

# BULLETIN

of the  
Mahoning County  
Medical Society



"The fault, dear Brutus, is not in our stars,  
But in ourselves, that we are underlings."—  
Shakespeare.

October, 1934

Volume 4

Number 10

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# DEXTRI-MALTOSE, over 23 years, CARBOHYDRATE OF CHOICE

1911

"The limits of assimilation of the different sugars vary and are as follows:

"Grape sugar: In babies, about 5 grams per kilogram (Langstein and Meyer).

"Grape sugar: In one-month baby, 8.6 grams per kilogram (Greenfield).

"Galactose: No accurate data.

"Levulose: (Lower for babies than adults.) One gram per kilogram (Keller).

"Maltose: Over 7.7 grams per kilogram (Reuss).

"Lactose: 3.1-3.6 grams per kilogram (Grosz).

"Cane sugar: Probably about the same as lactose (Reuss).—J. L. Morse, and F. B. Tulbot: *Physiology and pathology of the digestion of the carbohydrates in infancy*, Boston M. & S. J., 164:852-855, June 13, 1911.

1912

"Maltose has for many years been considered one of the most valuable of infant foods in modifying milk formulae; but the German school in the last few years has called special attention to the value of this sugar as a substitute for milk and cane sugars in conditions of intestinal fermentation. It is more easily assimilated and more rapidly absorbed than lactose or saccharose and it may be taken therefore by the infant in larger quantities without producing sugar fermentation."

"Maltose is especially indicated in the feeding of very young and delicate infants, and in all cases where either milk or cane sugar has produced intestinal fermentation and sugar intoxication. In the feeding of maltose it has been found advisable to combine it with about equal parts of dextrin. In Germany, and later in this country, 'Soxhlet's Nahrzucker' (which contains maltose 52.44 per cent., dextrin 41.26 per cent., and sodium chlorid 2 per cent.) has been largely used. Mead's Dextrin-Maltose (malt sugar), which contains about equal parts of dextrin and maltose, is a similar preparation which may be used instead of milk sugar or cane sugar for modifying milk mixtures.—B. K. Rachford: *Diseases of Children*, D. Appleton & Co., New York, 1912, p. 126.

1913

"It is well to start with one ounce (albumin milk, or albumin-buttermilk) to every pound of body-weight in the twenty-four hours, increasing gradually until two or three ounces to the pound of body-weight are being given. Then add sugar, preferably a malt sugar, about one-fourth of an ounce at a time to the twenty-four-hour quantity, until an ounce or an ounce and a half is being given.—J. Foote: *Principles of treatment in malnutrition and atrophy of infants*, Interstate M. J., 20:1913, No. 6.

1914

"Milk sugar and cane sugar may be used in infant feeding, but my preference is for malt sugar. Mead and Johnson put up a convenient preparation which they call Dextrin-Maltose and which consists of maltose 51 per cent., dextrin 47 per cent., sodium chloride 2 per cent., and which has a food value of about 110 calories per ounce.—J. A. Gannon: *Whole milk dilutions in feeding normal infants*, Washington Med. Annals, 13:38-45, Jan., 1914.

1914

"Dextrin-maltose causes the greatest gain in weight, cane sugar less, and lactose produces the least gain.—M. S. Keuben: *Observations on milk station infants*, Arch. Pediat., 31:176-196, March, 1914.

1914

"A composite opinion of the sugars is in favor of dextrin-maltose, milk sugar and cane sugar in the order named.—R. A. Strong, *Essentials of modern artificial feeding of infants*, Lancet-Clinic, March 14, 1914.

1914

"Experiments show that sugars vary in their rate of absorption, some being assimilated rapidly, while others

distribute their nutriment over a longer period. For example, maltose is most promptly assimilated, cane sugar next and milk sugar slowest."

"The condition in which dextrin-maltose is particularly indicated is in acute attacks of vomiting, diarrhea and fever. It seems that recovery is more rapid and recurrence less likely to take place if dextrin-maltose is substituted for milk sugar or cane sugar when these have been used, and the subsequent gain in weight is more rapid."

"In brief, I think it safe to say that pediatricians are relying less implicitly on milk sugar, but are inclined to split the sugar element, giving cane sugar a place of value, and dextrin-maltose a decidedly prominent place, particularly in acute and difficult cases.—W. D. Hoskins: *Present tendencies in infant feeding*, Indianapolis M. J., July, 1914.

1915

"In the severe cases (of diarrhea) he (Benson) uses Finkelstein's casein milk with malt sugar. He also believes that dextrin-maltose is to be preferred to milk sugar or any other sugar, as the infants gain more rapidly and digest more easily this form of sugar.—R. A. Benson: *Observations on 1,600 artificially-fed infants*, Med. Century, Feb., 1915, p. 33; *abst. Arch. Pediat.*, 32:550-557, July, 1915.

1915

"Until very recently we have taken it for granted that milk sugar was the best, but now many consider that malt sugar is even better. However, the malt sugar is not used in its pure state, but in the form of extracts, as dextrin-maltose.—E. B. Lowry: *Your Baby*, Forbes & Co., Chicago, 1916, p. 162.

1915

"Cane-sugar (saccharose), like most of the other disaccharids, is not absorbed as such, but must first be split by the invertase of the intestinal secretion into the two glucoses, dextrose and levulose, which are readily absorbable. Maltose (malt-sugar) occupies an exceptional position among the disaccharids, in being partly absorbable as such. This is probably due to the fact that it can be split not only by the maltase of the digestive juices, but also by the same ferment being present and active in the circulating blood (Chittenden and Mendel)."

"Anticipating a little, we may mention that all cases, in which lactose may advantageously be replaced by other carbohydrates, are pathological, and without exception the result of unsuccessful attempts at artificial feeding; they will therefore be discussed under that head."

"Dextrin, intermediate between sugar and starch, is physiologically nearer to the former; we shall have occasion to see that, under certain conditions, it may supplement sugar very advantageously. Given together with maltose, it materially delays the fermentation of the latter; Stolte observes that the more complex the carbohydrate the longer fermentation is postponed."

"All malted foods contain dextrin, and there is reason to believe that their value largely depends on their being somewhat complicated; such, at least, is the opinion of Usuki and Stolte, who believe that a mixture of carbohydrates is more slowly absorbed than a pure sugar, and therefore tends to check fermentation in the intestine. Southworth explains the matter more definitely, by attributing the antifermentative action entirely to the dextrin, which is not fermentable as such, but only after it has been split into maltose, a process that takes place only gradually, and in the later stages of digestion."

"I make it a rule to give the ordinary formula with dextrin-maltose whenever the usual milk or cane-sugar mixtures seem to cause excessive fermentation and colic, or are attended with the evacuation of soap stools. I decidedly prefer this, as a preliminary measure, to going over at once to some very low fat combination, which can only be a temporary makeshift at best. I also find dextrin-maltose an excellent addition to albumin-milk when the first object of that food has been achieved and a gain in weight is desired; in this way I have succeeded in feeding albumin-milk far beyond the period usually advised, with highly gratifying results.—F. L. Wachenheim: *Infant-Feeding; Its Principles and Practice*, Lea & Febiger, Phila., 1915, pp. 31, 33, 146, 163.

Continued down to 1934

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## PRESIDENT'S PAGE

At the A. M. A. assembly in Philadelphia, several years ago, the State Medical Society of Michigan requested a consideration of certain aspects of health insurance. This request was laid on the table and forgotten, apparently, by the A. M. A., although not by the State Association of Michigan, which has spent considerable money in investigating health insurance systems in Europe and, more particularly, the panel system of England.

Now, a day or two before the June meeting of the A. M. A. in Cleveland, the A. C. S., through its medical service board, released to the press a set of principles that they felt should be useful in considering any plan of health insurance. They suggested no plan, but did advocate experimentation. This act of the A. C. S., together with the fact that the Michigan delegates were in Cleveland to force action, brought immediate results from the A. M. A., although not along the lines expected. Rather, they proceeded to adopt a set of principles aimed very definitely against any type of health insurance. While editorials here and there attempted to show that a breach between the A. M. A. and the A. C. S. was inevitable, such is not the case. These differences can easily be adjusted. To force the A. M. A. to some kind of action was a good thing in so far as they have finally met the issue. Whether their action was to our advantage or not, however, remains to be seen.

In addition to the principles laid down by the A. M. A. was included the following statement; "The consensus is that the present standard of medical practice is superior to that afforded people generally in any other country in the world." While the principles formulated by the house of delegates of the A. M. A. may be accepted, this last statement may be questioned. It would be interesting to know whose views are herein represented. This statement does not tally with the findings of the Michigan committee who, as physicians, studied the English system, nor with the views of Dr. Meakins, who was with us on our last post graduate day and who is absolutely familiar with the panel system. It does not tally, furthermore, with the ideas of all of the laymen who have resided in Sweden or in England and then in the United States.

This only goes to show that organized medicine, that is, the A. M. A., is at present safely within the conservative fold and will remain there. As members of the organization, we must follow the mandates of our leaders and hope for the best. When the federal forces in Washington call these leaders in to explain to them that the cost of medical care must be distributed in some other way than heretofore, in fairness to the great majority of general practitioners and to the patient, let us hope these same leaders will have ready a plan favorable to the majority rather than force us to accept some plan hurriedly made by a committee of political appointees.

