

# BULLETIN

of the  
Mahoning County  
Medical Society



## Thanksgiving

"O give thanks unto the Lord;  
For He is good;  
For His mercy endureth forever."

— Psalm 136

November, 1934

Volume 4

Number 11

# Relative Values of Carbohydrates Employed in Infant Feeding

Continued down from 1911

## 1915

"The infant with diarrhea and vomiting is given nothing but tea for from twelve to twenty-four hours, no longer, and then the albumin milk is commenced, not over 5 gm. ten times a day, with 3 per cent. of a maltose-dextrin mixture. The amount of albumin milk is increased by 50 gm. each day until the daily ration totals 300 gm. After the weight has become stationary, carbohydrates can be added up to 5 per cent. of the maltose-dextrin mixture."

"Albumin milk is not so uniformly effectual in dysenteriform diarrhea as in cholera infantum. They seem to act better, diluted half and half with oatmeal gruel. After the starvation period he gives 50 gm. of the whey and increases by 50 gm. daily with equal amounts of oatmeal gruel. As improvement sets in 3 per cent. of a dextrin-maltose preparation can be added."—*L. Langstein: Cholera infantum and other severe diarrheas in infants, Therap. Monatsh., V. 29, August, 1915; Abst. J.A.M.A., 66:1314, Oct., 7, 1915.*

## 1916

"Dextrin-maltose, having a higher absorption tolerance than the other sugars, is less likely to cause intestinal disturbances when large amounts of it are given."—*H. R. Mixsell: A brief résumé of the role of carbohydrates in infant feeding, Arch. Pediat., 33:31-36, Jan., 1916.*

## 1916

"In cases of malnutrition and indigestion in infancy, the appetite improves rapidly, and the stools soon become normal in appearance, if the sugars are intelligently prescribed. By this I refer to proper proportions of dextrin and maltose. When there is a tendency to looseness, I have used the preparation known as 'dextrin-maltose, for the extra carbohydrates; . . ."—*M. Ladd: Further experience with homogenized olive oil mixtures, Arch. Pediat., 33:501-512, July, 1916.*

## 1916

"For the addition of sugar, I usually use dextrin-maltose, which does not easily cause fermentation."—*L. L. Meisinger: Use of Eiweissmilch, Arch. Pediat., 33:529-532, July, 1916.*

## 1916

"In the treatment of marasmus, 'Three per cent of malt sugar should be administered from the first, afterwards running up to as high a per cent as the child will take.'"—*L. T. Royster: A Handbook of Infant Feeding, C. V. Mosby Co., St. Louis, 1916, p. 100.*

## 1916

"Least irritating of all sugars, and more readily digested and quickly absorbed, is maltose."—*H. Lowenburg: A Practical Treatise on Infant Feeding and Allied Topics, F. A. Davis Co., Phila., 1916, p. 73.*

## 1916

"Dextrin-maltose is valuable in cases where intestinal disturbances are due to fermentation of milk sugar."

"Treatment (of sugar intoxication) consists in eliminating the latter (whey salts) as well as the sugars from the diet temporarily, and when the symptoms have subsided, a different sugar in proper proportion should be cautiously added; maltose and dextrin are preferable, because they are not apt to produce fermentation, while milk sugar is prone to set up fever and diarrhea."—*E. E. Graham: Diseases of Children, Lea & Febiger, Phila., 1916, pp. 179-201.*

## 1917

"For children who are not gaining on a normal formula with a sufficient amount of sugar of milk, or children who vomit when sugar of milk is fed, or who are constipated, the use of maltose instead of lactose often gives most satisfactory results. This is readily accomplished by sub-

stituting for the 4 or 5 per cent. of added sugar of milk an equal amount of dextrin-maltose or malted milk, which latter gives, in addition to the maltose, some protein food and an insignificant amount of fat. In many cases children who have failed to gain on other food will immediately show a marked gain as soon as this change is made."—*R. G. Freeman: Elements of Pediatrics, Macmillan Co., New York, 1917, pp. 191 and 192.*

## 1917

"The carbohydrates most used in infant feeding are the three soluble sugars and starch. The three soluble sugars are lactose, or milk sugar, maltose, or malt sugar, and saccharose, or cane sugar. Maltose is not used in its pure form, on account of its cost. The various commercial preparations of maltose are combinations of maltose with various dextrans, but as in digestion dextrin is converted into maltose, the chemistry is practically the same." "The sugar which is not absorbed is broken down by the bacteria of the intestine into a great variety of fermentation products, among them being lactic, butyric, acetic, and succinic acids."

"Another effect of the excessive fermentation which results from a relative excess of carbohydrate in the food, is the formation of an excessive amount of gas. This may cause abdominal distention, and, extending backward, it may carry irritating acid products into the stomach, and thus cause vomiting."

"Lactose is the sugar most likely to produce acute symptoms. The stools are practically always green and very irritating. Flatulence and colic are less prominent."

"The maltose-dextrin preparations rarely produce acute exacerbations."—*C. H. Dunn: The Hygiene and Medical Treatment of Children, Southworth Co., Troy, New York, 1917, pp. 425, 424, 425, 428.*

## 1918

"The sugars in the foods are milk sugar which is found in mother's milk as well as in cow's milk, cane sugar and malt sugar. Though milk sugar is a natural ingredient of milk it is not well borne by babies when added to their food; they digest cane sugar, the ordinary granulated sugar, much better; malt sugar is the easiest digested by babies."—*C. G. Leo-Wolf: Nursing in Diseases of Children, C. V. Mosby Co., St. Louis, 1918, p. 24.*

## 1918

"Maltose (malt sugar) has the advantage of being very easily digested; when part of the sugar given is maltose, many children gain more rapidly in weight than when only milk sugar or cane sugar is used."—*L. E. Dick: The Care and Feeding of Children, D. Appleton & Co., New York, 1918, p. 86.*

## 1919

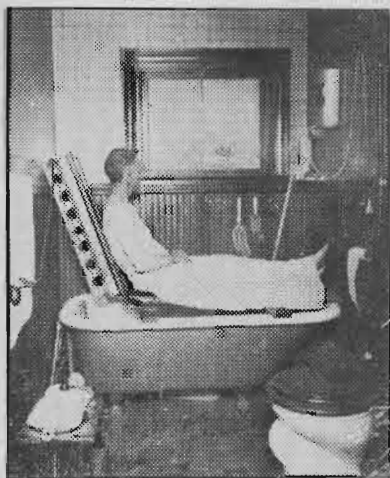
"In the administration of protein milk with its large protein content, by adding to it sugar which is not easily fermented (dextrin-maltose), we produce, instead of pathological fermentation, a condition of putrefaction which changes the acidity of the intestinal contents to alkalinity, the peristalsis is decreased, the intestinal contents pass slowly through the large intestines with absorption of fluid and excretion of calcium and magnesium salts. These minerals unite with fatty acids to form the typical fat-soap-clay-coloured constipated stools characteristic of protein milk feeding, and it is at this point that dextrin-maltose should be added to the food."

"The majority of the cases were kept on protein milk for a period varying from three to four weeks, and in many instances, contrary to the usual opinion, we were able to keep the children on protein milk plus starch and dextrin-maltose, sufficient for their caloric needs for a period of several months, in each instance accompanied by a substantial gain in weight and normal increase in vigor and tissue turgor with comparative freedom from digestive symptoms."—*A. Brown and I. P. MacLachlan: Protein milk powder, Canad. M. A. J., 9:222-227, June, 1919.*

Continued down to 1934

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## PRESIDENT'S PAGE

The number of delegates from a County Society to the State Convention depends upon the size of its membership. For proper representation it is, therefore, apparent that we should have every qualified physician a member of our Society. We need them and they need us.

However badly we need members, we must not be too lax about admission requirements. Membership in the County Society should mean much. The fact that one is a member puts a stamp of approval on him which is recognized by the public. It has often been said that even if a physician should rather flagrantly violate the code of ethics he should remain in the Society because he can be handled better as a member than he can be as a free lance. This is very doubtful reasoning.

