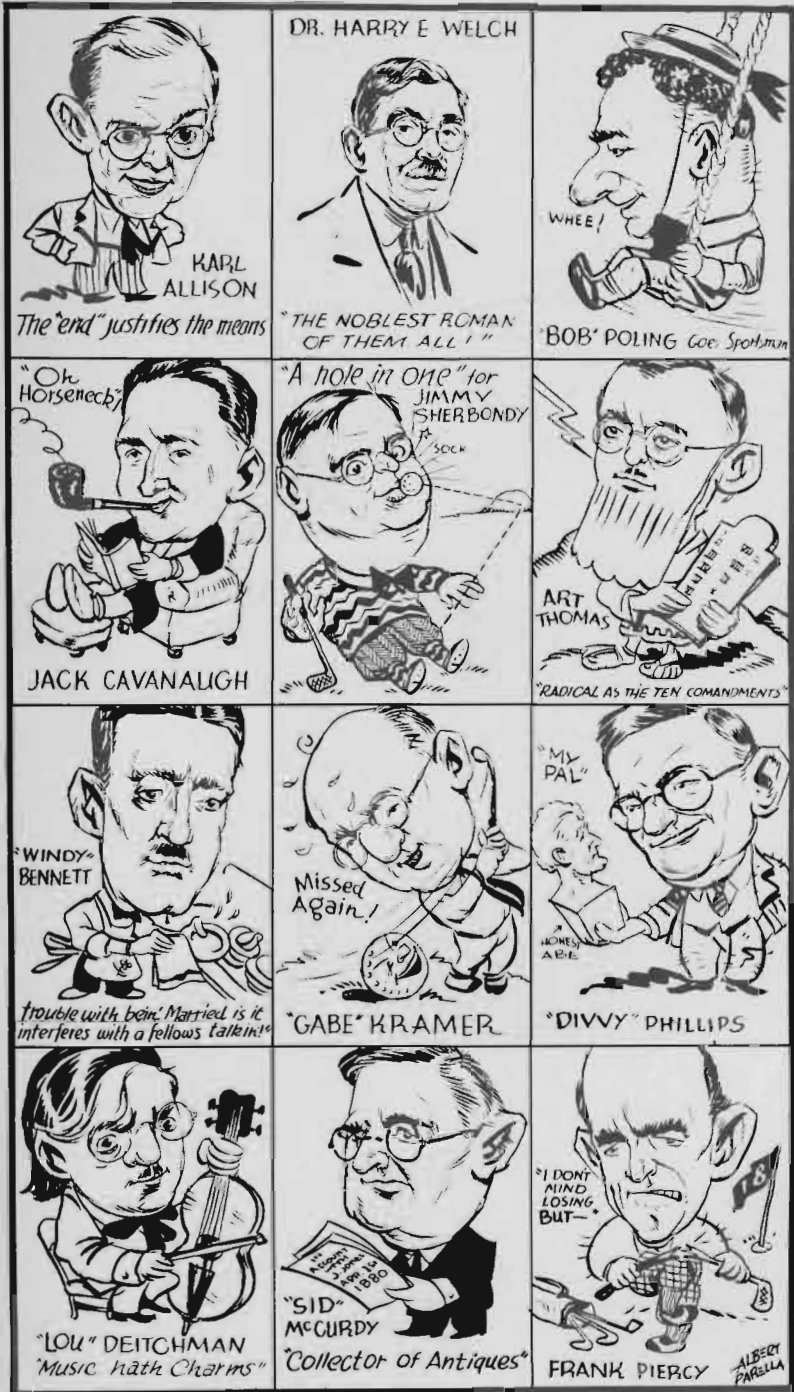
But I still don't see how doctors get anything to eat.

So there, young man, is the story of doctors, and I mentally doff my hat
ever time I see one,

And I think that doctors are different from purple cows in every respect
save one, and that is that I would rather see than be one,

And my final word to you is the same as my first, which is if you wish
your bank account to burgeon

Don't be a physician or a surgeon.



"O wad some Power the giftie gie us
To see oursel's as ithers see us!"



It wad frae mony a blunder free us,
And foolish notion:



What airs in dress an' gait wad lea'e us,
And even devotion!"

THE BOOKE OF PHISICKE OF MAYSTER ALEXIS

By MORRIS DEITCHMAN, M.D.

At this time of the year, when we thankfully bid our last year's internes farewell, and hopefully welcome the new ones, one is always led to speculate on the lack of therapeutic knowledge of the young medical hopeful. There are many who insist that the medical school of today teaches everything about the patient except what to do with him once he has been diagnosed. To remind us that there was a time when therapy was a very important phase of medical practice, I have taken the liberty to filch a few of "sixe hundred four score odd experienced medicines" of Mayster Alexis Piedmontese. This classic of therapeutics was translated from the Italian by Richard Androse, London 1578. Besides being an excellent study in therapy, one gets the impression that the human race suffered from the same ills in 1578 as in 1934, and the chief change has been in the therapeutic nihilism that has gradually developed. And SO:.....(The diagnoses in parentheses are mine.)

Against Rubbing or Itch That Cometh In the Night. (Scabies)

After that the evacuation of the bodie is made with purgation or by the letting of blood; you shall anoynt it with Aloes, and Myrrhe dissolved in water of honey." Apparently Mayster Alexis was aware of the fact that a teaspoonful of honey will catch more Scabies than a pound of salt. If the honey diet doesn't work he suggests using vinegar.