Many industries accepted a code, which they understood would only be temporary but, are now learning, will be permanent, if only in part. The industry of medical practice has already had a taste of social control in the emergency relief plan and it is not satisfied. Do not be surprised if this is made permanent. Industries were invited to write their own codes and when this was not done, codes were imposed. Physicians cannot dictate terms to the government when well organized industries with cost sheets showing their losses had little to do with the terms under which they could operate. It would be much better, however, for physicians to submit a plan than to have one imposed on them. We should be aware by this time that the structure of American life is changing and the future of medicine should not be jeopardized by lack of vision.

JAS. B. NELSON.

## PUBLIC HEALTH MESSAGE

The Public Health Committee of the Allied Professions of Mahoning County was initiated July 31, 1934 for the purpose of correlating the activities of those allied professions especially interested in health legislation. The group members and their official representatives on the committee follow:

### Corydon Palmer Dental Society

W. H. Hayden, D.D.S.

C. H. Clark, D.D.S.

### Mahoning County Retail Druggists Association

Thomas Hewitt, Ph.G.

C. H. Bloom, Ph.G.

### Ohio State Nurses' Association District No. 3

Miss Sarah Evans, R.N.

Miss Mary E. Boyd, R.N.

### Youngstown Hospital Association

B. W. Stewart, Superintendent

### St. Elizabeth's Hospital Association

F. W. McNamara, M.D.

### Mahoning County Medical Society

R. H. Middleton, M.D.

O. J. Walker, M.D.

Shortly after the Primaries in August the Committee submitted to each Candidate coming up to the November election and concerned with Public Health legislation, the following question:

"Are you in favor of consulting with the duly constituted representatives of the Medical Society, the Dental Society, the Retail Druggist Association, the Nurses' Association, and the Hospital Association, whenever any legislation affecting any of the above groups, or any legislation concerning public health measures is up for consideration?"

In addition to this, all local candidates appeared personally before the joint committee.

After careful consideration of the replies to the above question and the attitude of those who appeared personally before them, the Committee indorses those candidates whose names appear below and feel they are right on public health matters. Any candidate for the offices listed below whose name does not appear was omitted because he failed to answer the question submitted or because the answer submitted was unsatisfactory.

### Governor

Clarence J. Brown, Blanchester, Ohio

Republican

Martin Davey, Kent, Ohio

Democrat

### U. S. Senator

Vic Donahey, New Philadelphia, Ohio

Democrat

### Congressman-at-Large

George H. Bender, Cleveland, Ohio

Republican

Stephen Young, Cleveland, Ohio

Democrat

Charles Truax, Bucyrus, Ohio

Democrat

### Congress

John G. Cooper, 614 Mistletoe Ave.

Republican

Locke Miller, Gypsy Lane, Trumbull Co.

Democrat

**State Senator**

Frank Agnew, R. D. No. 2, Poland, Ohio	Republican
J. Eugene Roberts, 601 Belmont Ave.	Republican
Maurice W. Lipscher, 444 Francisca Ave.	Democrat
J. Ralph Seidner, Brookwood Road	Democrat

**State Representative**

Earl D. Haefner, 1614 Himrod Ave.	Republican
Wm. H. Griffiths, 130 W. Philadelphia	Republican
Della M. Slagle, R. D. No. 2, Canfield, Ohio	Republican
Leo F. Heller, 403 Norwood Ave.	Democrat
John T. Hewitt, 32 Meadowbrook Ave.	Democrat
Clingan Jackson, 277 Walnut St., Lowellville, Ohio	Democrat

*You have a responsibility to support candidates whose attitude is correct on public health matters. You are therefore urged to vote and to use any proper influence to secure votes of other citizens for the approved candidates. Retain this list for reference.*

THE PUBLIC HEALTH COMMITTEE  
of the

Allied Professions of Mahoning County.

O. J. Walker, M.D., Chairman

C. H. Clark, D.D.S., Secretary

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*"The disease of credulity is incurable."—Victor Robinson, M.D.*

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**MEDICO-LEGAL**

By D. H. S.

**"Exclusion From School"**

47 Ohio App. Decided April 2, 1934.

J. B. G., a child of eight years of age, was excluded from or refused admission to the public schools of Cleveland Heights. This action was taken because of the alleged low mentality of the child. The father brought a mandamus action against the Board of Education to compel admission of the child to the schools. The matter of the exclusion of children who may be incapable of profiting substantially by further instruction is treated in Section 7762-7 of the General Code. A child determined to be incapable of profiting substantially by further instruction, as herein provided, shall not thereafter be admitted to the public schools of the state while such determination remains in force.

There is no doubt that school authorities possess the power to conduct the schools, and to make rules and regulations for their proper government and management. There is no

doubt that school boards in the exercise of their powers in these matters have a wide discretion, and that the courts will not interfere with that exercise of sound discretion in the absence of an abuse thereof.

Section 7762-7, General Code leads us to the conclusion that the Department of Education may prescribe the standards, and examinations by tests, and approve the agencies or individuals by which they shall be applied and conducted, but that under that section a determination of the question must be finally made by the Department of Education, which counsel for the Board of Education concedes means the State Department of Education. In this case the Department of Education made no final determination. Without such final approval or determination by the Department of Education we think that this child was not excluded in accordance with the provisions of the statute.

# THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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## MEDICAL PUBLICITY

Elsewhere in this issue we print a very interesting communication from Mr. George Madtes. This is in reply to the anonymous letter which appeared in the August Bulletin, dealing with the manner in which (the author alleges) the newspapers present news of post-operative deaths.

As is to be expected, Mr. Madtes exhibits his side of the subject both convincingly and spiritedly. Here again we are reminded, as we need often to be, that the Medical Profession is not a sacrosanct group, but, on the contrary, that we are simply instruments of the social order. Our ethical concepts, in many instances, are so correct that infringement upon them is always to the detriment of the public good. But, at the same time, the relationship is not entirely a one-sided affair.

Mr. Madtes rightly points out that the public is interested in the cause of death, has the right to be, and is not morbid in having that interest.

Pride in our Profession, jealousy of her traditions, concern for her future, are all laudable,—necessary. But our pride should be in honoring the Profession through individual excellence; our jealousy of her traditions should be a stimulant to greater zeal, not the implement of cheap bigotry; and our concern for her future should

lead us to exalt and extend our anterior vision, and not condemn us to be posterior "wry-necks" of antiquity!

The Medical Profession should court lay publicity. The public is the other side of our special social-contract. The public should know those things which, in knowing, their best interests will ultimately be served. The Medical Profession is a unit upon that proposition.

What we, as medical men, object to is not simply publicity. It is incorrect, and, by implication, harmful publicity. When the news-people publish medical stories they should be sure that they understand the phase of the subject of which they write,—and further they should see that, in the emphasis, the pitch of the story, the truth only, but, also, what is not harmful, should distinctly appear. These points should never be sacrificed to readability, startlingness, nor to anything else. Doctors ask that and nothing more.

Fortunately, for us of the Mahoning County Medical Society, the Telegram and Vindicator are headed and "staffed" by men and women of social conscience and, equally important, of social intelligence. Their cooperation with us is no less than superb. We should be, and we are, grateful.

## SECRETARY'S REPORT

The Medical Society has swung into its active work for the fall, and winter with the course of lectures given by Professor Wiggers of Western Reserve University. These lectures on the newer developments in Physiology have been well attended, there being registered some one hundred and eighteen of our members and guests. Again let us welcome these many friends to each and all of our treats that we have in store for them the coming season.

We thank the Professor for his patience with us in bringing this new material in a field that has been changed so much, and which many of us have either forgotten or never knew.

Dr. Wiggers is an earnest worker, and an eloquent speaker. He is enthusiastic about his subject and he puts it over. The attention he is given at each lecture, and the large attendance, prove his merit. He has done a good job, and we want him back again.

The whole course of lectures was magnificently presented, but those on the heart taught us more than we could read in many moons.

The Council met September 14, 1934, and the following matters were discussed, and endorsed or adopted. The Legislative Committee, in conjunction with the Dental Society, Nurse's Association, Druggist's Association, and the Hospitals of the County, have formed what is known as the Public Health Committee of the Allied Professions. This Committee is composed of two members of each Profession, is entirely political in nature, and has contacted all legislative and executive candidates. This work was approved by Council. The Committee on Public Relations introduced a resolution in regard to the Baby Welfare Stations which has been discussed in previous issues. On recommendation of Council, the following letter was sent to that body: The Visiting Nurses' Association, Division of Infant Welfare, Youngstown, Ohio.

Attention: Mrs. August Bentley  
(President)

Dear Madam:

As secretary of the Council of the Mahoning County Medical Society, I have been instructed by that body to communicate with you in re:—The Resolutions adopted, and approved

June 18, 1934, pertaining to the conduct of The Baby Welfare Stations by the physicians in attendance. These Resolutions have been in your possession for almost three months.

At a meeting of the Council of the Mahoning County Medical Society on September 14, 1934, this body, after due deliberation, decided that unless your organization accepts in writing within fifteen (15) days, the provisions of the aforesaid Resolutions, the physicians in charge of these Stations will be requested to terminate their services.