Your County Medical organization is the most important organization with which you can be affiliated. It is part of the business that you have adopted for life. Out of what other organization do you get as much as from your County Society? Consider the speakers that are brought to your door every month; consider that the Society is really always at work on your individual problems; and then consider the cost to you. Ten dollars a year! Less than you will spend on any lecture course.

Of course you are not getting the worth of your ten dollars unless you attend the meetings. The type of speakers that your Program Committees have been providing for you are not men that need to address empty seats. In fact the Program Committee holds out the inducement to a speaker that he will get his message across to a great many. Therefore, as a duty, attend all the meetings and you will be well repaid in the information you gain.

JAS. B. NELSON.

## SECRETARY'S REPORT

Council met October 12, 1934, with a very good turn out of its members. A number of visitors were present. *Again let me stress that any and all members of the Mahoning County Medical Society are welcome to attend any meeting of this body.* The Secretary will be glad to notify any member of the coming meetings, if the member will kindly request him to do so.

Baby Welfare Stations were discussed at length by members of the Council and by members of the Committee. The following letter was received in answer to the letter published in the October Bulletin:

September 25th, 1934

My dear Dr. Skipp:

In reply to your letter of September 21, 1934, I wish to say that in view of the far reaching effects of your proposed action sent to us earlier in the summer (in an unsigned letter) in regard to our Welfare Clinics, the Board of Directors of the V. N. A. believe that any hasty action will operate against the best interests of the health and welfare of thousands of children in the community. Therefore, The Board of Directors, before arriving at a conclusion, desire to have all available facts at their disposal, which facts we have been tabulating during the summer months, as a basis for their conclusions.

Every member of the Board has interested herself in the clinics, and the type of children, with their parents, coming to our clinics.

We hope to have these facts completed by the middle of October and immediately upon completion, we will communicate with you our definite conclusion and our course of action.

In the meantime we believe you will accord us the professional courtesy of reasonable patience until these facts are completed.

Very truly yours,

(Signed)

Augusta Z. Bentley, President, V.N.A.

As the above letter did not answer the questions submitted to the Board of Directors of the Visiting Nurses' Association, by the Council, the latter felt that the services of the members of the Society in attendance in these stations should be terminated. But, the Committee on Baby Welfare

stations asked for an extension of time, wherefore the following letter was directed to be sent to Mrs. Bentley:

October 15, 1934

Dear Madam:

Your letter dated September 25, 1934, has been received and was read to the Council of the Mahoning County Medical Society at a meeting held on October 12, 1934. At this meeting those members of the Medical Society who are Physicians at the Baby Welfare Stations were also present.

We were informed that your honorable body would complete your investigation probably by Monday, October 15, 1934, and our action on this matter has been postponed in anticipation of your report.

We hope it will be favorable.

Respectfully yours,

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

The following resolutions were presented by the Public Health Committee:

WHEREAS, the Youngstown City Council, with the intent to effect economy, has reduced the working hours and salaries of certain members of the staff of the Department of Health, resulting in distinct, positive and immediate curtailment of the operating efficiency of the Department of Health, and

WHEREAS, we believe any lowering of the efficiency (thru reduction in the hours of available laboratory work especially) to be false economy and detrimental to the Public Health.

BE IT RESOLVED, that the Council of the Mahoning County Medical Society instruct its Public Health Committee to take such action as it, the Committee, deems necessary to prevent if possible a lowering of the standards of efficiency of the Department of Health.

PUBLIC HEALTH COMMITTEE

H. E. McClenahan, Chairman

This Resolution was indorsed and approved by the Council of the Mahoning County Medical Society, October 12, 1934.

Wm. M. Skipp, M. D. Sec'y.

The first fall meeting of the Society was held at the Youngstown Club, October 23, 1934. Some 135 members and guests were present. A short business meeting was held before the

speaker of the evening was presented.

**The Public Health Committee** asked the co-operation of the Society in a worthwhile Diphtheria prevention movement, November 1 to 15, inclusive.

A report of our delegates to the State meeting in Columbus was enjoyed. Our delegates were on the job and they at Columbus know Mahoning County is still in Ohio.

**The Treasurer** reported that we are running in the red with our dues at \$10.00, but made the following motion which was recommended to the Society by the Council: "that the dues for 1935 be \$10.00 and not revert back to \$15.00 as is given in Chapter III, Sec. 1, Page 8. The recommendation was accepted by the Society. So, our dues for 1935 will be \$10.00, payable December 1, 1934.

**Dr. John Duff**, member of the Surgical Staff of the New York Hospital, then presented an interesting paper on "Renal and Ureteral Calculus". Slides were shown and also three reels of colored motion pictures of Genito-urinary operations. These pictures are unique.

This was an excellent paper excellently presented. Stress was laid on the symptoms, diagnosis, and differential-diagnosis. It was largely for the general practitioner but we feel it reached every man in practice whether he be a general man or not. He brought out one factor which is new in the formation of these stones, to-wit, "hyper-parathyroid disease".

The Doctor is a jolly good fellow; he has a charming manner, and he gave us a most delightful and valuable evening.

### OUR DELEGATES

Drs. L. G. Coe and Sidney McCurdy, our delegates to the State Association, played a most effective role in the deliberations of the House of Delegates at the recent Columbus meeting. One measure which they sponsored, while not sustained by the House of Delegates, is, however, accepted in principle, and is being supported by the State Council. In effect the situation is equivalent to its formal adoption.

This shows convincingly that it is wise to elect and then re-elect good State Delegates. Drs. Coe and McCurdy make an efficient team, they are good workers, they are in earnest and they are intelligent.

### MEDICO-LEGAL

By D. H. S.

#### "Hospital Not Liable"

47 Ohio App.

Decided, Feb. 16, 1934

The City Hospital of Akron, engaged in the business of conducting, maintaining and operating a hospital in the city of Akron: Alleged in the petition that on the 28th day of August, 1931, the plaintiff became a patient in that institution. He was operated on for gastric ulcers.

While under the influence of an anaesthetic he was taken to a room in said hospital and there remained totally unconscious for about twelve hours, and partially unconscious for about three hours thereafter, and that said anaesthetic was administered by the agents, servants and employees of the defendant.

The plaintiff further alleged in his petition that after said operation had been performed, and he had been taken to a room in the hospital to be cared for by the hospital, the agents and employees of the defendant "applied hot water bottles to his leg while he was unconscious as aforesaid, so unskillfully and carelessly and in such an overheated condition, that his left leg was severely burned", and that he suffered great pain and shock and was permanently injured and incapacitated and that such injury was caused by the "negligence of said hospital, its agents, servants and employees."

It was also alleged in the answer that defendant "is now, and has been ever since it was organized, a public and charitable corporation, not for profit."

There is no charge in the aforementioned petition that the defendant was guilty of any negligence in the selection or retention of its employees. It must be considered as settled in Ohio that if the trustees of a public charitable hospital exercise reasonable care to select and retain competent physicians, nurses, employees and servants, the hospital is not liable to a patient for damages resulting from the negligence and incompetence of those selected and retained.

The fact that a public charitable hospital receives pay from a patient for lodging and care does not affect its character as a charitable institution, nor its rights or liabilities as such in relation to such a patient.

# THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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## BUREAUCRACY OR WHAT ?

In this discussion there is no condemnation of individuals, veiled or declared. Dr. Walter King Stewart and his committee have worked hard. They have covered much ground, effectively. Also, Mr. Noble and his superiors and subordinates have been faithful to their duties. No; my objection is solely against the system.

Petty annoyances, such as constant pen-work upon reports; outside interference, bordering closely upon dictation; delays and red-tape, the slashing of fees, and so on—the admitted necessity of these in no way lessens their irksomeness. To say how often a doctor should see a patient, or to dictate what drugs he shall use, or what procedures shall be employed, operation or whatnot, can mean only one or more of the following: (a) The doctor is not well-enough informed to determine the most desirable frequency of treatment, or the proper operations, etc.; or (b) The doctor is not honest enough to be permitted to control the individual situation himself; or (c) Money available is not sufficient for the task assumed.