Against the Stinke of the Toes (No modern terminology available.)

"Take of red Roses one pounde, of Galles, of Spicknarde, of Ciperus, of Myrrha, and of Alum, of eche ten drammes, make thereof little cakes, or pastilli, with rose water. And after dissolve them, and anoynt when neede requireth." Believe it or not, there is no mention of bathing.

To Heale the Disease Called Gonorrhea

Gonorrhea signifieth the natural seed of man or woman goying away unwittingly." (No elaboration necessary.)

"Take of Senegrecke seedes, and boyle them in water unto the consumption of the thirde parte. And give unto the pacient for the space of three or foure dayes, four ounces

thereof to drinke every mornynge, and he shall be cured." Looks like they really did something about that in 1578.

A Plaister to Heale the Dropsie

"Take of the Dunge of a goate one pounde, of Commin two drammes, of the rootes of wilde cucumbers, of Nightshade, of eche two ounces, of Barlie meale one pounde, of Vinegar wherein Iron is quenched, as much as sufficeth, make a plaister with boyling the rootes in Lye, and laye it on the beallie."

To Heal One That Cannot Keepe His Water. (Incontinence)

"Take of Snayles called Africani, that is, such as are without their shelles, and beyeng burned, give the partie oftentimes to drinke thereof in wine. It heppeth also to drinke the maines of a hare in wine, and to eat the Reines of the site beaste." This was the first use of specific gland therapy.

There are many other excellent remedies, some "against the Quincy," some "against the Hemerodes," To make a "lean person to become fat," and a fat person to become lean, "to heale the warts," and even to heal the children that have "wormes." It might be well to copy this one as Mayster Alexis comments "it is a remedie well proved:"

To Heale the Children that Have Wormes.

"Take of Aloes, of white Diptamus, of Gentian, of wormseede, of eche one scruple of butter as much as sufficeth, make therewith an oynment, with whiche you muste fill half a nutshell, and binde it upon the navill of the childe, and in one nyte it will remedie him."

Finally there are over twenty remedies for The French Disease, all of them herbals with one exception. That is an ointment containing Litharge and quicksilver.

"To be steeped too deeply in realities is in itself a cause of visionary moods." (Hugo)

"Science gives us knowledge but only philosophy can give us wisdom." (Will Durant)



POLLEN DISEASE

BY J. ROSENFELD, M.D.

According to W. W. Duke as many as 15% of individuals are afflicted with from slight to marked degrees of hypersensitiveness. In the earlier years of the development of our knowledge of this subject "anaphylaxis" was looked upon by the profession at large as an interesting and mysterious phenomenon, responsible for an occasional death from the use of therapeutic sera. Individuals can apparently become hypersensitive, directly or indirectly, to almost any alien agent, including foods, drugs, pollens, hair, feathers, smoke, animal danders and emanations, vapors, volatile oils, sera, insects, etc.

Several terms, "serum sickness," "anaphylaxis" (Rickett), "allergy" (Von Pirquet), "protein sensitization" (Vaughan), "specific hypersensitiveness" and "atopy" (Coca), have been used more or less synonymously in discussing the clinical phases of this phenomenon. The term Allergy is now very generally employed by clinicians throughout the country, who apply it to conditions of specific hypersensitiveness exclusive of anaphylaxis in lower animals. The term atopy (a strange disease) is used to designate certain clinical forms of human hypersensitiveness that do not occur, so far as is known, in the lower animals, and which are subject to hereditary influence. In this category have been included thus far only asthma and hay fever, but it is generally thought that eczema and certain forms of drug and food idiosyncrasy will eventually be placed with these.

There are few illnesses more mysterious and elusive than that group known as allergic diseases. There are few conditions met with in the practice of medicine more varied as to symptoms, etiology, or cure, and few which require more painstaking study, if a majority of the cases, either mild or severe, are to be correctly diagnosed and then partly or completely relieved. To undertake the investigation of symptoms suspected as being due to one or more of the multitudinous irritants, it is necessary to possess a sound fundamental knowledge based on a study of the subject, and even more important, clinical experience, which enables the practi-

tioner to properly interpret and evaluate his findings in a given case.

In the order of their frequency, the allergic diseases are:

Hay Fever, Bronchial asthma, Urticaria, Angioneurotic edema, Certain types of eczema, Food or allergic headaches (migraine).

Hay Fever is not only the most typical example of the entire group, but also the most common, the easiest to recognize, and the one that offers fairly uniform beneficial results with properly administered specific treatment. A wealth of reliable information on hay fever diagnosis and treatment is annually distributed through medical periodicals and pamphlets from commercial houses. Therefore, I shall not deal at length with information which I am sure you are all familiar with but will try to bring out some helpful points in the diagnosis and treatment of the more complicated and seemingly stubborn or refractive cases.

Hay Fever is a seasonal state of allergy, occurring in individuals who are hypersensitive to the proteins of various pollens, and with clinical manifestations limited to the mucous membranes of the eyes and the respiratory tract. The patient usually comes to his physician with the diagnosis made. A careful history as to the beginning and the relief of symptoms is most important. A comparison of these dates with the pollination chart will show the pollens to which this individual might be sensitive and extracts of these pollens should be used in making the tests.