Yours truly,

(signed) Wm. M. Skipp, M.D., Sec'y

The Medical Economics Committee introduced the following resolution which was adopted: That in the matter of pending legislation providing for payment to hospitals for indigent County cases it is the opinion of this Council that the doctors should be paid also, and that the Medical Economics Committee is impowered to cooperate with the hospitals.

The Secretary was also instructed that a copy of this resolution with a copy of the pending legislation be mailed to each County Medical Secretary in the State. Our Delegates were instructed to present this Resolution on the floor of the House of Delegates at the 88th Annual Meeting of the Ohio State Medical Association.

The Council endorsed the payment of expenses of our Delegates to the 88th Annual Meeting of the Ohio State Medical Association at Columbus, October 4th, 5th, and 6th, 1934.

The Council endorsed a Resolution whereby our State dues may be reduced from three to five dollars instructing our Delegates to foster such a movement at Columbus.

### Applications for Membership

The following Doctors have made application for membership in the Mahoning County Medical Society: Dr. L. C. Youngblood of Youngstown. Dr. Edward H. Hake of Youngstown.

These names have been read before the Society at a regular meeting approved by the Censors, and have been provisionally elected by the Council. These names are published in accordance with Chapter II, Section I, of the by-laws of the Society. Objections must be made in writing within 15 days, to the Secretary.

## MEDICAL FACTS

By J. G. B.

### Pulmonary Tuberculosis

In an apparently arrested case of pulmonary tuberculosis a pulse rate of over 85 in a male and 90 in a female should suggest activity, unless the temperature is normal and the x-ray shows no progress of the disease.

Fishberg of New York believes that "so long as hemoptysis does not prove fatal immediately, it has very little effect on the disease, and that activity should be judged by the constitutional symptoms at the time of its occurrence."

Frank H. Hunt of Harvard University is convinced that "as a measure of activity, physical signs alone are at all times inadequate, and very often are absolutely misleading."

The x-ray usually reveals the presence of pulmonary tuberculosis and the progress of the disease earlier than physical signs or symptoms.

In a study of 503 patients with indefinite or no abnormal signs, but with a parenchymal x-ray lesion with ill-defined borders, it was found that sooner or later 84 per cent. of these cases presented clear-cut clinical evidence of the disease.

The presence of rales after the x-ray reveals an arrested lesion, is common.

The tuberculin test is an indication of tuberculous infection, with no relation to its anatomical extent in the lung or elsewhere, and only a questionable relation to the degree of activity of the process itself.

Since cytological changes are among the first pathological occurrences in disease, variations in the constituents of the peripheral blood should precede x-ray and clinical manifestations. Just as the pathological state exists long after clinical quiescence, so it appears long before clinical activity manifests itself.

The monocytes (transitionals) are the cells forming the primary tubercle, and taking a large part in the repair of tuberculous lesions following caseation. The neutrophils (polys) are the chief cells in the formation of tuberculous abscesses. The lymphocytes are predominant when the lesion is in the healing stages.

5,000 or more polymorphonuclears per cmm. of blood mean that the tuberculous lesions are undergoing abscess formation, or that the ulcerous tuberculous lesions are becoming extended. When the monocytes are above 700 there is evidence of new tubercle formation. If the lymphocytes are above 2,000 healing is in progress. The lower the percentage as well as the total number of lymphocytes the graver the outlook, regardless of the number of monocytes.

Increased sedimentation of the red blood cells is due to increased protein catabolism, as in any febrile condition, infection, disintegrating tumor, pregnancy, foreign protein reaction, advanced renal, or advanced liver disease, during x-ray therapy, anemia, hyperthyroidism, and possibly advanced arterio-sclerosis and the major psychoses. In regard to tuberculosis Cass of Boston states that "it is safe to say that a normal sedimentation rate is practically never found in a clinically active case".

Five hundred cases of pulmonary tuberculosis have been followed over a period of two to six years, and it was found that irrespective of their clinical state at the time of discharge, the majority of those who had a rapid sedimentation rate at the time of the discharge ultimately did poorly.

"A shift to the left"—an increase of immature polymorphonuclears which are the "stab" or "band" cells of Schilling, at the expense of the mature forms—usually precedes trouble. (The mature forms are polys which have a nucleus of two or more lobes separated by a thread. The immature forms have a more united nucleus and the thread-like junction is wider—"stab" or "band" cells. When a nucleolus can be made out it is a "juvenile".) The "shift" is most constant in the minimal cases of tuberculosis and is more consistent with the x-ray picture than the clinical picture. The increase of the immature cells is usually of the "stab" or "band" variety, but there may be an increase of the "juveniles" in a severe infection.

Elastic fibres when found in the sputum always indicate activity.

## AMONGST OUR COLLEAGUES

No story of glorification is written about the doctor's wife. She is not the inspiration of painter and sculptor. When great hospitals and parks are dedicated she is not commemorated. When Pasteur and Semmelweis and Lister and Jenner are spoken of she is not implied. This is not studied neglect. She is the mirror goddess of the doctor's life, reflecting and directing the doctor's humble efforts in the magic manner that makes of every doctor a great man. When the doctor is spoken of by the doctor's wife as "The Doctor" he is little more than a mortal and a little less than the gods. Without professional standing she stands above the profession tugging, lifting, straining, urging higher, ever higher. And all this as an aside to the only miracle of all the miracles, the Miracle of Motherhood.

*(Detroit Medical News)*

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Civilization progresses at about the rate at which mankind abandons superstition in favor of thinking.

It should follow that the greatest benefactors of mankind are those who teach others to abandon the blind fears of superstition and to seek natural causes of natural phenomena.

When men realize that they are dealing with natural and not supernatural causes, they bestir themselves to improve their environment.

As superstition is pushed back, human thinking and achievement get their chance. So long as the ocean was thought to be a fringe of black horrors around the land, men clung to the shore and let superstition have its way.

When Columbus exploded the superstition and discovered that the ocean was just more water extending to more land, the men of the Old-World became explorers, built ships and settled a new hemisphere.

*(Little Journal for Physicians)*

\* \* \*

### Dr. Ostrich

Judging from the manner in which a few physicians treat the problems facing the practice of the healing art, they are emulative of the allegedly silly antics of the ostrich. If one sticks his head in the sand, four of five senses are dulled. He cannot see, hear, smell or taste. But he still can feel; a well measured kick applied to his protruding posterior will be none the less respected despite the

sand pack.

Dr. Ostrich can close his eyes to corporate practice by industry, irregulars, and hospitals; he can stop his ears to sociologic schemes designed to regiment the doctor; he can tilt his nose at abuses of the free and part pay dispensaries; and he can find the dumping on physicians of thousands of probate court cases (without compensation, contrary to the law) not at all distasteful; though he can feel the pinch of poverty and know he is being kicked around by groups and circumstances because he has been complacent too long. The complacency of senseless acquiescence has become part of him.

Problems long insinuating are now squarely before the doctor. The day of ostrich tactics, of *laissez-faire*, of *let-George-do-it*, is over. Every ethical individual in the medical profession must meet the problems, analyze and solve them. He must be armed to prevent ignominious defeat, shame, and degradation. This is War. Organization of all forces in defense of high ideals and principles, and of our existence, is vital now.

Pull the head of Dr. Ostrich out of the sand. Usually he is not part of organized medicine. Through disinterest, he has dulled his senses—except that very vulnerable one of feeling. Some day that may react to his discomfort. It is up to every member to build up the Wayne County Medical Society (or the Mahoning County Medical Society!) ranks to full fighting strength. The Society has a program for the ensuing year which every individual physician must sustain. He will be called upon. He must know the enemy, its purposes and strongholds. He dare not be Dr. Ostrich. *(Detroit Medical News)*

### DR. BROOKS

The game between program chairmen and Dr. Harlow Brooks stands two to zero in favor of the famous doctor. Sooner or later we shall be compelled to conclude, perhaps, that this is one of the few of the great who find it permanently inconvenient to appear before us. All of which is by way of saying that Doctor Brooks can not come to us this year,—which was the situation also last year. Dr. Brooks is assured that we deeply regret not to have the honor of his presence with us.

## DOCTOR JOHN DUFF

The Program Committee is happy to present to the Society, on October 23rd, Dr. John Duff. Dr. Duff is one of the leading Urologists in the City of New York. He has achieved wide distinction as a teacher and lecturer. This address will be illustrated by moving films in color. The subject is one of very great importance, and those who have heard the speaker are enthusiastic in commending his clear, practical, and interesting presentation of it.

## REVERBERATIONS

Editor of *The Bulletin*:—

Dear Sir:—

An anonymous letter-writer in the August Bulletin thinks that the cause of death is not an important part of a newspaper obituary, and that it is of interest only to morbid people.

That statement must have been a slip of the mental machinery, for if the writer had stopped to think of the clinical-pathological conferences he has attended, he would have realized that the cause of death is very important—to the physician if not to the patient.

Seriously, though, the cause of death certainly is an important part of an obituary, and certainly interest in it is not limited to the morbid. If somebody tells you that John Brown is dead, you exclaim: "Is that so? What was the matter with him?" Far from being morbid, it is the natural and normal question.

In many instances, however, efforts are made to suppress the cause of death. The result in Youngstown finally was the absurdity of having everybody die of "complications." Some time ago *The Vindicator* began trying to stop this absurdity, and to get the true cause of death whenever possible. The doctors haven't been of much help—though considering their ethical inhibitions, this is hardly to be condemned. (Perhaps that explains why even the coroner is not always to be relied on!) At any rate, for the last year or so we haven't been killing people with "complications."