If we resent interference when from another physician, or even from a board of physicians, how much more objectionable is it when coming from lay people who have not a vestige of medical training!

The second consideration, — the honesty of doctors, is painful to discuss. A month or so ago I should have deemed it, as a practical matter, beneath discuss'ion. Of course, everybody knows that some quacks, some dunder-heads, and some crooks, will get into any profession. But those in charge say that proration is unavoidable and that one reason is clear: Chiseling! If the Medical Profession is to any great extent made up of canabalistic men, then why should we expect anybody to respect us? Personally, I do not believe there can be many of such. Surely they can be reached and exposed. Their existence, although very few in number, is a menace to any system.

As for the question of funds: Unless a fair and decent amount is made available the lay-out is set up for failure from the beginning.

Shall we go on as we have for hundreds of years, and make no effort to correct defects? Or shall we, ourselves, try constructively to diagnose and eradicate the evils of the old way, with the idea of preserving the traditional independent relationship of physician and patient?

Most of us, I believe, prefer the way of tradition, plus the "mending" necessary to make it work fairly and efficiently. Voluntary health insurance, old age and employment insur-

ance: Why not try them? The health benefits must be governed exactly as is now the case with privately-purchased health insurance. In the latter the individual chooses his own doctor, hospitals, and all the rest. That arrangement must be included in whatever plans are adopted. A system offering fair compensation to doctors who work hard and are honest and well-trained; and one which least hampers both physician and patient: These are the *sine qua non*.

It is beside the point to argue that in those countries where such plans are in force the public health, mortality, preventive work, and medical service are inferior to our own. Rather, if that is the situation, the explanation may lie in the unselfish devotion, regardless of his financial

returns, of the American physician. Or perhaps it is due to our superior facilities of medical instruction and our ability in the past to go out and get the finest teachers the world affords. But we must remember that only a very small proportion of this educational financial outlay comes from physic'ans' incomes. Most of it is from State support and endowments from large industrial fortunes.

Let us continue to co-operate freely in this emergency. We must continue to be anxious to do more than our part. We are accustomed to doing it; in fact, we like to do it. BUT, sooner or later, a more lasting and efficient system must be devised. The Profession in Mahoning County ought to be leaders in this matter.

C. B. N.

## AMONGST OUR COLLEAGUES

### As Doctor Brooks Sees It

What does the physic'an in family practice resent in the activities of public health?

He resents nurses doing the work of physicians, making diagnoses and dictating treatment which the family physician shall carry out. Do you blame him?

He resents the underpaid time-serving employee of the department who from the wealth of his inexperience minimizes to school children the work and ridicules the respect of their family doctor.

This is all correctible. Nurses are nurses until they have studied medicine and legally qualified themselves as practitioners of medicine. The should not be allowed to do as an agent of public medicine, work which the law does not permit them to do as private individuals.

Employment of young physicians at meager salaries robs the profession of the material from which it should recruit its general practitioners, now the greatest need of the profession.

Public medicine can not be divorced from private medicine, except at a loss to both. The most potent and influential teacher of public medicine is the physician in contact with his patient. No public medicine can succeed that has not the endorsement of the average physician.

The value and influence of the average practitioners are beyond the

comprehension of the executive who is himself not conversant with the details of medical practice, or who has through lack of experience estranged himself from the profession. He is likely to develop from his ignorance of real medicine and its problems a superiority complex of practically inexcusable type. This is the disease from which many public health workers suffer; they are the ones who criticize the average physician.

*Harlow Brooks, M.D. (New York)*

### Diplomacy Versus Brass Tacks

In their attitude toward major problems confronting the medical profession physicians are pretty generally in agreement. The manner of approach to these problems is another matter. Here there are a variety of opinions which often clash violently. This is perhaps the most disturbing element in medical organization and one which in my opinion can be successfully dealt with in only one way; i. e., coming down to cases, and being frank.

There is nothing more injurious to the morale of any group than the type of diplomacy which "pussyfoots" softly around the corner, causing wondering gossipy whispers. Such a procedure certainly does not create confidence. Suspicion, while it may have no basis of fact, is instilled in the minds of many. Needless to say, this suspicion is difficult to eradicate.

*Milwaukee Medical Times*  
(Turn to p. 28)

## MEDICAL FACTS

By J. G. B.  
Wiggersisms\*

Cerebral, coronary and pulmonary vessels possess vasomotor supply as vessels of other organs.

\* \* \*

The decline of blood pressure during hemorrhage is fundamentally due to lessened return to heart and decreased cardiac output.

\* \* \*

Pulmonary and coronary circulations are affected by many factors other than constricting and dilating action of drugs, which must be taken into consideration in treatment of hemoptysis and coronary obstruction.

Posterior pituitary extract depresses the ventricles and does not stimulate them.

\* \* \*

Anoxemia has a far greater stimulating action on the heart than digitalis.

\* \* \*

Augmented respiration exerts a pumping action of great importance for the return of blood to the heart in circulatory failure.

\* \* \*

Considerable significant regurgitation in leaking aortic valves occurs only when the lumen is approximately three-fourths open.

\* \* \*

The aortic valves must be at least three-fourths closed before the characteristic dynamic changes occur on the arterial side.

\* \* \*

Intensified first heart sounds denote more rapidly rising tension in the ventricles and bear no relation to the output. Intensified second

\*The details of the experiments by Dr. Wiggers leading to these and many other findings may be found in his articles in several scientific medical journals, also in the following books published by him:

"Brief Text of Physiology", George Wahr, Ann Arbor, 1910.

"Circulation in Health and Disease", Lea and Febiger, Phila., 1923.

"Pressure Pulses in the Cardiovascular System", Longmans, Green, London and New York, 1928.

"Principles and Practice of Electrocardiography", C. V. Mosby Co., St. Louis, 1929.

"Physiology in Health and Disease", Lea and Febiger, Phila., 1934.

\* \* \* \* \*

*Dr. Carl J. Wiggers, Professor of Physiology at Western Reserve University, is one of the foremost authorities on the circulation. He is a member of the advisory editorial board of The American Heart Journal along with such prominent men as Sir Thomas Lewis of England, Dr. Jonathan Meakins of Canada, Dr. P. D. White of Boston, Dr. Emanuel Libman of New York, Dr. James B. Herrick of Chicago and others.*

sounds are related to the pressure at the beginning of diastole and not to systolic and diastolic pressures as ordinarily measured. In other words, they indicate roughly elevation of mean pressure.

\* \* \*

The electrocardiogram deflections are due to passage of impulse and not to actual contraction.

\* \* \*

Circulatory failure due to fat embolism differs from that due to surgical shock by the fact that venous pressure rises in the former and falls in the latter.

\* \* \*

Augmented blood pressure in hypertension is Nature's method of restoring normal blood flow to organs and should not ordinarily be lowered. Sclerosis of larger vessels plays a far greater part in determining vascular conditions than generally suspected.

\* \* \*

The output of the heart is increased in polycythemia of experimental animals.

\* \* \*

The ventricles are able to compensate for loss of substance by increasing their stretch in coronary occlusion.

\* \* \*

Dilation of the heart is the immediate mechanism for increased cardiac response and subsequent hypertrophy.

\* \* \*

Cardiac alternation may sometimes be due to abnormal filling and not necessarily to myocardial involvement.

## A CASE OF DIABETES INSIPIDUS

By A. W. MIGLETS, M.D.

Diabetes Insipidus is a disease characterized by: polyuria; polydypsia; and urine of low specific gravity with low salt and nitrogen content. It has been found that trauma, exposure, mental shock, syphilis, and pituitary tumors are important considerations in the etiology of the disease.

The main symptoms of the disease are tremendous thirst, and the passing of large amounts of urine. As much as 10 gallons may be passed in 24 hours, with a specific gravity ranging from 1.001 to 1.005; otherwise the urine may be negative. In cases that are accompanied by a tumor of the infundibular region, various nervous symptoms may also be present.

The diagnosis is simple. A patient who has polyuria and polydypsia over a long period of time, and is relieved by an injection of pituitrin, may have his condition safely diagnosed as a case of diabetes insipidus.

