

BULLETIN

of the

Mahoning County
Medical Society



"Man [Physicians?] is now master of his own destiny where once he was subject to only the grim hand of fate."

JAMES S. McLESTER, M. D.,
from his Presidential Address.

August, 1935

Volume 5

Number 8





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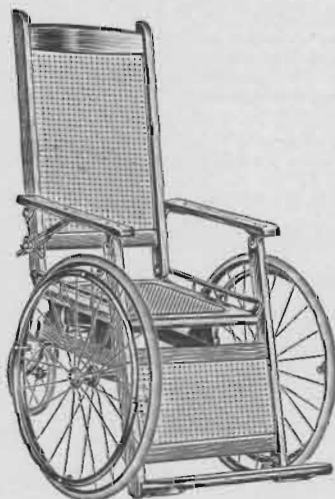
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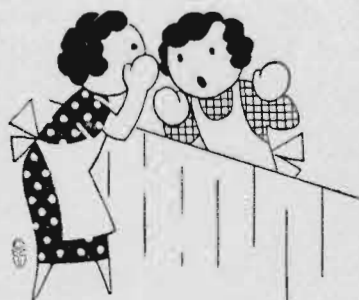
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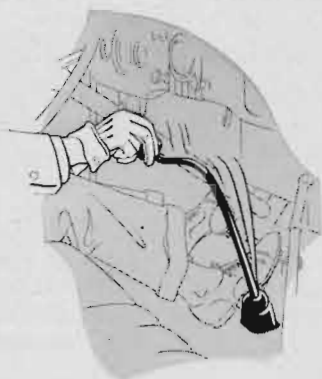
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68.0	Caloric Value per 100 cc.	68.0
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* Average per cent according to Holt, "American Journal Diseases of Children", Vol. 10, page 239, 1915.

† Friedenthal, H. -- Ueber die Eigenschaften kuenstlicher Milchsera und ueber die Herstellung eines kuenstlichen Menschenmilchersatzes. Zentralb. f. Physiol., Vol. 24, 1910, page 687.

‡ Davidsohn, H. -- Ueber die Reaktion, der Frauenmilch. Zeitsch. für Kinderheilk., Vol. 9, 1913, page 17.



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PRESIDENT'S PAGE

THERE has been entirely too much talk recently about chiseling among the doctors. It was my privilege recently to testify before a committee of the Ohio State Senate studying the Industrial Commission of Ohio. Many of the questions asked were regarding the curbing of unfair practices by doctors, such as prolonging disability and treatment of patients and rendering exorbitant fee bills. A plant manager appearing before me testified that it was the practice of the doctors to "grab 'em and bleed 'em." After receiving appropriate treatment for shock and becoming coherent the writer earnestly attempted to refute his testimony but from the character of the questions asked and other comment heard it was fairly easy to grasp the idea that among some industrialists and industrial insurance heads it was an accepted theory that doctors would chisel when, as, and if they could.

Another thing: in most every discussion of the Emergency Relief setup there has been mention made of chiseling by certain doctors. It has been stated that considering the small amount paid per patient divided into the size of the bill rendered, it would be impossible to treat so many patients and render good service. This is absolutely true and it will be true in any system of State Medicine. The low cost, mass production, idea applied to medicine never did and never will make for a high type of service.

This is not intended to be a defense of chiseling—it is rather intended to be a denouncement, but it is a defense of doctors. Let us consider what chiseling is, who does it, and how it is done, so that the doers and their methods may be *properly* denounced. It is my premise that the doctors are on the receiving end of the chiseling; that they are indeed the most chiseled class of honest, earnest, easy-going, defenseless, unorganized people to be seen today. Funk and Wagnalls define chiseling as a verb meaning to cut, carve or engrave. This definition is scarcely adequate, although the word cut is highly suggestive. In our modern jargon, the meaning of the word may be said to include the taking of unfair advantage, the grasping of profit to which one is not entitled, the failure to hold up one's end of a bargain or agreement.

When an Industrial Commission cuts a fee bill to a point where the remuneration does not justify adequate service to the patient—who is being chiseled? If the doctor goes ahead and renders adequate service any way, as they fully expect he will, then the doctor is chiseled. If he renders only the kind of service that is paid for, then the patient is chiseled. But is it by the doctor? When a Federal Government makes a contract with individual doctors under which they will supply certain services at a special (reduced) fee and then does not live up to the agreement, but cuts the fee after the bill is rendered to a point where the expense of rendering service is not covered—who is being chiseled? It is scarcely believable that doctors could be accused of chiseling in such a setup where the remuneration is so small that they are in the position of paying for the privilege of doing the work.