But the letter-writer's main point, his objection to death notices which say the subject died "following an operation," is well taken. As he says, the practice may tend to keep alive the fear of operations and hospitals

which handicaps treatment of many cases.

The difficulty is that "following an operation" is the cause of death we get from the undertaker, in the advertisement which he sends to the classified ad department. An effort continued over months to get the undertakers to give an exact cause has made little progress. Often the family instructs them not to give the cause. In many cases reporters called the family, but this method takes more time than we can spend on routine death notices, of which we may have a dozen in a day.

But even with allowances for the difficulties involved, the objection to "following an operation" is a valid one. Accordingly *The Vindicator's* news staff has been instructed to avoid this objectionable phrasing hereafter—to get the basic ailment if possible, and if that is not possible, to give no cause at all.

After all, Youngstown newspaper practice could have been worse. There is the case of the Erie surgeon, called to see a very prominent citizen. He advised very strongly that only immediate operation would save the man's life. The operation was refused. Several days later, when the patient was moribund, the family asked the surgeon to operate. He declined, saying surgery was useless by that time. But he finally yielded to successive pleas, and operated. Of course, the patient died. Next day's paper had a large headline on page one: "Operation Kills So-and-so." And the surgeon's name was printed, too!

Then, too, your letter-writer may recall that we DO print, very often, the news that somebody is recovering "following an operation."

**GEORGE R. MADTES**

Managing Editor, *The Vindicator*.



**THIS MONTH**

**The Mahoning County Medical Society**

Presents

**DR. JOHN DUFF**

Member of the Surgical Staff, New York Hospital

SUBJECT

“Renal and Ureteral Calculus”

**Tuesday, October 23rd,—8:30 P. M.**

**YOUNGSTOWN CLUB**

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**NOVEMBER**

**DR. FRANK H. LAHEY**

Lahey Clinic, Boston

SUBJECT

“Cancer of the Rectum and Colon”

**Tuesday, November 20th,—8:30 P. M.**

**YOUNGSTOWN CLUB**

## International Assembly

OF

The Interstate Postgraduate Medical Association

Public Auditorium, Philadelphia

WEEK OF NOVEMBER 5th, 1934

*For Program and Particulars, Write the Managing Director:*

**DR. WILLIAM B. PECK, Freeport, Illinois**

### SIGNIFICANT EVENTS ASSOCIATED

*(Continued from August.)*

Then,—in 1912, Von Lane revealed the internal structure of crystals; Cushing proved the relation of diabetes insipidus to the hypophysis; and emetin was first used as a specific for amebic dysentery.

Joining the fraternity of aesculapians were,—

In 1913, Drs. Karl Allison, E. C. Rinehart, Ralph Morrall, and L. L. Hall; in 1914, Drs. Jno. Buchanan, Ray Fenton, D. H. Smeltzer, and A. W. Thomas; in 1915, Drs. Sam Sedwitz and Claude Yauman; in 1916, Drs. Wm. Allsop, Colin Reed, E. R. Thomas, Dean Nesbitt, and E. H. Nagel.

Contemporary with these, industry made great progress in chemical and mechanical improvements in response to military demands. But in medicine,—

In 1913, Funk gave us the name "vitamines", and established their relationship to deficiency diseases.

In 1914, came another "gestational" period, resulting,—

In 1915, for one thing, in the exploitation of Dakin's solution.

In 1916, came more maturation processes, so that we pass to the next year,—

In 1917, we find some new recruits to be: Drs. J. S. Lewis, D. M. Rothrock, E. C. Goldcamp, A. Rosapepe, G. A. Parillo, W. C. Redd, and Clarence Stefanski; and

In 1918, came Drs. James Fisher, O. W. Haulman, J. Arnot Walker, and Leon Phipps.

During all these years, industry was busy making munitions and other war supplies, and in developing the idea of "bigness"! Medicine, however—

In 1917, through the work of d'Herelle, gave out the new information that in some dysenteries the agent is a filtrable virus. But in 1918 there was more "incubation", except for the remarkable advances, during those war times, of surgical technique.

In 1919, came another vigorous group of men, licensed to practice medicine,—Drs. Paul Fuzy, Chas. Scofield, H. E. McClenahan, Dick Gross, Henri Schmid, Wm. Welsh, and O. J. Walker,—to be followed,—

In 1920, by Drs. Harry Fusselman, Vern Neel, and Joe Rosenfeld, and

In 1921, by Drs. E. J. Reilly, Ed. Baker, Louis Deitchman, B. J. Dreiling, J. P. Harvey, and Lawrence Segal.

In these years, industry zig-zagged, financially, developed some synthetic dyes, and generally protected the stockholders. So did medicine,—but,— In 1921—Came Insulin!

Thus it is seen that progress in civilization, in medicine and in industry, had shown no loss of vigor up to the beginning of the last decade. Can it be that hope and confidence are all that are needed now to make steady our faltering feet?

"Huge books, like unwieldy animals, have a tendency to become extinct."  
—Victor Robinson, M.D.

## DIAGNOSTIC VOCATIONAL TESTING

By JOHN W. BARE, A.B., A.M.

Professor of Psychology, Youngstown College

Ever since the Army Alpha made its bow, during the World War, and indeed prior to that, psychologists have been working with the possibilities of pre-determinism by means of tests as to vocational aptitude and vocational success. Efforts have met varying but important success. Although it is admitted that the way to efficiency lies in saving of time, money, and energy by correct diagnosis and vocational direction, it is well known that abilities and aptitudes are too complex and fortuitous integrations of heredity, experience, and environmental incidence to make possible diagnoses in any exact fashion; much less, prognoses.

Yet there are not lacking those who vigorously champion such procedures. The writer agrees that much is to be gained by the use of tests, but realizes that the entire problem is yet in its experimental and promising stage. Two professors in a school of mines and engineering in Missouri have satisfied themselves that they have found measures on which to base engineering predictions. The Young Men's Christian Association Press brought out in 1928 their revised form of a Test in Religious Thinking. The test is illuminating and suggestive. By way of one example out of many, William Fritz Kenble claims one should proceed in choosing an employee by a battery of both physical and mental tests, which should supplant the present method of selection through ignorance, favoritism, or guess-work, and thereby insure efficiency and success in commerce and industry.

It recommends vocational analysis and ability estimate. It checks by a terminology list the extent of the applicant's familiarity with terms in his own specialty, and his degree of skill, experience, or knowledge content. It measures also his tendency to rely upon authority. Foreigners, for example, prefer working under authority, and Americans like to take the initiative and work "on their own." This determines cooperativeness, insight, dependability, adjustability to new and untried situations, assumption of responsibility and accountability, susceptibility to leadership, or to popular opinion, and the degree of

"rugged individualism", or of educability. It checks physical defects, organic set-up, nutrition, glandular health, all as affecting his happy adjustment to life-situations. It looks into the keenness of his senses, hand and eye coordinations, perceptive and apperceptive accuracy, arm and leg power, motility and mechanical accuracy, fatigability, etc. Blanks are filled out for histories—family, health, social, economic, educational, job or employment, financial, and the like. It learns of his property ownership, inventiveness, religious beliefs, linguistic ability, ethical standards, games and sports, favorite studies or hobbies, reading or musical instruments, and any arts he practises. It rates his mechanical abilities, aptitudes, his political preferences or prejudices. It measures his ability for detailed analysis or clerical work.

Professor Hoopingarner of New York University claims that an applicant should be tested not only for honesty but for the degrees of honesty under varying conditions. He believes in measuring five factors—physique, mental alertness, skill, aptitudes, and temperament. These five he subdivides into: concentration, leadership, impressiveness, initiative, thoroughness, observation-ability, constructive imagination, decision-ability, adaptability, organizing ability, expression-ability, and knowledge. By **impressiveness** he means that combination of qualities, physical and mental, that influence favorably those with whom one deals. Besides physique, personal appearance, manner, poise, energy, it implies social consciousness to a high degree. In **initiative** are included originality, determination or drive, persistence, optimism or enthusiasm, and faith in himself, his fellow men, and his project. He assumes responsibility and produces action or results. He doesn't wait to be told. In **thoroughness** is implied care as to detail, accuracy as to fact or performance, honesty as to purpose, and dependability as to result. He is generally sure of his ground and knows it. This habit brings expectancy of the same degree of exactness in other persons or projects, and he notes the errors or the possibilities of error in

(Turn the Page)

slipshod effort or method. As to **observation** he is a trained observer, knowing what to look for and how, and able to recognize truth or the thing sought, whether found by chance or close procedure. It involves memory, insight into future possibilities or plans, and alertness, not only as to detail but also as to processes, principles, and their applications. **Concentration**, an overemphasized factor in the opinion of some, means precise, penetrating perception of the facts and the pertinencies of any situation so as to get at the truth of the experience, its content, usefulness, or other implications. By **constructive imagination** is meant that much of reproductive or imaginative recall that provides insight into new possibilities, or of building a new fact upon an old one, or of recombining as an artist—the old facts into a new picture, or of constructing from the old experience the new solution of a problem, or the application of the old relationships in a new way, having both the new ideas and the new ways to put those ideas to work. By **decision** is meant the ability to arrive at a final conclusion, and to go on to the next proposition, leaving irrelevant or less important matters alone. **Adaptability** means the ability to adjust one's self to any situation, and by many psychologists is considered a measure of one's intelligence. **Leadership** generally means the capacity to get a following—to get others to agree to your way of thinking or acting, of feeling that you are capable and dependable, and of wanting to work with or under you. It deals with personnel rather than with tools, and, of course, involves the art of leadership—control, justice, tact, self-assurance, and so on. It is dynamic rather than otherwise. **Organizing ability** implies analysis of need and procedure, as well as synthesis of the project or the ways to meet that need in the process. It keeps well in mind relations, both of fact and of principle, of men and of methods. By **expressive ability** is intended the art of conveying thought coherently and cogently to others, so that the proper emphasis is given and brings the intended reaction from the listener. He convinces as well as conveys ideas. **Knowledge** should mean information in the specific field, or for the particular job. It even blends into wisdom and wise

ability to use facts from his storehouse of information and experience.