A Wassermann is always indicated in the treatment of this condition; also, the injection of pituitrin as frequently as may be needed to control the symptoms. Amidopyrine should be used in conjunction with pituitrin. The latter seems to increase the chloride retention, thereby giving relief from the symptoms.

### Case Report

P. Y. white, male, age 51, married, well developed. I saw the patient for the first time April 22, 1933. At this time he was drinking between 5

and 6 gallons of water every 24 hours. His tremendous thirst and excessive urination began in December 1932. He noticed that the condition was gradually getting worse. Past history and family history were negative. Physical examination was also negative. Wassermann was negative. The first urine examination showed four plus sugar, sp. gr. 1.002; otherwise it was negative.

An ampoule of pituitrin was given and there was immediate relief from thirst, and a sudden decrease in urinary output. An ampoule of pituitrin was given every third day. The patient was fairly comfortable. The sugar disappeared from the urine after the carbohydrate intake had been cut down.

In May 1933, 15 grains of amidopyrine were given daily; pituitrin once a week. After taking amidopyrine for 5 or 6 days the polyuria and polydypsia returned, necessitating pituitrin injection. The effectiveness of the amidopyrine lessens after being used for 5 or 6 days—probably due to an accumulative action. The amount of amidopyrine was gradually decreased, until 5 grains a day were just as effective as 15 grains. The pituitrin was given once every 12 to 14 days. In July, 1933, the pituitrin was discontinued and amidopyrine alone controlled the symptoms. Since Oct., 1933, the patient has not been taking medication, and is entirely free from the symptoms of diabetes insipidus.

## LUCKY ASHTABULA!

Dr. A. W. Thomas has opened his office at 205 Park Place, Ashtabula, where he will continue the practice of Pediatrics.

Dr. Thomas leaves hosts of friends in Youngstown, both among the people and in the Profession, who wish him unbounded success in his new field. To Dr. Thomas' extraordinary leadership, concededly more than to that of any other member of our Society, must go our thanks for the wonderful organization which we enjoy.

His leaving is a distinct loss to the citizenship and the medical profession of Mahoning County. Ashtabula is indeed lucky!

## DUES

Section 2 (of our By-Laws)—"Dues Payable: The dues of all members shall be due and payable in advance before the first of December preceding the calendar year for which such dues are collected."

Section 4: (In part)—"A member shall be deemed delinquent and in arrears in all his relationships as a member from and during the period extending from January 1st of the current year, until his dues and assessments have been paid."

Dues for 1935 are \$10.00. Please pay them PROMPTLY.

L. S. DEITCHMAN,  
Treasurer.

## WESTON A. PRICE, D.D.S., M.S., F.A.C.D.

*Joint Meeting of The Mahoning County Medical Society and The Corydon Palmer Dental Society, Tuesday, November 27, 1934.*

Subject: NEW LIGHT ON HOW MODERN CIVILIZATION DESTROYS TEETH AND HEALTH. FROM FIELD STUDIES AMONG REMNANTS OF PRIMITIVE RACIAL STOCKS IN EUROPE, NORTH AMERICA, AND PACIFIC ISLANDS.



Dr. Price was born in Newburgh, Ontario, Canada, in 1870. His preparatory education was obtained at Newburgh High School and Napanee Collegiate Institute. He graduated from the Dental Department of the University of Michigan in 1893. He

began the practice of dentistry in Cleveland in 1894. The honorary degree, M.S., was conferred by the University of Michigan in 1912; and the honorary degree, F.A.C.D., by the American College of Dentists, in 1922.

In 1895 Dr. Price established a private research laboratory. He organized the Research Institute of the American Dental Association in 1915. He is a member of the following societies:

American Dental Association and Components; Federation Dentaire Internationale; American Chemical Society; Biochemical Society; International Association for Dental Research; American Association for Advancement of Science; Radiological Society.

Dr. Price is also Consultant in Dental Research in the United States Public Health Service; and he is a Past President of the Ohio State Dental Society.

Up to August 1933, Dr. Price had prepared and read exactly 139 papers before various professional and scientific societies of the United States and Europe.

The professions of Youngstown feel highly honored to have a man of his attainments and standing, appear before us.

## THE DOCTOR

By BERTON BRALEY

The doctor spends four years in college,  
Acquiring academic knowledge;  
Then four more years of drudgery  
Before he merits his degree;  
And after that, some two years more  
In hospitals, acquiring lore.

And then he hangs his shingle out  
And merely has to wait about  
A half dozen years until  
He earns a living by his skill.

But once his practice gets a start,  
His is an easy, pleasant art,  
Requiring usually, say,

Not more than sixteen hours a day,  
Except when hurry calls arrive  
At three A. M., or four, or five.

And it would cause your head to spin,  
The way the cash comes rolling in—  
Though ordinarily delayed  
Till everybody else is paid.

The doctor lives a merry life—  
And I am Julius Caesar's wife!

*Victor News*

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the Saturday Evening Post.)*

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## MARIE SKLODOWSKA CURIE

By E. C. BAKER, M.D.

Born November 7, 1867, died July 4, 1934,—a victim of her own epoch-making discovery, Mme. Curie's death was apparently caused by a severe anemia, directly traceable to her long contact with Radium. Her death removed another one of the few people who have contributed so wonderfully to the enormous advance in medical knowledge.

In the latter part of 1895, professor Roentgen announced the discovery of the X-ray. The part that this plays in modern medicine is well known to all of us. In this same year, Henri Becquerel, working with salts of uranium, discovered the fogging of photographic plates from some unknown rays. At this point, Pierre and Marie Curie, recently married, were called in to determine the nature and source of the radiant energy. After working with the salts of uranium, Madame Curie determined to investigate the refuse from the mines where uranium was obtained. She found that this refuse was much more active from a radiation standpoint than the impure uranium salts which had first attracted their attention. She worked in an abandoned warehouse, with a cast-iron stove furnishing the heat, stirring her chemicals and gradually purifying the radio-active principles, until July, 1898, when the element polonium was isolated. In December, 1898, the element, Radium, emitting two million times as much radiant energy as uranium, was announced. During this time her first daughter, who today is a brilliant scientist in her own right, was born. In 1904, a

second daughter was born. This daughter has become a very talented musician.

Mme. Curie's entire lifetime was spent in unremitting research. The knowledge which would have enabled her to have become immensely wealthy was freely given to the world at large. Indeed at the time, 1921, when the women of America gave her a gram of Radium she was without any appreciable quantity of this precious metal to carry on her own researches.

The two discoveries of Roentgen rays and Radium salts have rapidly made possible the immense advances in both pure and applied science. The structure of the atom, the linking of molecules, the position of atoms in the molecule: these and many other fundamental researches have become possible with the advent of these rays. On the side of medicine, this radiant energy has made possible a feeble attack against the dread disease, Cancer.

To me, the photograph of Marie Curie depicts the marvels of her mind and influence. A face that shows the lines of age, yet with all a face of peace and beautiful because of



Marie Skłodowska Curie

work well done. We in medicine can thank our heritage for the privilege of having associated with our ranks people of the magnitude of Madame Curie.

Madame Curie was elected to the Academy of Medicine before her death. Her activity in the later years of her life was closely linked to medicine. As one commentator remarked her place in history is far greater than the place of most political heroes.

**JOINT MEETING****The Corydon Palmer Dental Society**

and

**The Mahoning County Medical Society**

Present

**WESTON A. PRICE, M. S., D. D. S.**

SUBJECT

**“New Light on How Modern Civilization  
Destroys Teeth and Health”**

**Tuesday, November 27th,—8:30 P. M.****YOUNGSTOWN CLUB**

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*Dr. Frank H. Labey is unable to appear before us this month.  
He sends his regrets and promises to come later.*

DECEMBER

ANNUAL BUSINESS MEETING  
ELECTION OF OFFICERS  
SOCIAL HOUR

Tuesday, December 18th,—8:30 P. M.