If this is done, it is a simple matter to establish the clinical relationship of a positive skin test with the particular season in which the patient's symptoms occur.

Hay Fevers are grouped under three types:

(1) The spring or early type (end of March-June 15) usually mild, and caused by the following tree pollens: Ash, Beech, Birch, Elm, Hickory, Maple, Oak, and Walnut.

(2) The summer type (May 15-June 15) somewhat more severe than the spring type and caused by the following grass pollens: Timothy, June, Orchard, Bermuda, Sweet Vernal,

(Turn the Page)

POLLEN DISEASE (From p. 19)
Red Top, Rye, and a weed known as English Plantain.

(3) The fall or late type, (August 15-frost) more severe than either of the preceding types and caused by the pollens of the Giant and Dwarf ragweed. An individual may suffer from one, two or all three, types of hay fever. In a true sensitive case, whose symptoms begin about May 1st, is tested with the grass pollens and no reaction follows, the patient is erroneously told that he does not have hay fever. If he happens to give some reaction to the grasses, treatment with grass pollen is instituted but without appreciable benefit, with the result that both patient and physician become skeptical about the value of the specific treatment for hay fever. However, if this same individual had been tested with Beech, Ash, Birch, and Oak, an accurate diagnosis would have been established, and in all probability with correct treatment, the patient would have been relieved.

Another common source of error lies in the failure to test all suspected summer or grass cases with the extract of English Plantain, a fairly common weed in this locality. Plantain is a factor in the production of symptoms in one third of all the summer types of hay fever. Treatment with Timothy or other grasses in these cases does not give complete relief. Another important fact is that the offending material in Timothy pollen is identical with the offending material in all other grass pollens (excepting plantain which is a weed.)

Therefore, if we treat all grass cases with Timothy extracts alone, the results are just as satisfactory as in those that are treated with combined extracts of orchard, red top, timothy, etc. The one exception is plantain. A plantain sensitive individual must be treated with plantain extract in addition to other pollens to which he might be sensitive.

Regarding the fall type, there is little difference between the giant and dwarf ragweed. Treatment with one variety protects against the other. Testing with either one gives a positive reaction regardless of which one the patient might be sensitive to. It is not necessary to test for sensitivity to goldenrod, corn, cocklebur, daisy and aster since the pollens of

these plants, contrary to general belief, are not air borne. Furthermore, with the exception of goldenrod, the pollens are few in number, viscid and too heavy to be carried through the air for any distance. These pollens drop to the ground close by, or are transported by insects from plant to plant. Thus only through direct contact in the fields, gardens, greenhouses, and homes, does the hypersensitive individual develop symptoms. Investigation for hypersensitivity to these heavier pollens should be limited to sporadic cases of hay fever existent among farmers, farmhands, field workers, surveyors, gardeners, florists or any person who has continued or frequent direct contact with these plants.

Dr. A. A. Thommen of New York, after a comprehensive study of the problem, established five postulates which may be predicated of pollen in relation to its causation of hay fever:

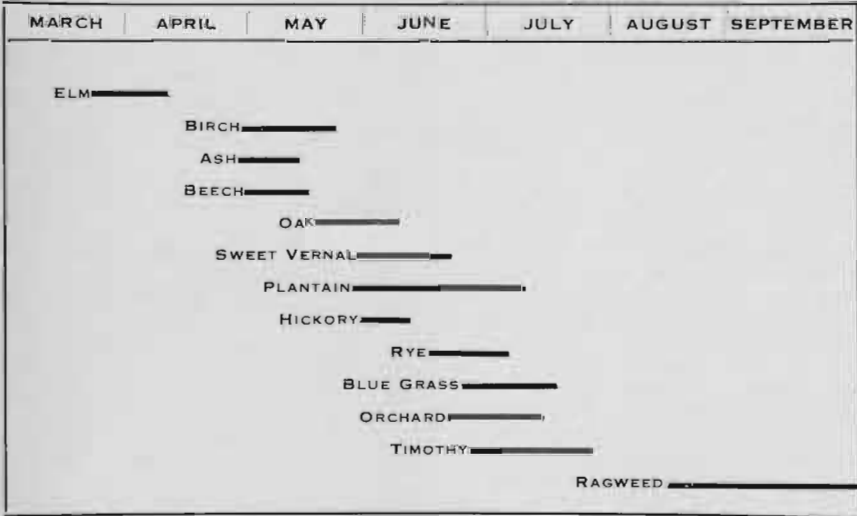
1. The pollen must contain an excitant of hay fever.
2. The pollen must be wind borne.
3. The pollen must be produced in sufficiently large quantities.
4. The pollen must be sufficiently buoyant to be carried considerable distances.
5. The plant producing the pollen must be widely and abundantly distributed. Unless the requirements of these five postulates are satisfied by any given pollen, it cannot be considered as an important cause of hay fever.

After preliminary qualitative skin tests, with the use of various dilutions, the degree of the patient's skin sensitivity should be established and the patient classified according to Vander Veer, Cooke and Spain. Depending on the degree of the skin reaction patients are designated as Class AA, A, B or C. Each class has a different dosage scale and most important, the top dose varies inversely with the skin sensitivity. The more marked the skin reaction, the smaller the top dose.