Now, as to types, by the **mechanical** type is meant the manufacturer, engineer, the motor or machine minded, all who are more concrete than abstract in their thinking. The **persuasive** type is the social mixer, the promoter, the sales-manager or salesman, the politician, and so on. The **analytical** is the research worker hunting for facts or principles, of procedure or of being, respectively, and the clerk, the scientist, and their like. The **conservative** type does not seem to fit into this catalog, for all these types may be either conservative or radical in their methods or objectives. The executive is more than a mere technician, or persuader, or analyser. He sees results, policies, and goals, and ways to organize or reach those goals. He can coordinate or integrate activities toward definite ends or achievements. You may have such managers in the mechanical field whose prime aim is production or mechanical perfection. The persuasive manager is the master promoter of selling or advertising.

**Physique**, one of the original five factors, includes health, energy, endurance. By **mental alertness** we mean quickness in thinking and speed in sensing possibilities or significances. By **skill** is meant knowledge as well as ability of high degree of accuracy, speed, economy, ease, and certainty of performance. By **aptitudes** we should mean the natural bents of abilities to certain kinds of end results, necessary to make for success in production, and in lines with personal tastes and skills. **Temperament** includes the variety of emotional reactions to situations as well as the integrated tendency of emotional expression that we can expect under similar situations.

If the goal of human efficiency be the production of the greatest amount of the highest quality in the shortest time with the least expense of energy or cost of money, and with the greatest amount of accuracy and certainty, then it seems that to the 35 per cent. of technical knowledge and skill—for which there are specific and reliable tests—should be added the 85 per cent. part of him, called for the want of a better term, the **personality** of the worker. For this the details and procedure of measurement discussed above stand ready for appli-

cation. To these two should be added a third—that of the history of the applicant.

A sample general and employment history should furnish information as to the length of stay at his present address, the number of moves he has made both of residence and place of employment, the kind of position or the amount of wages he seeks, his age, his place of birth, his nationality, his father's business, being city or country bred, his schooling, his marriage relationships, his home ownership, his average monthly income, his life insurance, his club dues, rent, cost of light, gas, and fuel, food and clothing, luxuries, judgments or debts, and the like. He should indicate what and how much of his church or religious life he enjoys, his union and other affiliations, his opinions on many matters, such as—political preferences, prohibition, communism, labor unions, tariff, peace, war, immigration, N. R. A., divorce, laws in general, eugenics, Christianity, charms, superstitions, plays, women's place in the home, etc.

As to technical measurement we have an abundance of tests, such as for mechanical ability, commercial ability, intelligence and mechanical aptitudes, trade tests, Army intelligence tests, employment tests, performance ability tests, vocational guidance tests, musical ability, personality and business tests, engineering aptitude tests, the Federal Board for Vocational Education Bulletins on job analyses, personnel classification, and on selection and placement of employees, the War Department's Trade specifications and Index of professions and trades in America, the U. S. Department of Labor's Description of Occupations, scientific aptitude tests, emotional maturity scales, social status tests, measurements of honesty, selected occupation tests, tests for sense acuity and accuracy, for routing ability, for street car and automotive driving, sorting and filing, manual dexterity, construction ability, stenographic and typing skill, designing, tool-making, teaching, and the like.

It ought not to be difficult to arrange a battery measuring both technical ability and personality traits, which, with the histories of all relations, can give a united and integrated picture of what to expect of the candidate for the particular job.

## HEALTH NEWS

By J. B. B.

While there have been 1460 deaths in Ohio in the past 15 years caused by Epidemic Encephalitis, the recent flare-up in Sandusky County which involved 58 cases with 8 deaths in 33 days is the first recorded epidemic in Ohio.

Most of those afflicted were of advanced years, and 21 were 65 or more. Only of the fatal cases, a child of four years was less than 68.

In the program of the Civil Works Administration four projects were recommended by the Public Health Service; namely an intensive malaria control drainage program in the 14 States where malaria has prevailed most extensively; the construction of sanitary privies in the small towns, villages and the unsewered outskirts of larger cities; surveys to determine the extent of epidemic typhus fever in rodents in important seaports; and the sealing of abandoned coal mines to reduce acid wastes being discharged into streams used for water supplies.

It was impossible to complete any of these plans, and less than one-half of the allotted amount of 12 million dollars was expended before the Civil Works Program came to an end. As to the value of this work the Public Health Service is unable to measure the result in terms of actual prevention of disease, although there will be both immediate and remote benefits which will thoroughly justify these projects.

**Poliomyelitis:** 3,590 cases of Poliomyelitis were reported for June, July, August, 1934, of which two-thirds were in California. The number of cases reported in this period is three times the number reported for the similar period in 1933.

**Typhoid Fever:** While it would be uncertain as to how much the drought has affected the Typhoid rate of the United States as a whole, it is quite possible that it has increased it rather sharply in some areas. In the West North Central area, the most affected by the drought, 408 cases were reported for the current period as against 165 last year.

Medicine needs a supposition at every step, and cannot advance without the support of theory, but when the theory controls medicine it is like a crutch walking alone."—Victor Robinson, M.D.

## BRONCHO-PNEUMONIA AND ALLIED CONDITIONS

### A THERAPEUTIC SUGGESTION

By HERMAN A. KLING, M.D.

How many times do we as general practitioners find ourselves confronted with the responsibility of a case of broncho-pneumonia in an infant or small child, which has had its beginning in what was thought to be a common cold, and which has gathered such impetus as to become really alarming? How often do we find ourselves practically helpless to stop the progress of this brutal ravenger! A child who has been so carefully nurtured and who has become such an idolized member of the family must now be sacrificed because of so simple a thing as the passage of a common cold to it from some adult better able to control the infection. Have we any specific drug or must we stand by helplessly and watch the child's exodus?

I would like to suggest a remedy which, in my short experience, has been invaluable to me. I do not offer to discuss the rationale of this treatment. Why should it be necessary? In therapeutics the end justifies the means. Vaccine therapy in itself has definite and proved value in its many ramifications. However, the washings from live cultures, with the bacterial bodies subsequently removed, appealed to me because of the absence of considerable foreign protein and the resultant decrease in reaction from its injection. And so I, became interested in Parke Davis' Immunogens.

Catarrhalis Immunogen Combined is the vaccine-like agent which I have used with such fine results that I have decided to call it to your attention. The dose as suggested by the directions enclosed is much too small. The infant dose must be larger than the adult: 0.8cc for infants and 0.6cc for adults as an initial dose. It should be injected subcutaneously in the deltoid region or in any convenient place. The local reaction begins between six and ten hours after injection. The general reaction is nil, or very mild. One must not expect immediate results, but one can invariably rely upon telling the family that the patient will markedly improve in the second 24 hours after the injection if a good sized red area is obtained. The only discomfort in most cases is a sore spot at the site of injection, tender to touch and a slight aching feeling. An

infant may be drowsy the first 24 hours, but so definitely improved the second day that no further treatment is necessary.

I repeat:—the dosage must be large enough to give a definite red area at the site of injection to get results in most cases. If the first dose has not been sufficient, a larger dose, increasing over the original dose 0.2cc. should be given in 36 to 48 hours after the first. It will almost never fail to give results with sufficient dosage in one or two injections. Subsequent treatment in the same individual for another attack of any disease coming under its possibilities must be larger since a certain amount of resistance is built up. These doses are 0.9cc. to 1.0cc., or larger if shown necessary in the particular case.

This treatment is not confined to common colds and bronchopneumonia, but it is equally valuable in streptococcus sore throat and scarlet fever. I have never had a case of scarlet fever develop complications, such as otitis media, mastoiditis, endocarditis, arthritis, etc., if I had used immunogen. When the first dose was large enough, in 48 hours the patient felt well and the temperature continued practically normal. Of course, the patient must be kept in bed a week. The throat gradually subsides but he feels better much sooner.

A case of erysipelas, which developed from an abscess behind the ear, cleared up in 48 hours from one injection of this immunogen. Carbuncles and furuncles improve much quicker when an injection is given. Indications for its use can be extended to cases infected with "Staph", "Strep", "Catarrhalis" and to some extent with "Pneumococcus".