YOUNGSTOWN CLUB

*Buffet Lunch*

*Fun*

---

JANUARY

ANNUAL BANQUET

Speaker

DR. GEO. H. HENDON

Professor of Surgery University of Louisville

Thursday, January 17th, 1935

YOUNGSTOWN CLUB

## THE "SUBQUE"

BY JAMES D. BROWN, M.D.

Since my very earliest hospital experience, I have been much interested in the matter of trying to balance the fluids of post-operative cases. It has seemed to me that this is not only one of the best means of therapy in the surgeon's hands, but, also, is one of the simplest for a quicker post-operative recovery and a more rapid convalescence. However, that is not true concerning every one. It has seemed to me that, though the surgeon may have in mind a definite purpose for selecting a certain type of fluid for his "subque", his reasons are not always conveyed to the interne. The mere statement to the interne to give the patient a "subque" does not suffice. An explanation is due as to what, specifically, is to be gained by the particular substance ordered.

In the preparation of this article it was of great help to see the extent of this work done at some of the larger hospitals and universities. They have gone to great experimental length to show the value of the "subque". I refer especially to the work done by Drs. F. A. Coller and W. G. Maddock, of Ann Arbor; Dr. Wm. F. McFee, of New York; and Dr. Robert R. Baldrige, of Providence, R. I.

Drs. Coller and Maddock, through their studies of fluid loss, came to the conclusion that the insensible loss of fluid during normal activity is from 1000 to 1550 c.c.'s a day. To this may be added, also, a considerable further loss, as, for examples, that by increased sweating, increased metabolism, or an uncomfortably high environmental temperature. To make the determination more accurate, these men did the following experiments: Patient urinated just before leaving the ward; in the anaesthetizing room measurements of the skin temperature were taken; the pan, patient and covers were then weighed accurately to 5 grams. The patient was shifted to the operating table and a new gown and covers were applied. The pan and original covers were then weighed in order to calculate the weight of the patient. During the operation measurements of the skin temperature were made. The temperature and humidity of the operating room were taken several times and averaged for the period. The weights of the vomitus, all tissues removed,

the fluid taken up by the aspirator, and the dressings used were carefully noted. The amount of blood lost during the operation was determined by the method of Gatch & Little. At the end of the operation, all visible perspiration on the patient's body was wiped off and a dry gown and blanket were applied. The patient was shifted to the stretcher and his weight determined. His water exchange was followed in a similar manner for the immediate post-operative recovery period of 4 hours. The total loss during the operation varies with the type of operation, and with variable factors, such as the temperature, anaesthesia, covering, and condition of the patient. It is small, between 100 and 200 grams for short operations such as herniorrhaphy and appendectomy. For larger operations of moderate severity, the total fluid loss will average about 500 grams, and in prolonged operations with marked blood loss, it may reach one or even 2 liters. The water lost during the recovery period of 4 hours after operation is between 200 and 450 grams.

Of course, important losses of fluid are as a rule well endured by surgical patients. After a day of two of progressive dehydration they begin to take water and the deficit is made up. On the other hand, in severe operations, loss of blood, or other causes, patients may fail to manifest this recuperative ability. Some are unable to take sufficient water, or to retain it. When such conditions exist, there should be an accounting of water supply based on the estimated loss and fundamental requirements of the patient, and an attempt should be immediately made to balance the patient's fluid.

Drs. McFee and Baldrige make the following statement: "If we may judge by such indications as red cell counts, hemoglobin determinations, ratio of red cells to plasma, and protein content taken before and immediately after large infusions of normal saline, no great dilution of the blood occurs. Since only a relatively small part of it can be accounted for in the urine, it seems proper to assume that a large part of the fluid is stored in the tissue reservoir. It does not however, show evidence of its presence by producing edema, unless repeated large infusions are given.

"Further evidence that surplus fluid is taken up from the blood stream is found in the behavior of the arterial blood pressure curve during infusion. It will be seen in cases of shock that the curve rises rapidly with the introduction of fluid until a level corresponding to the average normal is reached. As more fluid is infused the curve continues to rise, but much more slowly. Frequently, however, it does not go beyond the normal of that individual. The fluid injected, if in the form of normal salt solution, is retained by the tissues and gradually finds its way back into the blood stream as it is needed. Any excess beyond tissue saturation is disposed of by the kidneys." In their opinion, fear of over burdening the heart by large doses of physiological saline does not seem well founded.

Drs. McFee and Baldrige feel that in various ways normal saline solution offers advantages not possessed by other agencies, such as Ringer's solution, glucose, or acacia, because, as has been shown, the water is best retained when administered with salt.

In going over some 100 charts of operative cases at the South Side Unit, it was interesting to discover what types of fluids were used, the amounts, and the time given, in such cases. We find that there were 4 types of fluids given by "subque". First, normal saline; second, a combination of normal saline and 5% glucose; third, Locke's solution, ingredients: 5% glucose, sodium chloride, potassium chloride, calcium chloride, and soda bicarbonate; fourth, Ringer's solution, ingredients: sodium chloride, potassium chloride, and calcium chloride.

Included in this study were: Cholecystectomies, gastroenterostomies, caecostomy, appendectomies, hysterectomies, and herniotomies.

In the gall bladder series of 20 cases, every patient had a "subque" immediately following operation. The average number ranged from one to 3 during convalescence. The amount given was from 1000 to 2000 c.c.'s each "subque". The fluids used by the surgeons in these cases were Locke's solution, saline, and saline and glucose.

Every gastro-intestinal operative patient, except appendectomies, had a "subque" immediately following operation. The number during convalescence ranged from one to 10. From 1000 to 2000 c.c.'s were given each time. The fluids used were saline, saline and glucose, and Locke's solution.

Of the appendectomies, 7 of 20 had an immediate "subque", 13 had none, and the average number given was one per patient during convalescence. The amounts and types given were similar to those mentioned in the preceding paragraph.

Of 20 herniotomies there were no "subques" given.

Of 20 hysterectomies, 17 had immediate "subques" following operation; 3 had none; the number given during convalescence ranged from 1 to 3; and the types of fluid used were Locke's solution, saline and glucose, Ringer's solution, and normal saline.

In reviewing this material, it was my hope that these few simple observations might enable us to realize that the "subque", offers us one of the best means of enabling the post-operative patient to overcome dehydration and also to improve his chance for successful convalescence.

In conclusion, may I emphasize: First, that there is need in every post-operative case to keep the patient's fluid balanced at as near normal as possible. Second, that the type of fluid is apparently not the paramount thing, but rather that sufficient should be given of whatever is used. Glucose in combination with other fluids apparently is of special use only in providing more food value. Third, the required amount of fluid post-operatively will be in direct proportion to the condition of the patient, the kind and length of operation, and the amount of fluid lost during operation. Fourth, as we know, the most important time to keep the patient's fluid balance as near level as possible is immediately following operation, and for a period of from 5 to 20 hours thereafter. Afterwards the patient is usually able to take enough to keep his balance at the normal level for him.

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## X-RAY TREATMENT OF THYROTOXICOSIS

By SAUL J. TAMARKIN, M.D.

There has been considerable opposition from a number of surgeons who claim that x-ray therapy causes numerous adhesions which, if operation should at some time be necessary due to failure of the x-ray, would seriously complicate surgical procedure. Dr. G. W. Crile, in a communication with Dr. J. T. Stevens concerning this subject, states as follows: "I have frequently operated on patients who have had long continued treatment and have noted that these patients, if the treatments have been long enough, may leave adhesions which are difficult to dissect. The ordinary case, however, which has had x-ray treatment shows very little change as compared with other glands. As you say, it might also be due to a thyroiditis. A great many of these cases also have hyperplastic glands, and these cases, even without any treatment, have been very difficult to dissect out." A personal communication from Dr. A. U. Desjardins, who is head of the Radiotherapeutic Department at the Mayo Clinic, is as follows: "We have not had any opposition from the surgeons because the surgeons here have had an opportunity to satisfy themselves that when radiotherapy is used, unless extreme quantitative doses have been given, the operation is no more difficult than it would be in a patient who had never been irradiated. Increase in connective tissue and adhesions results only from excessive quantitative doses. Some radiologists have used too large doses in treating cases of this kind, and this is what has given rise to the legend which has spread among the surgeons: 'So long as untrained and unskilled physicians attempt radiotherapy just so long will the radiologists have to suffer from the ill effects produced.'" I believe that statements from two reliable sources, such as those quoted should allay the fear of the practitioner as to the danger of these so-called massive adhesions.