Constitutional reactions. This condition remains the stumbling block to physicians in the successful treatment of hay fever. It might be slight or severe, of short or long duration, and gives the practitioner many anxious moments. The causes of constitutional reactions are divided into four groups:



SCHEDULE OF POLLINATION PERIODS FOR VARIOUS
HAY FEVER PRODUCING TREES AND PLANTS



- (1) Too rapid increase of dose.
- (2) Injection (accidental) into a small vein.
- (3) The substitution of a fresh extract for an old during the course of the injections.
- (4) Too brief an interval between doses.

The early symptoms of an oncoming constitutional reaction will, if watched for, put the physician on his guard. It usually begins with a dry, hacking, frequently repeated cough, together with an increasing size of the wheal at the site of the injection. There may be an itching of the palm, ear, or soft palate, an early congestion of the face followed by a pallor, congestion of the eyes, wheezing and rapid difficult respiration, similar to that of an attack of asthma. Syncope may develop, and the appearance of the patient becomes alarm-

ing. There may be intense itching, followed by an outbreak of urticaria involving the entire body.

Treatment should be instituted with the first symptom.

1. Apply a tourniquet to the arm, proximal to the site of the injection or test responsible for the reaction.
2. Inject $\frac{1}{2}$ cc adrenalin chloride (1-1000) subcutaneously, in the opposite arm.
3. If no improvement in the patient's condition is evident within five minutes, repeat the adrenalin.

As a rule, recovery is followed by no special symptoms but occasionally patients have mild asthmatic symptoms or recurrent attacks of urticaria or pruritis for several days thereafter. The next dose of pollen extract should be reduced at least 25% and increased again with great caution.

"Take care lest your tongue cut off your head." (Persian)

PLEASE NOTE

The Medical Economics Committee calls to the attention of all concerned: All bills for service to Relief patients must be filed prior to the 5th of each month; no bills received later will be paid. Whether treatment has been completed or not you should

turn in your slip and statements at the end of each month.

W. K. STEWART,
Chairman

Dr. Mahrer Before Kiwanians

Dr. M. P. Mahrer addressed the Kiwanis Club on July 27th. His subject dealt with Surgery, Past and Present.

**"TREAT THE PATIENT, BUT DON'T FORGET HIS HUMAN SIDE"**

By D. E.

(One of Our Nightingales)

In this day of highly specialized training, there is a tendency among nurses to lose contact with the patient as an individual. He is considered more or less as a mere case and the nurse in her efforts to carry out the doctor's orders becomes rather a good technician than a good nurse.

The depression has deprived many of us of the little luxuries we had grown used to, and some of us even of necessities. With this, the viewpoint of those engaged in the care of the sick has changed to some extent. We have become mercenary and think more, sometimes, of how much we have to do for so little remuneration than how much we can help a human being with comparatively so little effort, and how privileged we should feel for the opportunity. Probably this is a high handed way of putting it, but the principles on which medicine and nursing were founded are truly fine and, in our better moments, they mean a lot to all of us.

The National League of Nursing Education has suggested including the social sciences in the nursing school curriculum. It is felt that the trend of modern medicine is placing more stress on the patient as a participator in carrying out his treatment. Therefore, it is important that the nurse who has day by day contact with him shall be able to observe and recognize all angles of his personality and their relationship to his illness.

The course would attempt to teach:

- (1) The relationship of personality and environment to health and disease.
- (2) The significance of illness to the patient and the community.
- (3) The results of illness, both psychological and social, to the patient and the community.
- (4) An understanding of the patient as a basis for individualized nursing care and health instructions.
- (5) Recognition of social problems and understanding of organization of outside social resources.
- (6) Relationship of the hospital to the community.

If they are interested, nurses can gain the information in post-graduate courses, but if they had access to it at the same time they were learning the technicalities of treatment, it would mean far more to them and they could therefore give better service to the patient.

It will probably be sometime before this course will be adopted by the majority of schools because the nursing school curriculum is already crowded and also there is always a certain amount of opposition to any new thing, but there seems to be a real need for such instruction and it would certainly mean more intelligent and sympathetic nursing care.

Finally, we all need to remember what Sir William Osler so aptly summed up in one sentence: "Treat the patient, but don't forget his human side."

MEDICO-LEGAL

By D. H. S.

"No Liability For Fright Alone"

S., an elderly lady, was riding in a front seat of an automobile driven by her son. They were traveling at a moderate rate of speed. Suddenly a truck came out of a side street and on attempting to swing around to avoid a collision the truck's brakes and the sliding and skidding wheels made considerable noise. The crash seemed inevitable, but some guiding influence kept these cars apart, and there was no contact. For a few moments every person seemed to be held motionless by some magnetic power.

As the tension was disappearing it was discovered that the old lady was unconscious, having suffered a cerebral hemorrhage, as a direct result of her fright.

The right to recover for mere fright has been passed upon by the Supreme Court of Ohio in 78 Ohio St., 309: "No liability exists for acts of negligence causing mere fright or shock, unaccompanied by contemporaneous physical injury, even though subsequent illness results, where the negligent acts complained of are neither wilful nor malicious."



HEALTH NEWS

BY J. B. B.

"A health examination a year defers the approach to the bier."—Ohio Health News.