This is a treatment for active therapy in acute cases of respiratory infection, from rhinitis to broncho-pneumonia, and not merely prophylactic. I had a case of bilateral broncho-pneumonia, delirious for 3 days, with temperature 104, in which a sudden drop in temperature to almost normal was experienced in the first 24 hours after first injection of 0.6cc. Catarrhalis Immunogen Combined. If space permitted I could cite case after case. Suffice it to say that I have had few failures and no deaths in infant pneumonia wherever I have used it.

## A ROMANCE OF MEDICINE

By MRS. J. G. BRODY

(A Brief Chapter)

The subject of rabies has obtruded itself on the notice of mankind from earliest times, but it is only in the last half century that this scourge of mankind has been robbed of its terrors. As far back as Homer we find a warrior putting the label of "mad dog" on Hector. In the writings of Hippocrates, students have stumbled on what looks like allusions to rabies. Aristotle, the human encyclopaedia of classical Greece, makes a clean-cut statement by declaring that canine rabies is transmitted from dog to dog through bites, but that man is not susceptible to it.

More than three hundred years after Aristotle's career as leader of Greek thought, Celsus describes for the first time the course of hydrophobia in human beings. Not only does he list all the harrowing details but he also prescribes the prophylactic measures: cauterizing with a red-hot iron, with caustics or corrosives. Later, Pliny the Elder did some extensive guessing on the subject, and then with the voice of authority recommended the livers of mad dogs. Still later, Galen when he came on the scene, branded the liver notion as pure drivel,—surely nothing could approach a compound of cray-fish eyes as a preventive of the dreaded hydrophobia.

Farther along through the centuries during the reign of Louis XIV in France, sea-bathing, which had just come into vogue, was advised, and lying on the sands at Dieppe was considered a cure of the first rank. For those of great faith, a pilgrimage to the shrine of St. Hubert in Belgium held promise of divine intervention.

The French government, duly impressed with the absurdity of all these remedies, in 1780 offered a prize to the one who would work out the most effective cure. Luckily there was no nonsense about the judges in this competition, for they rejected all the fantastic proposals submitted, and awarded the prize to Le Roux, a surgeon-general, who, in his little pamphlet, declared the ancient method of Celsus, cauterization, to be the only effective means of combating this terrifying disease. People clamored for something pleasanter, but a century was still to elapse before this

procedure, so suggestive of the torture-chamber, could be cast aside. Some original mind invented a little variation on the glowing iron method, but it could hardly be classed as an improvement. Into the wounds gunpowder was sprinkled and a match applied. It is certain that even this display of fire-works hadn't the power to divert the patient's thought into happy channels.

At that time it was believed that the bitten one could merely by means of his saliva or his breath infect those around him, and hence in many places he came to be regarded as Public Enemy No. 1, and treated accordingly. Those with a genuine case of hydrophobia, at times those merely suspected of suffering from it, were shot, strangled, suffocated or poisoned. How the community would deal with him became a serious question for one lacerated by a rabid animal. The possibility of being smothered to death between two mattresses, as one luckless victim had been, played ugly tricks on the nerves.

When Louis Pasteur finally tracked hydrophobia to its source, and discovered an infallible, painless way of preventing it, he was a man of advanced years who had spent most of his long life investigating the world of the "infinitesimally small". Because of his contributions to medicine he was frequently mistaken for a physician, and because he dared to enter hospital wards and handle patients in the course of his researches, he exposed himself to the resentment and the malicious comments of those who held medical diplomas. For every problem over which he labored there was a background of on-lookers who sneered at him openly, and wished him (secretly, of course) complete failure. In the matter of the hydrophobia researches this hostile world was unusually virulent and waited with goul-ish glee for Pasteur's defeat.

The acid test of his method that had proved successful in the case of dogs came when nine year old Joseph Meister was brought by his mother from Alsace-Lorraine to Pasteur's laboratory. Viciously attacked by a mad dog two and a half days before, as he was dutifully trudging to

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school, he presented a pitiful spectacle when the great scientist took charge of him. To Joseph belongs the distinction of being the first to demonstrate the simplicity and accuracy of the Pasteur treatment. This little fellow was not one to forget a friend, and eleven months later Pasteur saw with delight the name of Joseph Meister in the list of those contributing to the proposed new Pasteur Institute.

Close on the heels of Patient No. 1, came Patient No. 2—a tall shepherd lad of fourteen savagely bitten while rescuing a crowd of six small boys from the fangs of an infuriated dog. His case was of special significance because six days had elapsed since his clash with the animal and yet his recovery was complete. In addition to having his life saved, Jubile received recognition from the Academie des Sciences for his rare bravery in tying up the foaming, snapping jaws of the beast and then battering his head with one of his wooden sabots.

From America four youngsters, in the care of the mother of the youngest and a physician, came for treatment. Children of poor workmen they were sent on funds raised by popular subscription in the columns of the New York Herald. On their return across the Atlantic they were greeted as conquering heroes, and were plied with endless questions about the "good old man" who had cured them.

Russia, too, sent a delegation of

wounded muzhiks in charge of a doctor. Nineteen muzhiks from the province of Smolensk, savagely attacked by a rabid wolf. The three most desperately bitten died in their hospital beds; the other sixteen, knowing only one French word, Pasteur, silently gathered in the laboratory each day and stoically waited for their turn to be inoculated. Their recovery was a signal victory for Pasteur. On their return to Russia they were received with an enthusiasm bordering on religious fervor. Ruler over a country where wolves and dogs ran amuck with terrifying frequency, the Czar, Alexander III, the father of the late Nicholas II, was so moved by the rescue of his sixteen subjects that he presented this great Frenchman with a diamond cross of the Order of St. Ann, and then wisely followed it up by the vastly more practical gift of 100,000 francs, to be used on the new Institute.

In England, also, interest was aroused and a commission of distinguished scientists, including the famous Sir Joseph Lister, travelled to Paris to have the great French savant explain and demonstrate his discovery to them.

When Louis Pasteur died in 1895, at the age of 73, he had a long list of original works to his credit, anyone of which would have made him immortal. His conquest of hydrophobia is perhaps one of the most dazzling of his achievements.

## THE MEDICAL-DENTAL BUREAU, INC.

By SIDNEY McCURDY, M.D.

The Medical-Dental Bureau, Inc., is well and safely launched. It has enlisted for service for the assistance of the public and the medical and dental professions. The office is located on the thirteenth floor of the Central Tower Building and here is housed the personnel that is required to carry on its activities.

Our service, which is varied, may be divided into three main parts: (1) The Credit Rating feature, (2) The Collection Department, (3) The Telephone Exchange under the guidance of Dr. Walter King Stewart and his committee.

Our rating service is now far enough along to be of great use to the members. The cards in our file number more than 60,000 accounts and indicate the financial relation-

ship between our patients and ourselves. This service can never be complete until all the members turn in their business experience with their patients. It will be serviceable in direct proportion to its use.

The file must of necessity become obsolete unless the members request rating on all their new patients. The working of this requirement is so little understood, I fear, that I will explain it. For example: a new patient comes to you and in turn you request a rating. Perhaps no one has previously turned in this name so you get no rating, but your request puts this patient on a rating card and into this file for use. When the next member calls for a rating on this same person, you are telephoned for your

(Continued P. 30)



## PRO-RATION AND OTHER THINGS

By WALTER KING STEWART, M.D.

Last February and March marked the height of those blood-curdling activities of that microscopic, medical, money-maker, the streptococcus. The rampage of this tiny killer emptied the chairs in Staff Rooms; surgeons took their feet off their desks; nose and throat men bustled with old time ferocity; pharmacists compounded RX's instead of sundaes; nurses came out of seclusion and hospitals glowed at night with lights not seen for ages. At this time 70 cents for each indigent family was sufficient for their medical relief.

With July came the usual seasonal decline in illness. Yet to the surprise of the Medical Economics Committee the cost for treating each indigent family jumped from 70 cents to \$1.40.

Four factors might be listed as causes for this excess of \$1.00, the allotted fee: 1. The attitude of the physician; (2) the attitude of the patient; (3) the manner in which the slips are distributed; (4) the drug account.

Keeping in mind the first cause of the July Pro-ration, many physicians thought the Committee should slash the physicians' bills for July. With this end in view, the Medical Economics and the Public Relations Committees met on Sept. 14th. After study and discussion of the July bills, it was found with exception of a few isolated cases, the number of calls was in line with the diagnoses. A motion by Dr. McCurdy was as follows: "Mr. Chairman, I move that we accept the pro-ration of the July accounts with the State Relief". Seconded by Dr. R. G. Mossman. The measure had the unanimous approval of Doctors Stewart, Skipp, McCurdy, Reilly and R. G. Mossman of the Medical Economics Committee and Doctors Fuzy, Beight and Scarnecchia of the Public Relations Committee. It is hoped that in the future every physician will try to keep his calls within the reasonable number for a specified ailment. When there is difficulty along this line, please come to the Medical Office in the Cahn Bldg., any Friday at eleven and state your problem.

The attitude of the patient has much to do with July pro-ration. The

writer recalls one afternoon last winter when a patient came into his consulting room waiving an indigent slip!

"I've got some money here for you, Doc!" he said gleefully.

Many a patient like this one owes his doctor a lot of money and he is anxious to see his physician paid something at least. They exaggerate their need for the doctor.