Some claim another objection: that carcinoma is very likely to develop in those cases that have been treated with radiotherapy. Groover and Christy report 557 cases treated with no cases of carcinoma developing.

I feel that the practitioner should apprise his patient suffering with

thyrotoxicosis of this means of treatment, and should put the question up to him. He should not urge it upon him, but should acquaint him with the advantages, which are, namely:

1. No mortality.
2. Can be treated while ambulatory.
3. Reduced expense.
4. Chances for cure practically equal to that of modern surgery.

### Disadvantages:

1. Takes 4 to 8 weeks before beneficial effect is noted.
2. Frequently size of gland is not reduced.

It must be remembered that the colloid type, or nontoxic goiter, is not helped at all. Also that rapidly progressing toxic tumors presenting pressure symptoms should also not be treated.

I feel that the method should be given fair trial. And certainly if one of my family should acquire this condition I would treat him with x-ray. In the event of failure one can always resort to surgery. Conversely, it might be here stated that recurrences after surgery are frequently successfully treated with x-ray. It is perhaps needless to say that these cases should be entrusted to a radiotherapist who is familiar with the disease and the exact method for its treatment.

Conversation with a number of local practitioners has brought to my attention that few of them are aware of the possibility of curing thyrotoxicosis by means of x-ray therapy. Several articles on this subject have appeared in various journals in the past few years, but most of them have apparently not been widely read.

Drs. T. A. Groover and A. C. Christy, writing in *Radiology* for March, 1934, report a series of 557 cases treated with x-ray therapy. Their results show 80% cured, 15% improved and 5% unimproved; with a recurrence of 1.19%. Their technique is more or less standardized to include 1 treatment about every 3 weeks, so that in all 6 to 10 or more treatments are given. Foci of infection, such as carious teeth and infected tonsils, are removed. Lugol's solution may be given for several days before each treatment if desired. Men-

tal tranquillity, and inspiring in the patient confidence in the method of treatment are insisted upon. They treat both the exophthalmic type and the toxic adenoma. Groover, Christy and associates wrote a practically similar article in the A. M. A. Journal of May 25th, 1929. Dr. J. T. Stevens, writing in the A. M. A. Journal of December 5th, 1931, reports 270 cases with 90% cured. Beckman, in his 1931 edition of "Treatment in General Practice", devotes a paragraph to this subject and states that a review of the German and American literature seems to indicate that x-ray might be the method of choice.

The manner in which the Roentgen ray causes a cure of the thyrotoxic condition is that the ray is destructive to the overactive thyroid tissue, causing it to atrophy. It has very little effect on the normal skin and normal thyroid tissue unless the dosage is excessive. For this reason hypothyroidism due to excessive x-ray therapy is an extremely rare occurrence. Likewise, injury to the parathyroids, is extremely rare. It usually takes 4 to 8 weeks before definite improvement is noted, and usually at least 6 months before a cure can be established.

This brings to the fore the contraindications which are recognized. A rapidly growing thyroid gland with toxic symptoms should not be so treated in that irreparable damage may be done to the heart before the effects of the x-ray would become manifest. Also a large gland with pressure symptoms necessitates surgery; and, as is true after surgical removal of the thyroid, exophthalmus seldom recedes.

## HEALTH NEWS

By J. B. B.

In Ohio, the first 6 months of 1934 show an increase in the number of deaths compared with the same period in 1933. In this increase is found tuberculosis, the first increase in the number of deaths from this cause since 1926.

The comparison of all communicable diseases for the preceding 4-week period, with previous years continues favorable, with the exception of acute poliomyelitis. The latter still continued above normal in the Western States but with little reflection of the epidemic in the Eastern regions.

\* \* \*

The epidemic of Dengue in Florida shows definite abatement, with an estimated 20 per cent. improvement in the first week of October. Over 6,000 cases have been reported in Miami alone.

"It is the shallowest water that makes the most noise."—*Irish-Ulster.*

\* \* \*

"Empty vessels gives the greatest sound."—*English.*

\* \* \*

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## THE MEDICAL - DENTAL BUREAU

BY J. A. MCGHEE

During the half century period around 460 B. C. Hippocrates expounded and practiced the theory of "Medicine for art's sake". This Greek physician, by his humanitarian conduct, endeared himself to the good people of his time and established a criterion that has firmly ensconced itself in the consciousness of even our present day physician. The "Hippocratic Oath", which lends to the practice of medicine so much dignity, has furnished the foundation for the development of high-minded and unselfish medical men of today.

Ideals, and many ideals are practicable, supply the incentive for our labors. That beautiful example, so religiously followed by our modern day physician, has endured through the ages and the title of "Father of Medicine" so deservedly applied to that saintly old Greek philosopher, seems a fitting tribute to him.

There is, however, a missing link in this theory of medicine. No explanation is furnished as to how this Hippocratic theory might be practiced, with prudent economy, in our modern scramble for a livelihood. Today, the practice of medicine is not greatly unlike any other business. In addition to the need for complete and expensive education, the doctor occupies costly downtown office space, employs the use of expensive modern scientific equipment, automobiles, telephones, electricity, in fact everything required in the modern methods of dispensing medical care. Most physicians today have a greater financial investment in their training and equipment than a thousand physicians found necessary during that period from which the so-called "ethics of medicine" emanated. Yet, there remains in the minds of many physicians a sense of loyalty to that portion of the Hippocratic oath that denounces as "unethical" any consideration of monetary reward for their efforts. That position seems hardly tenable.

The business side of medicine is a more important factor in the future of medicine than many physicians realize. The time for adoption of modern business methods in the practice of medicine is here. On the cover-page of a recent copy of this Bulletin, the writer observed the following quotation from the writings of

John Stuart Mill: "Any comment upon the times should be conceived in a spirit of resistance to ignorant change and equal resistance to ignorant opposition to change". The caption seems highly appropos.

A progressive group of Youngstown physicians and dentists within the past few months has organized and established a modern business unit known as The Medical-Dental Bureau, Incorporated, and are endeavoring to promote and sponsor such beneficial economic movements as may appear expedient. While the fear has been expressed that the new organization may tend to usurp the position of the academic medical and dental societies, such is not the case. Its functions are entirely economic—not academic. Then too, if any think of the Bureau as an institution of force, drastic about collections, that, also, is an error.

While the Bureau does operate an efficient collection department for members, it is not a Collection Agency. It has a permanent and integral part in the future of medical economics and wishes to serve the needs of the Professions by supplying a business unit which may facilitate such modern functions as: (1) Definite organization along economic and administrative lines; (2) a program of education and service to the Professions and to the public; (3) a physicians' telephone exchange, credit rating department, credit bulletin, collection department for delinquent accounts and like features; (4) a satisfactory program of public relations, which includes cooperation with the judiciary, and close contact with newspapers, radio stations, Chamber of Commerce, business leaders, civic officials, legislators and all office holders whose work directly or remotely touches matters of medical practice and the people's health.

It seems clear that you as guardians of the public health should take an active interest in these matters. In addition, acceptance of this responsibility will result in improving yourself, scientifically as well as financially. This, it would appear, is self evident, because an improved financial status gives incentive and encouragement to more ardent scientific effort.

(Next Page)



## NURSING ACTIVITIES

### Grading Committee Completes Work

The Committee on the Grading of Nursing Schools has completed its work. What started to be a 5 year program has continued for 8 years!

This study was conducted by representatives from the American Medical Association, American Hospital Association, American College of Surgeons, American Public Health Association, the 3 National Nursing Organizations, and several members at large. The cost of the study was \$281,213 which was mainly contributed by the nurses themselves with the help of the Rockefeller Foundation, the Commonwealth Fund, and several very substantial contributions from outsiders interested in nursing.