May and June have been measley months in Ohio, with more than 3 times as many cases reported as in May and June of 1933. Does this indicate that Ohio mothers believe children should "get it early and be done with it"?

It is interesting to note that suicide methods are changing. A few years ago, the most popular method was suicide by poisoning. Today, the leading method is by firearms. Incidentally, deaths by suicide increased $3\frac{1}{2}\%$ in Ohio for the past 12 months.

The poliomyelitis situation in California still remains serious. The number of cases reported in May and June totalled 801. All but 36 of these cases occurred in Los Angeles County. In June 110 cases were reported in other states, representing an increase of approximately 48% over the

figure of the corresponding period last year.

The incidence of smallpox in June compares very favorably with previous years, showing a decrease of approximately 30% of June 1933.

A Court Decision on Public Health

An employee of a manufacturing company in Ohio, after working for several days, was ordered by his foreman to go, during working hours, to the first-aid plant hospital to be vaccinated by the company physician. After being so vaccinated he resumed work. Later his arm became so inflamed, swollen and painful that he could not continue to work, and approximately 3 weeks after being vaccinated he died. The employee's widow filed a claim under the workmen's compensation act and the Supreme Court of Ohio sustained her claim, holding that the employee had received an accidental physical injury arising out of or in the course of his employment.

FROM A DIARY NEVER HITHERTO PUBLISHED

I am a specialist, though not in regular medicine. I must confess I was much intrigued, while calling on one of my lovely patients to have her ask:

"Doctor, which should I say, Flea-beat-us or flea-bite-us?"

I, being serious and of a scholarly turn of mind, the question immediately set me on fire. Here indeed was a subject for thought;—something worthy of my precious time and ability. It was a question of philosophy, not simply a matter of diacritical marks.

Now after several months of "setting and pondering" I have made my decision and those who are doctors and any friends seriously interested, need not again be embarrassed by this (I confess) knotty problem; perhaps I should say "naughty" problem, for in this case the difficulty had manifested itself on the young lady's not unshapely nether extremity.

However, to continue with my solution:

In cases where patients have an epidermis of unusual thickness and toughness, (this was not true in the case under advice), they might say, and quite honestly too, "It would make little difference whether flea-beat-us or fleas-bite-us."

On the other hand, in cases where patients are unfortunate enough to have sensitive epidermis, they would presumably not care to be either beaten or bitten. But I see I am becoming technical. I will therefore close this entry by saying that in cases where the interested individual feels he has a good thick skin he may pronounce the damned word either way he wishes. And in cases of thin skinned people I shall suggest that they drop the matter.

(Note: Now in a case like this, what would YOU do? Oh, Nurts! Editor)

"A prophet is not without honor, if he is a member of that trust said to consist of gray matter." (Selected.)

THE POSTMAN BRINGS US

To the Editor of the Bulletin,
Mahoning County Medical Society.
Dear Sir:

I hesitate to write you without using my name in signature, but it occurs to me that it is better so. My writing you will serve to relieve my mind of what has concerned me for years.

It is simply the manner in which the newspaper uses medical information. We must agree that in this community, the press has often been kind to us as physicians and has seemed to appreciate our efforts to bring medical practice to, and to keep it at, up-to-date standards.

But I, for one, am very nauseated from reading newspaper reports of deaths. In the column concerned with the reporting of deaths, it is the rule to see that a certain citizen passed away "FOLLOWING AN OPERATION". In no instance have I seen any reference to the *disease* for which he was operated. To the lay mind, the reader would analyze the death as being an OPERATIVE death. Nor does the lay reader know that many times the patient has temporized and put-off his examination until his disease is out of control, nor that the surgeon does what he can in a last-minute effort to save his life. The layman attributes the death to a surgical procedure rather than to a malignancy or to whatever was basically at fault.

I should suggest that the local newspapers adopt the policy of either specifying the cause of death (if that be of interest to morbid persons) or else state that a surgical operation was performed as a life-saving-measure rather than implying that the operative intervention was the cause of death.

If a citizen is dead,—he is DEAD. To me, the actual CAUSE of death seems unimportant except from a statistical point of view. Why mention it? But, if it MUST be mentioned, why not give ACCURATE information rather than what is used at present? The modern practice only conduces to fear of operations and of the results of operations. Why do the newspapers not ALSO publish the great numbers of patients who are relieved by surgical intervention and in whose instances surgery actually saved life?

I am not a surgeon nor am I greatly enthralled with that specialty. But I am a physician who hopes to see the public educated to the point where they will not neglect themselves because of "fear of the knife".

Yours, MEDICO.

(NOTE:—The above letter has been slightly edited, but it is timely and to the point. It is therefore being printed. But why do folks hesitate to sign their names to things in which they really believe?—Editor.)

CLEANINGS

By S. T.

Dr. R. B. Poling has been elected to membership in the American Society of Clinical Pathologists.

The following have been appointed as Members of the Advisory Board of St. Elizabeth's Hospital:

James P. Hyland, Pres.; Charles B. Cushwa, Vice Pres.; Hugh H. Wickham, Sec'y; Benjamin A. Agler, William Cosel, Nathan B. Folsom, Philip W. Freider, John T. Gerrity, G. F. Hammond, Carl A. Ilgenfritz, Carl A. Reisinger and Henry A. Roemer.

By W. M. S.