The manner in which the indigent slips are distributed has much to do with pro-ration. Last April the regulations required that a five call slip be issued to each patient. Primarily, the object of this was to save time for the office, the patient, and the physician. Almost immediately it was observed this plan would be a failure. The patient's attitude was, "I have 5 calls coming to me and I want 5 calls." The physician could not control the situation. The Committee has in the main corrected this bad condition by placing more clerical help in the office thereby relieving the nurses. The nurses now investigate each case and issue a slip for one call or within a reasonable number as the case seems to warrant.

The drug account has since last December been a source of concern for the Committee. The cost of drugs each month runs from \$1500 to \$2000. This account must be paid first. It cannot be pro-rated. The Committee has repeatedly tried to bring to the attention of physicians that regulations require the dispensing of drugs costing less than 50 cents, and when a prescription is written it must be N. F. Pharmacists have failed also in the requirements of 25 cents above the actual cost of the drug. No one pays any attention to this advice. There is only one recourse for the Committee; i. e. to employ a full time pharmacist. This pharmacist will go on duty the first of the month and he will be instructed along the lines noted above.

There are no statistics on the per county cost of indigent medical care in the State of Ohio. The writer thinks, however, that the Mahoning County July cost per family is about 60 cents over the average for other counties. Why allocate funds at all?

(Continued P. 25)

## ACTIVITIES IN NURSING ORGANIZATIONS

Those nurses who have been able to attend the course of lectures given by Dr. Wiggers very much appreciate the kindness of the Medical Society in making it possible for them to enjoy this privilege. Mahoning County has reason to be proud of its very progressive Medical Society.

\* \* \*

In September St. Elizabeth's Hospital admitted a class of 29 to the training school and the Youngstown Hospital admitted 23. Fifty-two potential nurses added to the population.

\* \* \*

One of the largest meetings in the history of District No. 3 was held at St. Elizabeth's Hospital, September 12th. Two hundred and fifty members and friends were present.

Special attention was paid to the 78 new members added to the District during 1933-1934, and a small program was arranged for the charter members, 10 of whom were present. Mrs. Viets gave a fitting response from the charter members. The District was formed in 1918 with 51 members, 22 of whom are still active.

Miss Clara Brouse, Chief Examiner for the State of Ohio, was present and gave an interesting talk on the advancement of Nursing Education. Mrs. McDonnel, president of the Women's Federated Clubs, was also a guest of the District at this meeting.

A pleasing musical program was offered and the evening was concluded with the charming hospitality of St. Elizabeth's Alumni.

The October meeting of District No. 3 will be held in Ashtabula General Hospital, October 10th, at 3 P. M.

\* \* \*

Miss Clara Brouse, in her capacity of State Inspector of Hospitals and Training Schools, visited The Youngstown Hospital and St. Elizabeth's Hospital September 13th, and 14th.

\* \* \*

Older members of the Mahoning County Medical Society will be interested in the marriage of Miss Clara Hedburg, former Youngstown Nurse, to Rev. Munro Bruen, Paiku, Korea. Miss Hedburg has been in Korea for 11 years and for 8 of those years has been in charge of the Presbyterian Missionary Hospital at Paiku. Mrs. Bruen will continue her work in the hospital until some one can be found to take her place.

### Nursing Education

A committee appointed from the Association of American Medical Colleges has made a study of nursing education and some of their findings may be of interest to the medical profession.

"It will be seen that our general point of view is that nursing education, on account of its relation to medical practice, is an affair in which medical educators should have concern. This again does not mean that medicine should dominate the situation. Rather nursing should control its educational machinery with the advice and aid of other educators.

Part I. *The Status of Nursing Education.*

(1) Nursing is an overcrowded profession. We consider this situation inimical to the public welfare, because there must be in such excess a lower average of ability and training than in a smaller and more carefully selected group. Over-production in education always tends to lower quality. Perhaps the worst feature is that the most desirable candidates avoid an overcrowded profession.

(2) There are far too many nursing schools, students and graduates. Accepting as fact that there are something like 2000 schools, 90,000 students and 22,000 annual graduates, the seriousness of this situation requires no demonstration or comment. Our view is that not only nurse educators but also medical educators and the medical profession have interest in the responsibility for this condition of affairs. There are also implications of public welfare.

(3) While aware of differences of opinion among doctors we think it can be demonstrated that the weight of medical opinion is to the effect that the safe nurse in serious situations is the one of good intelligence and considerable scientific attainment. To these qualifications must be added adequate experience and technical training. Of course, the nurse must have outlook and personality. As a profession, nurses need at least the minimum education demanded of public school teachers."

"Primitive man was close to nature, but the fundamental fallacy of his medicine was its interference with nature."—Victor Robinson, M.D.

## PRO-RATION (From P. 23)

A fair question. Why not have the State Relief pay all medical bills which are approved by an advisory committee? No committee no matter how well trained would be able to take a stack of medical bills and honestly and justly determine the correct number of visits on any given case.

The Committee urges all those physicians who have indigent patients with venereal disease to get in touch with the medical office in order to learn the method of procedure for treatment.

It is gratifying to the Committee to have such splendid cooperation from physicians, patients and the County Relief organization.

## CLEANINGS

By S. T.

Dr. R. B. Poling attended the September meeting in Washington, D. C., of "The American Association for the Study of Neoplastic Diseases."

Dr. and Mrs. R. V. Clifford have a new member in their family. A baby girl born September 13th. Dr. Clifford of the 1931 Interne Staff of St. Elizabeth's Hospital, is now practicing in Girard, Ohio. Mrs. Clifford is remembered as Florence Navin, a graduate of St. Elizabeth's Training School for Nurses.

Dr. J. B. Kupec, a former St. Elizabeth's Interne, has opened his office for the practice of Medicine and Surgery at 508 Central Tower Bldg.

Drs. W. Z. Baker, E. W. Cliffe, and M. J. Kocialek presented papers on "Infant Mortality" at the September meeting of the Staff of St. Elizabeth's Hospital. (Continued P. 27)

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## SPEAKERS' BUREAU

Dr. Sidney McCurdy addressed The Kiwanis Club of Girard, on September 10, 1934. The subject was "Our Relationship to the Past and the Future". Dr. McCurdy also talked over WKBN for the Y. W. C. A., September 24, 1934. The subject was "Swimming is Healthful Exercise".

## IT ALL DEPENDS

"The world stands out on either side  
No wider than the heart is wide;  
Above the world is stretched the sky,—  
No higher than the soul is high.  
The heart can push the sea and land  
Farther away on either hand;  
The soul can split the sky in two,  
And let the face of God shine through.  
But East and West will pinch the heart  
That cannot keep them pushed apart;  
And he whose soul is flat—the sky  
Will cave in on him by and by."

(From *Renaissance*—Edna St. Vincent Millay)

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"The principle that medical men should be the ones to exercise control over medical service is almost axiomatic. Yet there is confusion of thought where there could be straight thinking if all the facts were brought out and faced.

"There are those who would virtually make the physician an employee of the state. They fail to recognize the utter incompatibility between the American political system and the methods of truly professional men.

"There are those who complain about the scarcity of physicians. Yet it is a fact that while England has one doctor for 1,390 persons, France one for 1,690, and Sweden one for 2,890, there is in the United States one physician for every 780 persons.

"There are those who denounce our hospitals on the score of high charges for service, but the truth is that the cost per day of a hospital room with meals and the day and night personal ministrations required by an invalid is usually less than a well person would pay for mere room and meals in a first-class hotel.

"There are those who would like to let down the bars to self-medication. Yet the fact is that during the last few generations the average span of human life has been extended ten years, chiefly through the discoveries of medical science.

"Physicians know these things. They spend years acquiring an education on the care and repair of the most marvelous mechanism on earth—the human body. But they would readily admit that this education does not qualify them for telling railroad executives how to solve transportation problems or impressarios how to stage an opera. The work of the world needs many kinds of specialized knowledge, but certain it is that each field of work will be best managed by those who know it best."—from Mead Johnson and Company's announcement in Hygeia, August, 1934.

## EVERY CHILD IMMUNIZED

By H. E. McCLENAHAN, M.D.

*Chairman Public Health Committee*

Opportunity is soon to be given to the members of the Mahoning County Medical Society to take an active part in a public health program. The Youngstown Department of Health and our Society, through its Public Health Committee, is fostering a Diphtheria Immunization Campaign which is to take place November first to fifteenth. We urge every physician who is interested in preventive medicine to take advantage of this campaign and to see that all children of his own patients are properly immunized. The attention of the public will be called to the campaign by publicity in the daily newspapers and over the radio. We believe that most of our citizens are sufficiently well informed to know that immunization should be performed. However, it is one of those things easily put off or postponed. A word from the family physician at this time will induce many a parent to have his child protected and thus perhaps save it from a very dangerous disease.

A splendid method, for each physician to contact his private patients in regard to immunization, is to mail each family, where there are children, a letter inviting the parent to have this service performed. Many parents will be agreeably surprised when they learn that the new Toxoid treatment permits the immunization to be given at a single treatment or office call. It would be a cold hearted parent who could resist the opportunity to have his son or daughter immunized for the price of an office call.

However, in the case of the parent who is unable to pay this small fee, the new city ordinance enables the physician to care for the children anyway. Under this plan the patient, while at the doctor's office, must sign a card stating that he is unable to pay for this service. The physician then proceeds to immunize the child and sends the filled-in card to the Department of Health, City Hall Building. The Department of Health will then reimburse the physician to the extent of fifty cents (0.50) for each immunization. Secure your supply of cards at the Health Department.