The first objective of the Committee, to grade all nursing schools which took part in the study, was early abandoned and other objectives took its place. Fourteen hundred and fifty-eight schools in the United States took part in the study.

Some may raise the question whether the accomplishments of the Committee have justified the large

### BUREAU (From P. 22)

The medical man must put his own house in economic order. He should embrace sound business ethics. Too much recognition cannot be bestowed upon the high-minded group of public benefactors, who comprise the Medical Profession, for their humanitarian and unselfish devotion to the well-being of mankind. But, people of other callings, who, it is reasonable to suppose wish to serve humanity as earnestly as do doctors, find it not inconsistent with those helpful instincts to use sound business methods. Medical care for the indigent and worthy poor must and will be provided; but those able to do so must be taught to pay for honest medical service. The purposes of The Medical-Dental Bureau are primarily to facilitate these worthy processes.

In conclusion, we emphasize that The Medical-Dental Bureau is thoroughly a cooperative unit. It is owned by its membership, who are ethical practitioners of medicine and dentistry, and are members of their respective academic societies.

We covet your favorable opinion. We honestly feel that the Bureau merits the support of every physician and dentist in Mahoning County.

expenditure of money, time, and effort, but it seems that much has been accomplished. Certainly, if self-activity creates interest, all of the 1458 schools who participated in the program will have profited by what they learned of their own school.

When the Grading Committee first set up its program it took as its function "The study of ways and means for insuring an ample supply of nursing service of whatever type and quality is needed for adequate care of the patient, at a price within his reach."

It may be questioned whether a goal such as that indicated could be attained, but few groups have had in their possession more facts concerning themselves, and possibly no profession has been more united in its efforts to improve its service. The director of the Grading Committee has well said that the Committee has functioned effectively despite differences of opinion, because the welfare of the patient has been its ultimate goal. This, too, is the ultimate goal of the nursing profession.

*The American Journal of Nursing*  
The Alumni Associations of St. Elizabeth's and Youngstown Hospital are holding a dance at the Stambaugh Auditorium on Tuesday, November 27th.

The committee on arrangements assures anyone attending a good time and will be glad to welcome all doctors and their friends.

The October meeting of the District, which was held in Ashtabula October 10th, was attended by 76 members and their friends. Dr. Donald Forward gave an interesting paper on "Dreams and Their Interpretation".

District No. 3 will hold its next meeting November 13th. An afternoon session will be held in the Ohio Edison Auditorium and will consist of demonstrations and papers prepared by the Educational, Private Duty and Public Health Sections.

The evening meeting will be held in the auditorium of the First Baptist Church and will be open to the public. Mrs. Jill Edwards will be the speaker of the evening and her subject will be "Radiant Personality". We are told she gives an extremely good talk. All members of the Medical Society and their families are cordially invited to attend the open meeting.

**"THE KILN"**

BY IGNEUS

The Ohio State Medical Society meeting in Columbus last month goes down in history as quite a feather in our caps. Why? Because our two delegates, Dr. Sidney McCurdy and Dr. L. G. Coe were on their feet in committee and on the floor of the assembly of delegates. This is an unheard of event for Mahoning County. "Best delegates Mahoning County has ever had", was a remark overheard. When we get REAL delegates let's keep them.

\* \* \*

Boston also saw two of our representatives at the meeting of the College of Surgeons in October. Dr. S. H. Sedwitz and our secretary, Dr. Wm. M. Skipp were received into the college as Fellows. Congratulations, men. The Mahoning County Medical Society, symbolic of progressive medicine, feels proud that two more of her members have been honored.

\* \* \*

Do you realize that every suggestion of recommendation made by the Mahoning County Medical Society for the advancement of public health is backed 100% by the Federation of Women's Clubs? It is indeed an honor to be looked upon as leaders by an organization composed of the *thinking* women of this Valley. May we continue to merit this honor.

The Public Health Committee of the Federated Women's Clubs is behind the publicity for the Diphtheria immunization campaign, sponsored jointly by the Mahoning County Medical Society and the Board of Health. Dr. H. E. McClenahan and the members of his Public Health Committee of the Mahoning County Medical Society deserve the highest commendation for their untiring efforts to inaugurate a successful campaign of preventive medicine, namely diphtheria and smallpox immunization. Keep up the good work, boys.

\* \* \*

Undoubtedly there is a physician in Youngstown who can use a stenographer-secretary. In this issue is an announcement for Miss Jean Brenner. She carries the whole-hearted endorsement of Igneus.

\* \* \*

One more issue and our present Editor will take his place with the Ex-editors Fisher and L. Deitchman.

These three men have worked untiringly and unstintingly at their tasks.

\* \* \*

To Dr. J. L. Fisher goes the honor of creating. From nothing he developed something.

Deitchman took the lusty infant and fed it on Heberding's Milk until its dentition was complete.

Norris carried on, and not to be outdone, has immunized it against its childhood diseases to prevent its retrogression.

A noble trio who will soon receive another later to become a quartet.

\* \* \*

Whatever has been said in this column has been primarily for the best interests of the Society. As this is our swan song, let it be recorded that no personal offense has been intended.

Dr. Norris—accept our thanks for the honor conferred.

May the Bulletin continue to grow and improve.

**SPEAKERS' BUREAU**

BY W. M. S.

Dr. Skipp addressed the Swedish Evangelical Lutheran Church, Ridge Ave., October 11th, on the "Copeland Pure Food and Drug Act".

Dr. W. H. Bunn addressed the Portage County Medical Society at Kent, October 11th, on "Review of Cardiac Irregularities". Dr. Bunn will be a speaker at the Union Medical Society meeting in Wooster, on November 7th. His title will be "Recognition of Common Cardiac Irregularities".

Dr. Harold Beard addressed the Trumbull County Medical Society, Oct. 18th, on "Upper Respiratory Infections".

Dr. James L. Fisher talked to the Fathers' Club of Taft School, Oct. 22, on the "Adolescent Boy".

At the Ohio State Medical Association, October 4th-6th, the following papers were read: "Treatment of Diabetes in Children" by Dr. Morris Deitchman, "Complications of Mastoiditis," by Dr. W. H. Evans, and Dr. John E. L. Keyes, discussed the paper of Dr. A. B. Bruner of Cleveland, Ohio, on "Post-operative Treatment of Cataract".

## CLEANINGS

BY W. M. S.

The following members of the Society attended the American College of Surgeons meeting held in Boston: Drs. J. A. Sherbondy, W. K. Allsop, Dean Nesbit, Wm. Skipp, W. B. Turner, F. F. Piercy, P. H. Kennedy, S. H. Sedwitz, Arm'n Elsaesser, Chas. Hauser, B. B. McElhaney, and Fred Coombs. Drs. S. H. Sedwitz and Wm. M. Skipp were made Fellows of the College, Friday, Oct. 19, 1934.

The Youngstown delegation, while in Boston, were entertained by the following members and ex-interns who are doing advanced work in Boston: Drs. Noll, E. C. Goldcamp, P. Shannon, and S. Weaver.

Mrs. J. A. Sherbondy and Mrs. S. Sedwitz marked time while their Doctor husbands attended the meetings in Boston.

Dr. Verne Neel has left the city for the winter in Florida.

Dr. H. E. Welch is at home. What is wrong? Do you not have time to say hello to him?

Mrs. Harry Fusselman is making a slow but good recovery at the North Side Hospital.

By P. J. H.

Dr. A. W. Thomas has removed his office to take up practice of pediatrics at Ashtabula, Ohio.

Dr. Chuck Warnock was confined to his bed for a few days in October with an injured knee, after a fall from his horse.

Dr. John Noll is taking post graduate work in Medicine at Peter Bent Brigham Hospital in Boston.

The following men attended the Ohio State Medical Association on October 4th, 5th and 6th: Dr. Sidney McCurdy, Dr. Wm. M. Skipp, Dr. L. G. Coe, Dr. Morris Deitchman, Dr. O. J. Walker, Dr. J. S. Lewis, Dr. Wm. Evans, Dr. Wm. Bunn, Dr. R. B. Poling, Dr. A. C. Tidd, and Dr. C. H. Campbell.