Dr. H. E. Welsh is improving rapidly, and is able to be about the house, and would welcome any of us who would drop in to chat with him.

Dr. Veits is confined to his home. He would like to see any and all of us.

Dr. F. F. Monroe is on the sick list. Let's give him a ring, so he will not be so lonesome.

Dr. Vern Neel is with us for a short stay. He is improving, but not well yet.

Dr. Joe Tuta has accepted a Pathological position at the Charity Hospital, in New Orleans.

Excerpts From

"LABORATORY PROCEDURES IN DISORDERS OF METABOLISM"

BY JOHN P. PETERS

"There are no diseases of metabolism. There are no diseases that are not attended by disorders of metabolism, because metabolism is the sum of those processes by which life and its functions are maintained. There is no reason to believe that rectification of these disorders is superfluous because the disturbances do not dominate the picture, because they are not detectable by conventional routine procedures, or because their treatment does not strike at the fundamental cause of the disease. After all, diabetes itself can at this moment be looked upon only as a symptom complex and, insulin to the contrary notwithstanding, is treated only by palliative, symptomatic methods"

"The common statement, that a chemical procedure is good enough for clinical purposes should arouse suspicion at once. First of all, it implies that selection has been determined by the convenience of the technician with the patient as a secondary consideration. Moreover, it suggests a carelessness of attitude that engenders feelings of uncertainty. Surely nothing is to be gained by straining at chemical gnats and swallowing clinical camels. But medicine has quite as much dignity as the other biological sciences and it behooves the clinician to treat it with due respect himself and to resent any slur that may be cast upon it by snobbish chemical confreres. Not only must the clinician assure himself that a chosen technique is capable of the desired accuracy, but he must assure himself that it is being applied, with adequate controls, by persons who are proficient enough to secure this accuracy"

"The aim of clinical chemistry is to gain information concerning disorders of life processes, not *post mortem* changes"

"During the treatment of diabetic acidosis it is quite unfashionable to omit determinations of blood sugar and carbon dioxide. Yet there is much evidence that neither hyperglycemia nor acidosis is of such im-

minent importance as the dehydration and concentration of the blood that accompany this condition and finally lead to fatal shock"

"After all, prognosis is not the chief aim of medicine"

"The impression is altogether too wide-spread that high blood non-protein nitrogen or blood urea is pathognomonic of kidney disease. So far is this idea carried that the degree of nitrogen retention is frequently used as a measure of the severity of renal injury. No basis for such a concept can be found in physiology. The non-protein nitrogen content of the blood may be considered as the resultant of three factors: the rate of destruction of protein in the body, the concentrating powers of the kidneys and the amount of water excreted"

"The simple excretory function of the kidney has been too much stressed, the selective discrimination with which it is exercised has received little thought"—*Bulletin N. Y. Academy of Medicine.*

GOOD SENSE

"This brings us into the realm of the court. A criminal court, contrary to the prevailing American idea, is not, or at least should not be, merely a place where the criminal law is administered. A criminal court should be a center for the study of the physical, mental, and emotional characteristics of the prisoner. There should be attached to all criminal courts—and this includes those which hear only misdemeanor cases—competent psychiatrists, psychologists, neurologists, physicians, and social workers; and no disposition should be made of any prisoner until these officials have thoroughly studied and investigated the prisoner and his background. Putting a judicial robe on a lawyer or a politician does not make him omniscient. This seems obvious but it is difficult, if not impossible, to make legislators and those who hold the purse strings understand it."

(Fishman and Perlman, *Harpers*, Aug., 1934.)



SIGNIFICANT EVENTS ASSOCIATED

(Continued from May)

Furthermore.—

In 1902, Drs. H. J. Beard, Sam Badal, J. F. Lindsay, and B. W. Schaffner; in 1903, Drs. A. H. Alden, James Sherbondy, and W. X. Taylor; and in 1904, Dr. Sidney McCurdy, first burst upon the landscape as Professionals,—while

In 1902, industry gave us the first "window" envelope (and with it a "sinking feeling" in the pit-of-our-stomachs!); the first movie theatre; and the beginning of radio-broadcasting; to be followed

In 1903 by the electric starter (automobile); the first successful airplane flight; the first trans-Pacific cable; the first movie "Star"; and railway electrification. Medicine came right along with.—

In 1902, Dutton's discovery of the cause of African sleeping-sickness; Bayless and Starlings' revelations as to hormones; Richet's contribution on anaphylaxis; and Einthoven's enunciation of electro-cardiographic principles. The next year,—

In 1903, Wright gave us typhoid vaccination; and the negri bodies were discovered. Then,—

In 1904, came the rotogravure press (not to mention Ernie Grass!), and the New York subway.

In 1904, Emil Fischer brought out Veronal. And to carry on:

In 1905, Dr. John Heberding; and in 1906, Dr. Milton Bachman convinced authorities of their worthiness to become x-raypians. During those years, in industry,—

In 1905 the first exclusive movie was opened (an "exclusive" movie no longer exists!); in 1906, the streets were for the first time "decorated" with "rubber-neck" wagons; steel railroad passenger cars first came into use; and Dr. Harvey W. Wiley secured the adoption of the first "pure food" laws.