If each physician will tackle the

problem in earnest and all work together, we can stamp out Diphtheria here in Youngstown.

A study of your birth certificate books during the past six years will give you a list of children who should be immunized.

Remember, "every c. c. of Toxoid robs Diphtheria of another victim".

DO YOUR PART.

GLEANINGS (From P. 25)

Drs. M. J. Bachman, E. C. Baker, J. Heberding and S. J. Tamarkin, attended the meeting of the American Roentgen Ray Society in Pittsburgh September 26th, 27th and 28th.

By W. M. S.

Dr. John Noll is taking post graduate work at Harvard University.

Dr. W. B. Turner's daughter, Sally, is recovering at the North Side Unit Hospital from Appendicitis.

Dr. A. V. Hinman is doing nicely after getting a few ribs cracked.

Dr. H. E. Welch would like each and every one of us to visit him. Go and see him.

Dr. A. H. Alden is feeling fine again, if out his way call on him.

Dr. V. D. Veits is at home. Why not go and see him?

Dr. Vern Neel is at home, but his health is poor. Give him a ring.

Dr. E. C. Goldcamp left September the 30th., for Boston, where he will spend the next three months with Dr. H. P. Mosher. Dr. Goldcamp's work will be in Harvard University and at the Boston Eye and Ear Hospital.

Dr. Paul Kaufman has just returned from Cook County Hospital, Chicago. While there Dr. Kaufman did post-graduate work in Operative Surgery.

"THE KILN"

By IGNEOUS

'Twas a delectable sight from the corridor to see Council assemble for their meeting after one of the physiology lectures, following the challenge issued in this column last month.

One's viewpoint often depends on where one sits, but the fact remains that without much ado President J. B. Nelson called his men and presided. No one was present except Council members and the advice to the Society at large to attend these meetings went unheeded.

(Turn the Page)

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KILN (From p. 27).

All the proceedings of the meeting have not leaked out to this column as yet. The rapid response of Council, however, proves that they are ever vigilant to fulfill their obligations.

The "left jab" to Council last month is followed this month by "no offense intended." Please accept.

Those of us at large hope that Council has solved this problem.

\* \* \*

There is an office in our Society that should rate "second to none." That office is Delegate to the State Convention. To quote the constitution: "The term of office of the Delegate shall be for two years, and election of one Delegate shall take place each year."

The choice of Delegates should be well considered, and if and when we have two good Delegates we should re-elect them each year ad infinitum.

\* \* \*

In February there is usually much more illness than in July. Yet the relief costs in February were roughly 75c per family and in July about \$1.40. Dr. Walter K. Stewart's Economics Committee have scratched their heads over this fact so much that alopecia is imminent.

\* \* \*

It is regrettable and unfortunate, to say the least, that this will produce a "pro-ration" of the available funds, and that the many shall suffer for the thoughtlessness of a few. Is it human nature?

\* \* \*

The Medical-Dental Bureau, Inc., is functioning perfectly. But why, oh why, Mr. McGhee and Dr. McCurdy don't you take the bushel basket off your candle and let the light shine out? More publicity of what you are doing, to the members and the public would be the logical course to pursue now.

\* \* \*

In the Ohio State Medical Journal for June 1933 appeared this closing paragraph of an article written by W. B. Andrews, M.D., of Kent, Ohio. Please read and digest it. Quote: "Too well we know that physicians as a whole have questionable reputations as business men; reputations largely deserved and built up chiefly on our gullibility and lack of business

PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN

training and acumen. For the life of me I cannot see why any professional man, be he a physician or whatnot, should be an easy mark for professional dead-beats and come-on salesmen.

"Develop the business side of your profession. Take an interest in local affairs, and in this and other ways, make contacts with business men of reputation whose advice and example may develop within you that instinct to make good on the material side of the ledger.

"If one chooses to take only what comes his way he may, and probably will, remain a good doctor, but if he cares to share some of the bigger things of life it behooves him to not only better himself professionally and, as a means to this same end, better himself financially by looking after his accounts.

"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."

More W. B. Andrews in the medical profession would keep doctor's wives from getting gray hair, worrying about the future of the children and herself. Our admiration goes to Dr. W. B. Andrews.

Smaco Carotene-in-Oil (formerly called Caritol) has been prescribed since September, 1932, because it supplies vitamin A activity in a form agreeable to the taste. Carotene, as present in Smaco Carotene-in-Oil, represents the form in which a great deal of the vitamin A activity is obtained in the normal well-balanced diet.

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

## BUREAU (From P. 22)

experience and that is placed on the card and furnished your fellow member. By this method the rating file is kept alive and useful to its members. Ratings are now obtainable at any time, day or night.

The collection service is operating quite smoothly under the direction of Mr. L. C. Smith, an expert, who knows how to handle accounts. All money collected is remitted to you one month later than the last day of the month that your account is received. An interesting investigation was set on foot by an account of less than twenty dollars. Mr. Smith found by consulting our file that the same person owed two other members much larger amounts. He further discovered that out of the total bills owed, 60% was for hospital and medical service. Measures have been taken to liquidate this man's affairs and to see that we receive our just percentage of his debts. The bureau recognizes the necessity of instalment payment for medical services and considers this plan of distinct advantage to those who have set fees such as surgeons, obstetricians and dentists. It has therefore had drawn up the equivalent of a cognovit note so that a patient can contract for service, the note to be paid to the Medical-Dental Bureau in monthly instalments commensurate with the person's earnings. The bureau will do all the follow up work and remit to the creditor the unpaid balance but a carrying and collection charge of 9% per annum will be added to be paid for by the person asking for the extension of his credit. Blanks and detailed information may be obtained at the bureau office.

The third activity is our Telephone Exchange, which will take care of the calls of those who have purchased this service. This is the feature that makes possible the continuous rating service for the other members of the bureau. Your directors have come to the conclusion that for the present the Exchange will answer calls for members of the profession who have not taken this service if the call comes from a patient who has encountered an emergency. The directors believe that this is a public service that the bureau should perform and our telephone operators have been instructed to give their best efforts to this emergency work. This service will at no time be used for the purpose of attracting business to the bureau for the benefit of its members but its only intention is to render service to the laity and physicians at large at such times as it is acutely needed. One of our members has arranged for a secretarial telephone service which eliminates the overhead of an office attendant for such work. Dr. Walter King Stewart, chairman of the Exchange Committee, will be glad to explain the details to any interested members of the bureau.

The service of the bureau is organized to benefit its members, but the member must use it if he expects to receive its full assistance.

## ON STATE PROGRAM

Dr. W. H. Evans and Dr. Morris Deitchman will appear upon the program of the Ohio State Medical Association, to be held at Columbus, Oct. 4, 5, and 6. Dr. Evans will discuss, "Complications of Mastoiditis"; and Dr. Deitchman's subject is, "Treatment of Diabetes in Children."

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### S. Q. LAYPIUS OBSERVES

Oil extracted from the livers of sword-fish is suggested instead of cod-liver oil. Perhaps this would be more efficient in sharpening appetites, but we fear that a race of sword-swallowers would develop.

\* \* \*

Newspapers report strange case of young man whose illness made him talk incessantly. Now, if that had been a female, it would not have been news.

\* \* \*

He was so dumb that he wrote to a Government Mint for instructions in making a mint julep.

\* \* \*

Police arrest man who hit his wife on the head with a lamp. Certainly it must have made her light-headed.

\* \* \*

Chicago physician, hurrying to hospital, held up by bandit who then drives the doctor to his destination. Probably thus living up to the bandit's code.

Church conference discusses report that kegs of beer were used in the White House. We are sure that this is not true. They were probably pork-barrels.

\* \* \*

Baby in Missouri swallows a key. The proper antidote, gentlemen, would be to immediately make it swallow a lock of hair.

\* \* \*

Norwalk, Ohio, in celebrating its 125th Anniversary, will exhibit antiques. It is understood that elderly maidens will not be in evidence upon that occasion.

\* \* \*

In naming a new ship "Queen Mary", the Cunard Line breaks its tradition of using names ending in "ia". Now why couldn't the Queen obligingly have changed her name to "Maria"?

\* \* \*

Bird-nests are used in making soup. But if you want to find yourself "in the soup", get a love-nest.

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Smaco Carotene-in-Oil (formerly called Caritol) is easy to take because it contains carotene—the tasteless, fruit and vegetable, Pro-Vitamin A. There is no fishy taste and no disagreeable after-taste.

## FRUIT and VEGETABLE PRO-VITAMIN A

Smaco Carotene-in-Oil (see illustration) 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. Smaco Carotene-in-Oil is easily identified by its green-and-white package.

## FOR VITAMIN A and D EFFECT, TOGETHER

Smaco Carotene-with-Vitamin-D-Concentrate-in-Oil (not illustrated) supplies both Vitamin A and D effect in *small bulk* and *palatable form*. Formerly called Caritol-with-Vitamin D, it combines the advantages of Carotene (Pro-Vitamin A) with Vitamin D concentrate prepared for therapeutic use by a process developed in the laboratories of and controlled by Columbia University. Pink-and-white package.



**CAROTENE—the Fruit and Vegetable Pro-Vitamin A**  
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