I firmly believe that all this chiseling and even the talk of it among the members of this Society can be stopped. I mean that we can put ourselves in a position where there can be no suspicion that any member of this Society resorts to unfair practices. And more than that we can stop being on the receiving end. To accomplish the first purpose, we must have a fearless attitude on the part of the Board of Censors. Any question of improper practice by any member of this society must be referred to the Board of Censors at

(Continued on page 255)

August



BULLETIN

of the

MAHONING COUNTY MEDICAL SOCIETY

AUGUST 1935

NON-STOP FLIGHT

WHATEVER else may be "out-of-joint"—the "Hamlet-ian" notion that "The times (meaning *all things*) are out of joint," does not apply to medicine. Oh, of course, some things are not as they should be. But scientific achievement goes marching on.

Recently we made a survey of subjects treated in four or five of the leading medical publications for the month of June. There we found two or three dealing with psychiatric problems, not haphazardly, but with careful clinical and laboratory checking. Several painstaking papers revealed real progress in endocrinology and glandular physiology. Cancer commands the experts not only in medicine, but in the allied sciences, such as bio-chemistry. The large and baffling field of allergy gets its due quota. Bacteriology, chemistry, and pathology are penetrating into the delicate exactitude and discrimination needed to avoid pitfalls in interpretation. Explorations into the mysteries of diseases of unknown causes are not only broad and sweeping but are detailed to the nth degree, still displaying perspective.

Then the writers. We looked a bit into the picture to see who and where they are. Most of them are active practitioners of medicine. True enough, they are generally associated with teaching institutions. But their incomes are not augmented particularly because of their deep interest in discovery. Many are on full-time salaries—and their salaries, comparatively speaking, are nothing to boast about. With these, hand in hand, go the scientists of allied fields. These people are still worse-paid.

All this suggests that, after all, the pure love of the chase, the thrill of mastery, is not dead yet. At least among those who classify as "men against death."

And the chances are that these workers are happy. In fact, contacts with them seem to prove it. To say the least, they are not, apparently, harassed by trivial and transitory events. They develop, perhaps, that to which Matthew Arnold referred when he said, "Inwardness, mildness, and self-renouncement do make for men's happiness."

SECRETARY'S REPORT

At a meeting of Council on July 15th, 1935, the Medical-Economics Committee reported definite changes in the Federal, State and County medical relief program. The Medical-Economics Committee will act in an advisory capacity. Starting with the 1st of July, the relief program, as far as we are concerned, will be under a Committee as recommended by the Ohio State Medical Association. This Committee is composed of a member of the Medical Society, Dental Society, Nursing Association, and Pharmaceutical Association. The member from the medical society will be the Chairman, and, if necessary, be put on part time at a reasonable salary. This arrangement satisfied the entire committee. Dr. W. X. Taylor has agreed to take over this responsible position. This State set-up has been approved by the Federal Relief Director at Columbus.

The Council urged the Medical-Economics Committee to prepare a minimum fee schedule so that this matter could be presented to the Society at an early date.

The Council felt that it would be necessary in the near future to have an understanding with County and other subdivision authorities in regard to the care of the indigent unemployables which are being turned back to them for care of all description, medical included. Therefore, it is necessary that we all know what we are to receive for this type of work. This schedule is being formulated, and will be available at an early date for the members' additions and corrections.

In a communication of July 11, 1935, from the State office, we are requested to be prepared to handle the indigent through the proper subdivisions, as that office feels that the Federal and State governments are going definitely to step out of all forms of relief in the very near future.

The State also requests that we make contact with the County Old

Age Pension Superintendent, so that an agreement can be worked out whereby these pensioners can be cared for under a plan similar to the unemployables, if possible.

The annual picnic of the County Society was held July 25, 1935, at the Youngstown Country Club. The members who love the sport of "lake golf" had a very enjoyable game. It started to rain early in the afternoon and by evening the course was a lake. On many of the greens a boat was necessary. Due to the wetness of the day, the trustees of the Club have agreed that on September 19, 1935, all Society members who paid greens fees may play off their matches.

The evening was very dry, but hot. One hundred members enjoyed a very sociable evening and dinner that could only be prepared and served by the Club caterers.

The following men received golf prizes (Because of no game, the prizes were distributed by drawing of numbers): Drs. Cafaro, Sisek, J. Ranz, L. G. Coe, Scofield, Taylor, E. C. Baker and Goldberg.

The Committee is to be congratulated on a very successful and enjoyable day.

Membership

The following men have been passed by the Censors and Council: Dr. Paul J. Mahar, 5 Warren Ave.; Dr. S. Raymond Cafaro, 325 Lincoln Avenue; Dr. Charles H. Warnock, 101 Lincoln Avenue; Dr. Samuel Schwebel, 505 Central Tower; and Dr. Enrico DiIorio, 280 E. Federal Street.

If there are any objections to these becoming members of our Society, kindly communicate in writing to this office within 15 days after the publication of this notice.

WM. M. SKIPP, Secretary.

"A prejudice is a vagrant opinion without visible means of support."
Ambrose Bierce.