Dr. Gordon Nelson is a patient at the North Side Hospital, being ill with typhoid fever for the past few weeks. He is now much improved.

Dr. E. C. Goldcamp is taking post graduate work at The Massachusetts General Hospital in Boston.

Dr. J. R. Buchanan has returned to Iowa City to continue the study of orthopedics after a visit with his relatives in the city.

Dr. H. E. Hatnhorn, "Tarzan", is  
(Next Page)

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**GLEANINGS** (From P. 25)  
now the proud father of a boy—  
October 8th.

Drs. Wm. Skipp and Sam Sedwitz  
have joined the College of Surgeons.

BY S. T.

Dr. M. W. Neidus presented a pa-  
per on "Edema" at the October Staff  
Meeting of St. Elizabeth's Hospital.

The weekly clinical conferences  
held in the dispensary auditorium of  
St. Elizabeth's Hospital have been  
very interesting and well attended.  
The Staff and Authorities of the  
Hospital invite all members of the  
Mahoning County Medical Associa-  
tion and their guests to attend these.  
They are held every Friday morning  
at 11:00 A. M.

Dr. and Mrs. O. G. Dreiling an-  
nounce the birth of a son on Satur-  
day, November 20th. Dr. Dreiling is  
a member of the Dental Staff of St.  
Elizabeth's Hospital. Mrs. Dreiling  
(Margaret Hewitt) was formerly  
Pharmacist at the Hospital.

The Nurses Alumnae Association  
of both hospitals are holding a dance  
at the Stambaugh Auditorium on  
Tuesday night, November 27th. We  
are all urged to attend.

### MEMBERSHIP

The names of the following appli-  
cants for membership were read and  
referred to the censors: Dr. Lloyd  
C. Couchman, Sebring; Dr. Morris S.  
Rosenblum, and Dr. Walter J. Ty-  
mochko, Youngstown.

### SMACO

For patients who object to the  
taste of fish liver oils Smaco Caro-  
tene-with-Vitamin D Concentrate in  
Oil supplies both vitamin A and D  
effect in small bulk and palatable  
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Carotene represents the form in  
which a great deal of the vitamin A  
activity is obtained in the normal,  
well-balanced diet. Unlike other  
therapeutic forms of vitamin A ac-  
tivity, it is derived entirely from vege-  
table sources and therefore has no  
fishy taste.

Smaco Carotene-with-Vitamin-D-  
Concentrate-in-Oil combines the ad-  
vantages of Carotene, (Pro-Vitamin  
A), with Vitamin D Concentrate  
which is prepared for therapeutic use  
by a process developed in the labora-  
tories of and controlled by Columbia  
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**TWO'S COMPANY THREE'S A CROWD**

"Sickness is a matter intimately personal. It is a time when sincerity of dealing cannot be compromised nor human feelings flouted.

"How disturbing, then, is the thought of having a third person or alien party exercise an influence on the relationship between the patient and his physician, the two persons who, above all others, are most vitally concerned when sickness enters the home.

"Yet this third party influence, with all its unpleasant and disturbing sequels, will inevitably be thrust upon patient and physician should some of the current new schemes of medical practice ever gain acceptance.

"Carried to their full development, such plans would mean that your family doctor would be the hireling of a commercial organization or of a department of the state, the former built up necessarily by business promotional efforts, high pressure salesmanship and price competition, the latter made compulsory by legal enactment.

"Experience has already shown that contract or insurance schemes would not be successful if they observed carefully the principles of conduct and fair competition which operate as definitely for the public good as for professional honor. In these principles financial gain is subordinated to the prime object of service to the patient and to humanity.

"Furthermore, the history of some of these ventures reveals highly deplorable tendencies. "Scare head" advertising has appeared as a means of frightening people into subscribing for memberships. Medical service has been promised at ridiculously low and actually impossible rates. The services of hundreds of physicians have been promised to subscribing members, whereas actually but a small fraction of that num-

ber were "signed up" and available. Patients have found that they must be served by the physician assigned to them, not by the man of their choice.

"No, the fine, sympathetic, humanitarian service at present rendered by the family physician can never be satisfactorily replaced by a commercial organization that retails medical service for a profit, nor by the state with a mechanized or regimented medical profession. The interjection of such agencies between patient and physician is unnecessary and cannot fail to be disturbing to all parties concerned." — From Mead Johnson & Company's Announcement in Hygeia, September 1934.

**YOUR MONEY'S WORTH**

For \$10.00 per year you receive membership in what is really an exclusive club of many activities. First, it is a study club, with plenty to challenge the best brains in the Society, and with subjects for study in which everybody has an interest. Secondly, just about every social diversion is offered,—golf, bridge, tennis—the whole thing. Then there are the pleasant contacts at the banquet board, the informal exchanging of points of view, the discovery, consequently, that the fellow you thought to be either dumb or an iceberg is neither, but is a down-right good sport! The Mahoning County Medical Society is a \$500.00 club for only \$10.00. Think of it!

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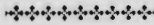
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### COLLEAGUES (From P. 11)

#### Health Insurance

"To my mind this (health insurance) is what we will ultimately face and be forced to accept unless we embrace it. It is already here. The compensation laws of Georgia place the burden of insurance on every individual or corporation who employs ten or more. About 98 per cent. of all cases falling under this law can be and are taken care of with the \$100.00 limit. The remaining 2 per cent. are partly taken care of by the hospitals and physicians. Social workers are largely responsible for agitating health insurance and business groups will take it up when it is ripe. Strange to say, no country where it has been in force has ever dropped it. In times of depression, it has been forced on other countries as a social political move started by Bismarck in 1883 to gain support of the Social Democrats. It is considered a palliative measure against social revolt. Our economic condition, at present, is ripe for just such a move. Bills providing it are before many states now. Are we ready to control it or will insurance companies, social workers, or politicians handle it for us?"

A. G. FORT, M.D.—*From Milwaukee Medical Times.*

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*Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.*



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### Pharmacists Hear Of New Type Store

Two types of drug stores will exist in the future, delegates to the National Pharmacy Week Congress in Hotel Cleveland were told yesterday by Anton Hogstad, Jr., of Washington, former professor of pharmacy and chairman of the National Pharmacy Week executive committee.

"In cities of more than 25,000 population will be found the professional pharmacy on the one hand and the merchandising type of store on the other," Hogstad predicted.

"Professional pharmacies will offer the allied professions and the public a distinct type of professional service that the average drug store is unable to give," he asserted, "because of its many sidelines."

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**S. Q. LAYPIUS OBSERVES**

We learn that leaves from hymn-books were used as wadding for guns at the Battle of Springfield. "Onward Christian Soldiers".

Ex-lion-hunter kills skunk. "Ye gods, how the mighty hath fallen."

For the "forgotten man", we nominate Jack Garner.

Report from Italy of a small boy, falling from the fourth floor of a building, and being caught like a football by a pedestrian. We are happy that a drop-kick was not attempted.

Harvey Firestone avers that this country is sound. Sort of a hollow sound, if you ask us.

To a writer in the Plain Dealer, the lower birth rate is alarming. But did he ever try to sleep in an upper?

48 million persons are registered to vote on Nov. 6, and they probably will unless it is rainy or cold or the baby has the colic or there is a bridge-lunch

or a business conference or they have a headache or they just don't feel like it or the voting-booth is too far away or they forgot or what difference does it make or their vote won't count anyway or all politicians are crooked or the country is going to hell or they don't care who gets elected or they don't have a decent dress to wear or guests appear unexpectedly or their rheumatism isn't so good or the car won't start or, or, or,---. Of this number it is estimated that seven have studied the qualifications of the candidates.

Wadsworth banker, sentenced to the penitentiary, has trouble registering there because his papers are not complete. Even the hotels are not that snooty.

In Cleveland a bear got away from a menagerie and strolled down Prospect St. Poor deluded animal was probably looking for Wall St.

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