Medicine again "incubated" in 1904, but—

In 1905,—Schaudinn made up for lost time by showing us the Spirocheta Pallida; Einhorn blessed the world with novocain; and the dark-field condenser was made practical. Following these,—

In 1906, came valuable contributions on the subject of endocrines; Halstead first used the parathyroid of beeves successfully in the treatment of Tetany; the discovery of the bacillus of Pertussis; and, capping all, the use of radium in therapy.

But these are not all:—

In 1907, somebody must have joined the Profession, but the investigator failed to locate him (or them, or her!); but in 1908 came Drs. J. A. Heeley, J. M. Ranz, F. F. Monroe, and Sam Goldcamp; and, in 1909, in burst Drs. E. Henry Jones, A. C. Tidd, and Walter Turner. Now in industry,—

In 1907, Medicine did her bit, too. There were: Von Pirquet's test for tuberculosis; Ashburn and Craig's contribution on Dengue; and the Wasserman test's reality proved.

1908 was another "incubation" period and what a hatch!

In 1909, Ehrlich came out with "606"; Nicolle pinned the responsibility for typhus upon the body louse; and Landsteiner infected monkeys with the virus of infantile paralysis!

In 1910, the spirit calling, the tests revealed worthy of the title, "Doctor", the following: Drs. D. B. Phillips, F. J. Bierkamp, H. E. Patrick, and R. G. Mossman.

In 1911, this bountiful but brilliant crop came on: Drs. Armin Elsasser, John Hardman, F. W. McNamara, Joe Poremski; and

In 1912, the prolific urge gave these sons to Aesculapeus: Drs. J. B. Nelson, Alex Rosenblum, Earl Brant, and E. W. Cliffe. During this period,

In 1910, came the first cord tire and the first rayon industrial plant. But take a view of medicine,—

In 1910, the quartz lamp was made practical for production of ultra-violet light; Nicolle discovered the organism of typhus; Neufeld and Haendel gave the sub-groups of pneumonia; Vedder showed the amebicidal effects of emetin; and the Schick test became available to a waiting world! To go on,—

In 1911, Goldberger and Anderson identified the virus of measles; and Rous described chicken sarcoma.

(To be continued.)



THUS SAYETH THE LORD!

HONOUR a physician with the honour due unto him for the uses which ye may have of him: for the lord hath created him.

2. For of the most High cometh healing, and he shall receive honour of the king.

3. The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration.

4. The Lord hath created medicines out of the earth; and he that is wise will not abhor them.

5. Was not the water made sweet with wood, that the virtue thereof might be known?

6. And he hath given men skill, that he might be honoured in his marvellous works.

7. With such doth he heal (men), and taketh away their pains.

8. Of such doth the apothecary make a confection; and of his works there is no end; and from him (the physician) is peace over all the earth.

* * *

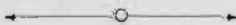
12. Then give place to the physician, for the Lord created him; let him not go from thee, for thou hast need of him.

(Ecclesiasticus XXXVIII)

WIZARDRY NOT SCIENCE

We have been told that scholarship is a modest quality; also that its child, research is the same. We are surprised when writings appear that are as modest as a neon sign on a boulevard. With the first paragraph of such, one thinks of the line "It is the cannon's opening roar" with a clerical interpretation to the possessive noun. Men gifted with words, skilful in the jugglery of terms, men of scientific sound but minus the sense, confuse and give research a bad name. They are never terse; they have no point; they leave no residue. They appear to marshall elements to their whim. It savors of wizardry; but wizardry is not science."—*The Journal of the American Dental Ass'n.*

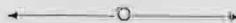
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Resorein	1 Gr.
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Bismuth Salicylate	8 Grs.
Pepsin Saccharated	40 Grs.
Tr. Opium Camphorated	30 Min.
(Representing 1/8 Gr. of Opium)	
Aromatics	q. s.
Maximum Alcohol	3.75 per cent.

USES—Diarrhoea in children, especially in severe forms. Employed in Enterocolitis and Cholera Infantum.

DOSE—One or two teaspoonfuls every half hour for six doses, then every two or three hours.

The LYONS-LAERI Co.

Manufacturing Pharmacists
Hospital and Physician Supplies
YOUNGSTOWN, OHIO

THE KILN

Teaching school is a profession, yet, when teachers are not paid the newspapers carry headlines. Law is a profession, yet the lawyers prearrange for a signed contract or a retaining fee.

The "cauda equina" of the professions is Medicine. Too bad F. D. R. didn't put it on an N. R. A. code.

The crying need of Medicine is a little attention to the business side, which would include the exclusion of all agencies that drill holes in the doctor's cash register.

The Hospital staff has considered its duty performed toward the recent intern, when it has taught him all the scientific problems relating to the Practice of Medicine.

But have they? He is like a ship without a rudder. He, with rare exceptions, ignorant of the business methods of practice and left to his own resources, falls an easy prey to the trained worker who ap-

(Continued p. 31)

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 Dextri-Maltose may safely be added to the formula and the Casec gradually eliminated. Three to six teaspoonfuls 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.—Adv.

READER

In the management of the ordinary accident and wound cases local treatment generally requires a surgical dressing which, also, is an efficient antiseptic. To be an ideal antiseptic, however, it must be one which, while inhibiting the bacteria *in vivo*, will not destroy the tissues and break down their natural resistance. It must be one which will nourish, support and promote the cells in their rehabilitating process while exercising their antiseptic powers.