PRESIDENT'S (From p. 252)
 once and the least that can be expected of them is a thorough and impartial investigation with their findings and recommendations reported to the Society as a body. To accomplish the second purpose, *we must have a close-knit organization and a fee schedule which is fair.* When any new contracts are made by members of this Society individually or as a group, the fee schedule should be the basis of it. The time has come for us to name the conditions under which we will work and stick to them. Our Economics Committee has ready now a fee schedule to be presented for your approval. We will then have the means for preventing chiseling of the medical profession provided that courage is not lacking to use it.

JAMES L. FISHER.

Dr. W. C. Autenreith Enters Proctology

Dr. W. C. Autenreith, long one of our practitioners, has announced that he will confine his practice to proctology. His office is 2714 Market Street.

Dr. Autenreith worked with Drs. Lynch and Yeoman at the New York Polyclinic in 1927, and recently returned from taking a course in proctology with Dr. Buie at the Mayo Clinic.

Picnic All Wet

"Singing in the Rain," about 100 members of the Mahoning County Medical Society played golf at the Youngstown Country Club, Thursday, July 25th. In the evening they enjoyed an excellent dinner, and then came quiet conversation, lovely music, and all those dignified diversions to which our serious dispositions dispose us.

Golf prizes were won by Drs. Cafaro, Sisek, Joe Ranz, L. G. Coe, Scofield, Taylor, Baker and Goldberg. "Sur-prizes" were largely dis-

pensed at the festive board and following.

Because of the rain the Country Club management, always gracious, will allow those who paid greens fees to play again on September 19th, without additional expense. More about this event will appear next month.

My Tonsils

By L. W. CELLIO, M. D.

There were some things that made
me choke,
Thought some times I'd surely croak,
What were they? My Tonsils.

There were some things large and
red,
Like two sentinels in a shed—
What were they? My Tonsils.

There were some things that caused
me pain,
Made me feel like raising Cain,
What were they? My Tonsils.

But presently a Doctor came,
Looked, and found what were to
blame. —
What were they? My Tonsils.

Then while I breathed through a
mask
The Doctor quickly did his task, —
Removing, — My Tonsils.

And now within a jar they lie,
Sure enough, they're doomed to die,
What *are* they? My Tonsils.

As I lie in bed reposing,
Some times doubtlessly I'm dosing,
But I gladly say in closing, —
Thank fate, they're out:
What? My Tonsils!

No bird has ever uttered note
That was not in some first bird's
throat;
Since Eden's freshness and man's fall
No rose has been original."

—Thomas B. Aldrich.

OPINIONS OF OTHERS

By P. J. F.

"When all is done, the help of good counsel is that which setteth business straight."—BACON.

WHAT DOES THE FUTURE HOLD FOR THE MEDICAL GRADUATE?

FRANK F. BORZELL, M. D.

Chairman, State Society Committee on Medical Economics.

Excerpts. From *Pittsburgh Medical Bulletin*.

The implication in this query is obvious. If this question had been propounded 25 years ago, the questioner would have been asked, "Why the query?" Then, the medical graduate visualized a life of service to his fellow men in a profession honored and respected. The family doctor was still a man set apart, a councilor and friend to the recipients of his ministrations. He was the embodiment of unselfish service; he was looked upon as a benefactor, a philanthropist, a humanitarian, a father confessor. He traveled in his "one-hoss shay" by day and night, over roads indescribable, in rain or shine. His armament was simple and inexpensive. His greatest stock in trade, his greatest asset, was his personality, his keen insight into human nature, his boundless sympathy often cloaked, as it was, by a brusque exterior that superficially belied the inspired soul lying within. He was even somewhat of a mystic. In short, 25 years ago or a little longer, the family doctor was the inspiration that fired the young man to seek a medical education. The family doctor visualized to the young aspirant for the degree of Doctor of Medicine a life given to service that had for its compensation a respected position in society, an appreciative community to whom he might minister, and an assured economic status. Under such conditions there was no need to raise the question, "What of the future for the medical graduate?"

Today, however, the question has an infinitely more significant portent. There are ample reasons for specula-

tion concerning the days and the years ahead of him who would aspire to graduate in the art and science of medicine. Twenty-five years ago no one would have hesitated to predict a happy future for the young physician, yet today he who would venture to predict what the next quarter century will evolve must assume the powers of an inspired prophet or, what is more likely, would be classed by his confreres as mentally unbalanced and suffering from the egomania of a paranoiac. The futility of prophecy is evident in the very change in the complexion of medical service of today over that of 25 years ago.

To contemplate the details of this change and the many factors involved would serve a useful purpose and would be enlightening in our efforts to catch a glimpse of the future, for in these changes are to be found the causes for the apparent chaos of today. Even though we can not, in our human limitations, scan the future, we can and must consider trends and tendencies. We may not hope to know the future, but we can in a measure determine for ourselves certain courses that we will follow and thus mold for ourselves some part of our destinies.

In a conversation with the medical director of one of the largest medical schools in the country this educator intimated the probable future educational trends. He suggested that medical education should provide for four

distinct classes of students:

1. Those preparing for general practice, with stress laid upon established clinical methods, and more thorough training in the more common ailments such as constitute about 80% of the demands for medical services.

2. Post-graduate preparation for the specialties after some active experience in general practice.

3. Those students who by desire or special aptitude contemplate a devotion to research.

4. Those desiring to qualify for public health work or social welfare, looking to a degree of Ph. D. in medicine, or some similar designating degree.

This last classification is cited because of a crying need for public health and social welfare workers who have a real medical background.

I cite these possibilities, not only to indicate future trends in medical education but also to indicate the broadening scope of medical service in the future and the greater possibilities and widening avenues of endeavor possible for the medical graduate of today. From a scientific standpoint the medical graduate has indeed a brilliant future.

There has been considerable stress laid upon the statement that the medical profession is overcrowded. If one bases this statement solely on the basis of distribution of general practitioners per unit of population it is probably true. If based, however, on geographic distribution I doubt the truth of this statement. If, however, one considers the potentialities for medical service in the fields of public health, preventive medicine, hygiene, etc., at the risk of criticism and contradiction I state that we have ample room for many more physicians. There can be no doubt that infinitely greater advances in public health and preventive medicine could be made if we could but replace thousands of so-called sociologists and

Ph. D.'s without any real medical qualifications engaged in attempts to direct activities of a truly medical nature. I say, could we but replace them with physicians who have acquired the technical training of these individuals, real progress would be made, and not at the expense of the medical profession or the taxpayer. The reason for this situation lies probably at the door of the medical profession itself in that we have been so completely engrossed in our efforts to conquer disease "per se," and alleviate the individual sufferer, that we have literally locked ourselves into the sickroom, permitting in the meantime a usurpation of our prerogatives and trusts by those not best qualified. Time will not permit a very desirable elaboration of this theme.

This leads us, however, to another phase of our question; namely, the economic side. I approach this with some diffidence, since it calls for a consideration of not only our own economic problems, but involves the economic status of society as a whole. The purpose of this discussion is not to delve into the many aspects involved in our modern conception of medical economics. The term itself is very unsatisfactory, but by common usage has grown to include so many diverse aspects of medical practice as to make one wonder as he becomes involved in its many ramifications whether he is not learning more and more about less and less, or less and less about more and more.

With an ever-increasingly awakened consciousness of the public in health matters, with the continually widening fields of usefulness of medical services, the medical profession occupies a unique position in that it will forever remain an essential part of any social structure.

As we look upon society today we are struck by the demands of certain well-intentioned pseudo-scientific sociologists to cast aside the old tradi-

tions, discard the old order of things and accept programs which they would have us believe will hasten a day of universal peace and happiness. They present panaceas for this and cure-alls for that, until it is no wonder that the nation has reached a state of bewilderment and chaos. It is on such fallow soil that those with pet theories and with the determination and ardor of the reformer plant their seeds of discord and irritation that have only one final objective, whether intentional or unintentional, namely, social upheaval.

The obvious weakness of systems and conditions actually in force are easily picked upon and criticized, while the untried proposals readily escape such specific criticism and thrive and grow on promises and theories that are indeed attractive and often embody the Utopian dreams of most of us.

Since medical service and its embodiment, the medical profession, is still very largely an art, and since the physician is still a human being subject to the limitations of the finite mind, and since human nature is what it is, no difficulty is experienced in picking us to pieces. Ever since the beginning of the activities of the million dollar Committee on the Costs of Medical Care, there has appeared a steady, persistent series of accusations against the organized medical profession; charges have been made such as "the medical trust," selfish interests, reactionary, etc.

From this point on the discussion includes not only the recent graduate but equally as much those of us whose course is partly run. Those of us who are approaching the divide and beginning to slip downward into the valley of life are prone to be actuated by influences and habits of thought somewhat different, perhaps, than those of more recent years. On the other hand, the younger generation is being reared in a social atmosphere

of unrest and change. Because of this, and, more significantly, because of the fact that they must carry on after we have disappeared from the scene, it is important that we be not too rigid in our attitude and that we give serious consideration to their future, however much we may desire to maintain a status quo that to us appears to be the best.

Nevertheless, much as some of our younger generation may feel that a change would be desirable, we can not but weigh the possibilities of certain suggested changes against long years of successful accomplishment and caution against the acceptance of what appears, in a period of stress, to be a momentary advantage, only to learn too late that we have been betrayed into the hands of the Philistines. This is our obligation to the men who are coming on. The refining fires of tribulation are still at work. The disturbing influences of recent years have awakened the profession from their sociologic lethargy to a realization of a broader responsibility to society.

Unfortunately for our peace of mind and for our desires to be let alone to leisurely practice our art, a vindication of our past performances is not going to relieve us of the necessity to step out of the sickroom and take our place as an organized profession in the councils of society and government. Much as we, as physicians, *may find it irksome to hurl ourselves into the maelstrom of social and political upheaval, we have no other course if we wish to completely fulfill our function as the custodians of medical services to the people.* This compels us to study carefully every social movement in order to intelligently guard our trust and, in the spirit of sympathetic consideration for the economic problems of our patients, lend our influence toward the maintenance of basic principles necessary to a healthy growth, not only of the individual, but of society as a

whole. One thing is certain: that we are primarily interested in the maintenance of the highest type of quality of medical service we can render. We always have been and always will be, no matter how much we may be accused of being reactionary, for selfish reasons.