There are, of course, countless antiseptics and surgical dressings for the practitioner to select from, but as an application, fulfilling the requirements of an ideal antiseptic surgical dressing, few preparations are better adapted for the purpose than is Antiphlogistine. A glance at its formula—45% *c.p.* glycerine, boric acid, a minute quantity of salicylic acid, iodine, oils of peppermint, gaultheria and eucalyptus, blended in a base of the finest dehydrated silicate of aluminum—will easily explain the reason for its efficacy in the treatment of injuries and accidents.

When applied direct to a punctured, contused, or incised wound, Antiphlogistine lessens the chances of infection. In suppurative wounds it aids in diminishing the amount of wound exudate. A spreading lymphangitis may be inhibited or diminished through its use. In cases of dislocations, sprains and synovitis it helps to relieve inflammation, swelling and pain. In burns it should be applied cold, when it favors healing, promotes growth of epithelium with minimum of scar tissue. It is not a dressing that causes pain on application and removal, nor is there the least danger of its bleaching or macerating the skin. Soothing, decongesting and healing, it lends protection to a wound.—Adv.

Change Smaco

Vitamin Names

Name changes have just been announced for Smaco Carotene and other Vitamin Products of S. M. A. Corporation.

Smaco Carotene-in-Oil was formerly called Caritol. Smaco Carotene-with-Vitamin-D-Concentrate-in-Oil was formerly called Caritol-with-Vitamin D. Smaco Carotene-and-Vitamin-D-Concentrate-in-Cod-Liver-Oil was formerly called Smaco Cod Liver Oil, fortified-with-Carotene-and-Vitamin D. Smaco Vitamin-D-Concentrate-in-Oil was formerly called Smaco Vitamin D.

These changes were made at the request of the Council on Pharmacy and Chemistry of the American Medical Association, which has accepted these products. S. M. A. Corporation cheerfully changed the names and made all other necessary adjustments because of their desire to cooperate with the Council.

Smaco Carotene-in-Oil is the only product on the market permitting administration of Pro-Vitamin A alone, uncomplicated by the presence of other vitamins. Carotene (Pro-Vitamin A) is non-toxic.—Adv.

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THE KILN (From p. 28)

peals to his generous nature to do charity work as his debt to humanity. Meanwhile he must "four-flush" an appearance of prosperity while in reality he eats at one-arm lunch rooms and sleeps on a cot in his office.

Even a bird will feed its offspring and teach it to fly, before turning it loose "on its own."

What has happened to Council's program on Baby Welfare Stations?

Dr. Earle Cliffe, at last month's picnic had a sudden drop in Blood Pressure when he was told to call the Chief of Police, at Girard.

Dr. "Jim" Sherbondy has a beautiful tan from vacationing.

Dr. "Bill" Skipp is always on the firing line in defense of the General Practitioner, and he gets more condemnation from them than commendation.

The voters will have an opportunity to elect a state representative this fall who will be in a position to understand the problems of Medicine—"Tommy" Hewitt who owns the Bel-Del Pharmacy and is a Bulletin supporter.

The Wiggers Lecture Course in September should appeal to most men because it deals with Physiology. If one understands Physiology he is better able to recognize "altered physiology" and arrive at a correct interpretation of his patient's trouble. It is gratifying to see a society big enough to consider not only the economics of medicine but also the continuation of the scientific advancement of its members.

Medico-legal questions remind us of "Hypertrophic Pulmonary Osteoarthropathy" which in simple language is "club-fingers." Some day the law department will tell us what "Tort-feasor" means. It's probably a simple thing when explained.

A position wanted by a woman to assist a doctor or group of doctors. High school and business college education. Salary open. Call E. J. Tennant 2-7773.



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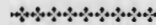
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S. Q. LAYPIUS OBSERVES

I see by the papers that certain reformers are asking for an injunction against the races at Canfield. Well, they do cause a lot of men to go to the dogs.

* * *

We favor a tombstone for the late Mr. Dillinger. A good heavy one.

* * *

Blackberries come, and blackberries go, but the seeds stay with us forever.

* * *

85% of the purchases in this country are made by women. But ask any husband if it is the "woman who pays".

* * *

We understand that the government has been lending money to farmers on their corn crop. A punster would, no doubt, describe the mortgage papers as "corn plasters".

* * *

No, thank you very much, gentlemen, but I feel that I could not at this time accept the Chancellorship of Austria.

Now we can understand the uprising in Austria. Too much yeast has been prescribed by certain of their alleged medical authorities.

* * *

Tapeworms have been found in Canadian fish. This is merely a biologic effort on the part of the fish to eventually produce tape-measures for the convenience of story-telling fishermen.

* * *

Plunging horse attacks car following the President in a procession at Honolulu. Now if it had been an elephant, we could have understood it.

* * *

The Prince of Wales is pictured riding on a fire-truck in England. Well, he's safer there than if he were on a horse.

* * *

Chinese woman is said to have given birth to octuplets. Let's see, that's twins, doubled and re-doubled. And was she vulnerable!



SMACO

CAROTENE IN OIL (FORMERLY CALLED CARITOL)

Smaco Carotene in Oil 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**. Offered in capsules and in dropper-top bottles.

Smaco Carotene is also available with Vitamin D Concentrate in oil (Zucker Process), and in Cod Liver Oil.



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