I believe, nevertheless, that the future of medicine rests largely in our hands and that the brightness of that future will be in direct proportion to our professional solidarity and our insistence upon unselfish, unimpeachable ethical standards now established.

May I, at this point, quote from some lines recently penned by Florence Fisher Parry in her column "I Dare Say" in the *Pittsburgh Press*:

"There is much talk of state control of medicine; and legislation dips its partial fingers into the sterile waters of our doctors, seeking to arbitrate over their mission of mercy. I Dare Say there are certain restricted fields of medicine in whose confines the legislative hand could work productively. But the ineffable value of the *human touch* in medicine is something that transcends all legislation. What legislation, indeed, what politics, what state control or organized social program can hope to substitute that *human bond* that exists between the *family doctor* and his patient?"

The future of the medical graduate will be determined largely by the ability of the organized profession to continue along the humane and ethical lines that have been the stimuli for ages to a steady, onward progression. One need but compare the progress of American medicine in the last 50 years with the gradual regression and scientific as well as ethical stagnation more and more evident in Europe.

In conclusion, my answer to the query propounded for the purposes of this discussion, namely, "What is the future of the medical graduate?", may be summarized in a few words. Your professional future is successfully assured if the basic standards of medical ethics can be maintained. Your future and the future of all medical services are dependent upon the strength of organized medicine. The profession alone has acquired that spiritual vision so necessary in the performance of its holy duties. Laymen do not, and can not, take upon themselves the professional cloak and wear it with honor.

Finally, so far as the organized medical profession successfully defends its ethical traditions and basic principles, just so far will the practice of medicine remain an honored profession. Some scientific advances will be made in spite of any deterrent influences. The sick must be cared for; public health must be maintained. How well this will be done and how happy we will be in the performance of these services rests largely with you and me as members of a united, inspired, organized profession.

Gleanings

By W. M. S.

Dr. Sidney McCurdy is vacationing in East St. Johnsbury, Vermont and Boston.

Dr. Fred Coombs is physician at Camp Fitch, the Y. M. C. A. camp on Lake Erie.

Dr. D. H. Smeltzer was recently married to Miss Florence Buehrle.

Dr. J. A. Sherbondy is up and around. This will be pleasant news to his many friends.

Dr. Harry Welch is getting out a little.

Dr. John Hardman is still confined to his home.

Dr. William Evans was recently confined to the hospital for a few

(Turn the Page)

DR. WILLIAM P. LOVE

On July 11, 1935, taps sounded for another of our number, Col. Wm. P. Love, M. D., and he has gone to enter the silent Bivouac.

Our sympathies go to his bereaved family.

days, but is out and at work again.

Dr. Paul J. Fuzy is taking a course in Proctology at the Mayo Clinic.

Dr. Autenreith has just returned from an extensive review of Proctology.

Dr. G. Kramer is vacationing in the East.

Dr. D. H. Hauser, the Coroner, is spending his vacation on Lake Erie.

By S. J. T.

Dr. J. N. McCann is attending a six weeks postgraduate course in Cardiology at the Michael Reese Hospital in Boston.

Dr. J. E. Hardman is spending several weeks in the south. He is convalescing from a recent illness. He is feeling fine and should be back on the job in a short time.

Dr. Saul J. Tamarkin passed the examination of the American Board of Radiology held in Atlantic City during the recent meeting of the American Medical Association.

Dr. W. H. Colbert is improving daily and should be back in practice any time now.

Our Nurses

Miss Margaret Mullen, who has been instructor of nurses at East Liverpool Hospital since her graduation from Youngstown Hospital in 1931, has gone to New York to take a summer course in Nursing Education at Columbia University.

Miss Ethel Hopkins, instructor of nurses at St. Elizabeth's Hospital, is studying for her Master Degree at Columbia University.

Miss Ruth Neilson, Youngstown Hospital graduate class of 1931, who spent last year studying at Columbia University, has returned to the North Side Unit of Youngstown Hospital and is now filling the position of assistant directress of nurses.

Miss Josephine Bell, Youngstown Hospital graduate class of 1931, has accepted a position as instructor in Christ's Hospital, Jersey City. Miss Bell completed her course at Columbia and in June received her degree in Nursing Education.

Miss Louise McQuiston, Youngstown Hospital graduate class of 1929, was married July 6th to Kenneth Carroll. Mr. Carroll is an electrical engineer and is employed in New Philadelphia, Ohio.

District No. 3 will have its September meeting at St. Elizabeth's Hospital. The speaker has not yet been decided upon. District No. 3 has 630 members for the current year.

During 1934 of the 88 counties in Ohio 62 used the 8-hour plan for nurses exclusively. In 4 counties, 1 of which was Youngstown, the plan was optional and 22 did not use the plan at all.

Miss Elsie Druggan of Athens was reelected president of the Ohio State Nurses Association for the current year.

"It is the test of reason and refinement to be able to subsist without bugbears."—*William Hazlitt*.

August

*Next Month***DR. EVERETT D. PLASS**

Professor of Obstetrics, University of Iowa

Subject

"Simplification of Obstetric Care"

Tuesday, September 17, 8:30 P. M.

YOUNGSTOWN CLUB

Autumn and Winter

October

DR. CHAS. GORDON HEYD

Professor of Surgery, Columbia University

November

DR. H. L. BACKUS

Professor of Medicine, University of Pennsylvania

December

ANNUAL MEETING

January

ANNUAL BANQUET

February

Not Ready

March

DR. ELLIOTT P. JOSLIN

Professor of Medicine, Harvard University

April

POSTGRADUATE DAY

Group from Columbia University

Important Special Meeting

A Special Business Meeting is called to discuss and act upon a minimum fee schedule and other matters vital to each and every member of the Society.

PLEASE BE PRESENT!

Tuesday, August 20th, 8:30 P. M.

YOUNGSTOWN CLUB

DR. McELHANEY'S TALL STORY

It occurred in Canada. The scene was that locally-famous stream, rightly called "Mad River." The "act" took place 200 yards below a dam and falls of 20 or 30 feet, in a large pool 100 yards in diameter. As we approached I heard a sort of muffled coughing or barking. I asked the guide what it meant. He told me that a mad wolf had bitten some fish last fall. But he had thought the afflicted ones were all killed off or had died of rabies, otherwise he would not have brought us down there.

We talked the danger over, but decided to go ahead. As we passed a dogwood tree by the edge of the water, we noticed that the bark was all ripped off on the water side of the tree. The guide looked worried and said that evidently there was a mad muskie or two left. He said that a mad muskie was fond of dogwood berries. Sometimes they could not wait for the berries to get ripe, and ripped the tree if it stood close to the water, so as to get the same flavor from the sap.

Again we talked it over: shall we retreat or not? But I promised my companions to give the anti-rabic treatment free of cost if any were bitten, so, on we went. To tell the truth, we thought the guide was just weaving a "fairy tale" to us green horns, and we were not really much worried about it.

When we arrived at the big pool, I, having boots on, waded through 2 or 3 inches of water to a large gravel bar standing out dry at the head of the pool. At my first cast, Bang! came a heavy strike, and a large muskie broke water about the middle of the pool. I pulled hard at first and he rushed in to my left in a couple of feet of water. I *estimated* him at 6 feet long and 150 pounds. He was frothing at the mouth and the froth and bubbles were carried off down stream to where my companion was standing, about a hundred yards away, at the next riffle.

At first I was scared stiff, but realized that he could not get at me as long as he was in the water and I was on dry land. Just then he rushed off again. I was tempted to cut the line and run. But my Scotch temper arose—along with the remembrance that I had paid \$1.50 for that bait he was stealing! So I hung on. The next time he rushed at me I reeled fast while walking backward to beach him. I would have succeeded, but his nose struck a rock in the sand bar and my line snapped. I almost died of despair, right there. However, the blow to his nose on the rock stunned him and he lay over on his side. I dropped the rod on the gravel bar, and, forgetting all about rabies, rushed over and recklessly jumped

(Continued on page 272)

August

DR. COLIN R. ("C. R.") CLARK

By H. E. PATRICK, M. D.

Lovers of Mendelian speculation would doubtless find much of interest in the subject of this sketch. Dr. C. R. Clark, who to his hosts of friends is known as "C. R.", could boast, were he given to boasting, of a long line of pioneering, ambitious forebears. They were early Americans of Scotch-Irish extraction, religious people, plain and honorable people, establishing schools, teaching, clearing forests, farming, practicing medicine, preaching, fighting in our various wars, but withal believers in progress, law and order.

In the year 1690 we first find record of Colin McFarquhar, a devout Protestant Scotchman, fighting in the battle of The Boyne, which came about through the Scotch forcing Protestantism into the North of Ireland. Following this he settled there as a missionary, and his grandson, who bore his name, later became a minister and was sent to the Colonies across the sea. Here he settled in Donegal, near Lancaster, Penna., in the Eastern part of that State, and established a church. When the War of the Revolution in the American Colonies came about, he was a loyal Tory, but members of his flock persuaded him to become a staunch Colonist; and while he did not bear arms, he threw all his energy into the Colonists' cause and took part in

establishing our present government.

Some time after this war, his daughter Janet married Alexander Reed, another Scotch-Irish pioneer who had settled in the West, in Washington County, Penna., raising sheep and farming. Their son, Colin McFarquhar Reed (named for his grand-

father), married a Miss Chapman from New England, then a teacher in the Washington Seminary, a school for young ladies which Mr. Reed helped establish in 1836, and which continues to this day. From this marriage there were two sons and three daughters—Colin, Alex, Laura, Ethelind and Alice.



Dr. Colin R. ("C. R.") Clark

Matthew Henderson Clark studied at Jefferson College in Canonsburg, Penna., and then was graduated from the Medical Department, now Jefferson Medical College of Philadelphia. Dr. Matthew Clark was of the highest type of the old-time family doctor, driving his horse and buggy over dusty or muddy roads in summer heat or winter storm, covering miles of roads or lanes in all directions.

His oldest son, James R. Clark, returned from the Civil War too eager to be active to settle down patiently to the four years of study necessary to follow in his father's footsteps. So the shorter course of pharmacy attracted him, and he opened a drug

store in Washington, Penna. Here he married Laura Reed, and to them, three children were born, Ann, Colin and Isabelle. But the lure of the West, "the new promised land," kept tugging at him, and soon he and his family moved to Mandan in the Dakota Territory, now North Dakota.

Colin Reed Clark (our "Dr. C. R."), named for his grandfather, the only son of James R. Clark, studied in the public schools of Mandan, but his joy was in the drug store which his father had established. His choicest reading was "The American Druggist." Woe to his unsuspecting sisters, when a new or different drug was described! If they did not obligingly have the required illness, it made no difference. The medicine would be tried out on them just the same. All his spare hours were spent in that store. Every prescription was pondered over. Then the *Materia Medica* came into play, and many a prescription was compounded by the assistant pharmacist. On finishing school in Mandan, he went to Macalester College in St. Paul, Minn., and then to the University of Penna. Medical School, from which he was graduated in 1895. After a year as interne at Children's Hospital in Philadelphia, he went back to the West, to be Assistant Surgeon to the Chief, Dr. Courtney, in the hospital of the Northern Pacific Railroad in Brainard, Minn. There he met Jean Small.

Anxious to have his own office and practice, "Dr. C. R." gladly followed the suggestion of his uncle, Dr. A. M. Clark, his father's youngest brother, who was one of Youngstown's leading physicians. He opened an office in Youngstown, Ohio, at No. 4 West Federal Street, with Dr. Gibson, in September, 1899. At that time the city was a mere town with a few cobblestone streets, and the rest just dust and mud. In January, 1900, he moved in with his uncle who had offices in his residence at the corner

of Lincoln and Bryson Sts. (now torn down). Thus the firm of Drs. A. M. and C. R. Clark came into existence. A little later, as the practice increased, offices were built on the rear of the lot, facing Bryson Street—a one-story building, with stables and paddock in the rear.

Shortly after he established his practice with Dr. A. M. Clark, he returned to Brainard, Minn., and married Miss Jean Small, in September, 1900. He brought her back to Youngstown and they established their home in the then new apartments—The Lincoln.

In 1905 Dr. James A. Sherbondy joined the firm. In 1910 the one-story building became too crowded, so it was raised and another story was built under it, thus making double the office space. This is the building now standing at 415 Bryson St.

About this time Dr. and Mrs. Clark moved to rooms on Bryson St., and later built a new home in the beautiful wooded section of town, near Wick Park. Here they have resided ever since, blessed with two charming daughters, Laura and Jean. Laura has been graduated from College and completed training in the nursing profession, and now holds a fine position in a Cleveland Hospital. Jean is attending college and will soon be graduated.

To the firm of Drs. A. M. and C. R. Clark, Dr. Sherbondy, Dr. H. E. Patrick, Dr. A. E. Brant, and Dr. Colin M. Reed, a cousin, were added from time to time. The World War (Base Hospital No. 31) took all of these doctors from Youngstown except Dr. Patrick, who then had a "small sized" family, and he kept the offices going. After the war, the firm name became Drs. Clark, Clark, Sherbondy, Patrick, Brant and Reed.

Upon the Declaration of War by the United States against the Imperial German Empire, the Staff of the Youngstown Hospital, with "Dr. C. R." and Mr. Fred Bunn (then

Superintendent of the Hospital) leading, quickly organized a Base hospital, with the financial backing of leading Youngstown citizens, and were ready for duty overseas, officered by Staff doctors and a few from other cities. "Dr. C. R." was made the Commanding Officer, with the rank of Major. He served in this capacity at home and overseas until all was going well. He was then detached, and with the rank of Lt. Col. acted as consultant and in an advisory capacity assisted in other hospitals scattered over the western coast of France. He was abroad for 18 months, separated from his family, doing all that could be done for the sick and wounded of our A. E. F.

After the War, Dr. A. M. Clark did not take an active part in the practice, and died in December, 1919. However, his name continued on the office door and walls for several years, and "Dr. C. R." was deeply grieved when it was finally discontinued. He still wishes it could occupy a prominent place.

A few years later, Dr. Sherbondy, Dr. Brant, and Dr. Patrick moved from the offices on Bryson St., leaving Dr. Clark and Dr. Reed in the old building. Since that time there have been several changes, but "Dr. C. R." has always had some young man practicing with him, giving him incentive to work and advance, and each has been inspired by his never-dying energy and his capacity for work and study. And as each goes on out into the world of practice, he knows that he received more stimulation to achievement from "Dr. C. R." than from any other source.

From the time "Dr. C. R." first came to Youngstown, his force has been felt on the Staff of the Youngstown Hospital and in the Mahoning County Medical Society. Other Staff members, internes, nurses, and his associates have always felt his kindly, helping, driving force among and

with them, knowing that he was never too busy, nor too tired, nor too pressed, to give time and thought to their problems, and that there was always a sympathetic understanding on his part. He has always been interested in the nurses' school, every year giving many hours of instruction to each class. No nurse has been graduated from the Youngstown Hospital who has not had the advantage of his teaching. He has a most pleasant way of passing along valuable points and suggestions to nurses in his daily rounds, but which is so forceful that it "stays put," and helps them not only in their training but in their nursing careers.

By his extensive reading of all the new medical books and periodicals, he has continued to keep in step with the advancement of medicine. No year has passed that he has not attended one or more medical conferences throughout the land, bringing back new ideas and new plans to aid him and his fellows in the prevention and cure of disease. No Staff meeting, no County Medical meeting, no conference, is complete without his presence; and when he does not volunteer to enter the discussion of a paper that is being presented he is usually called upon, and those present are always interested in his opinions and experience.

Dr. Clark is a Fellow in the American College of Physicians, a Fellow in the American Medical Association, a member of the Emeritus Staff of Youngstown Hospital, a director of the Youngstown Chapter of The American Red Cross, a member of the Ohio Medical Association, of the Mahoning County Medical Society, and of The Youngstown Club.

"Trust no future, howe'er pleasant!
Let the dead Past bury its dead!
Act, — act in the living Present!
Heart within, and God O'erhead!
—Longfellow.

MEDICAL FACTS

By J. G. B.

Progress in Pediatrics*

As a result of the clinical evidence which has been presented during the past two to three years, the enthusiasm for the administration of convalescent serum as a therapeutic measure in the treatment of the acute or preparalytic stage of anterior poliomyelitis has subsided, and attention is once more being directed toward prevention of the disease.

Brodie has been able to immunize monkeys against poliomyelitis by direct intracerebral inoculation of the virus. The serum obtained from these monkeys possessed neutralizing substances against the virus of poliomyelitis. After having successfully performed these studies in monkeys, the vaccine was injected into members of the research group and these results were in accord with those obtained with the experimental animals.

Kolmer in 1934 successfully immunized a group of monkeys against acute anterior poliomyelitis by subcutaneous and intracutaneous injections of a vaccine prepared from the spinal cords of infected monkeys.

In the final conclusions contained in his summary Kolmer states: "It is believed that the vaccine is now ready for vaccination of human beings and especially children against poliomyelitis and particularly during epidemics."

A few years ago Helmholtz noted that a specimen of urine obtained from an epileptic patient who was being treated by the ketogenic diet did not show the same tendency for bacterial growth as did specimens obtained from individuals who were receiving a regular diet. As a result of this observation bacteriological studies were instituted which showed that such urines not only inhibited the growth of the colon-typhoid group of organisms but that in many in-

stances they actually possessed bactericidal properties. This effect, however, was less marked for the streptococcus and staphylococcus than for the colon bacillus.

The bactericidal power of the urine is not due to the presence of either acetone or diacetic acid, but it is directly proportional to the amount of beta-oxy-butyric acid present in the specimen. The effectiveness of this acid depends on the acidity of the urine and it is only effective at a pH of 5.5 or less.

Rector and Wheeler instituted the ketogenic diet in 14 patients with persistent pyuria who had failed to show any improvement when subjected to the usual forms of therapy, and of this group the urine became sterile in 12 cases. Satisfactory treatment does not usually occur if there is some abnormality of the urinary tract.

Recent studies have confirmed the earlier observations of Bordet and Sleswyk that recently isolated strains of the *Bacillus Pertussis* differ serologically from old and stock cultures grown without blood in the medium.

These previously recognized facts serve as an explanation for the failure of some vaccines and the success of other vaccines to act as a prophylactic in whooping cough.

In the 1929 epidemic of whooping cough in the Faroe Islands, 1832 individuals received the vaccine as soon as the epidemic threatened. The fatality rate was 30 times as great in the unvaccinated as in the vaccinated groups of patients. The explanation for this marked difference lies in the fact that the vaccine was prepared from fresh, young strains of the organism, and that large doses were given.

*For references see N. E. J. of M., July 4, 1935

Health News

By H. A. K.

"Right now is the time to be on the alert regarding infantile paralysis, better termed acute anterior poliomyelitis. Fear of it is quite understandable, for records show it to be a killer, or a disheartening wrecker of normal activities. Late summer and early fall constitute the season of greatest incidence, which is just ahead, and whatever can be done now to minimize its terrible effects will be time and effort well spent.

"Unfortunately little can be said of prevention of the disease with the same confidence that can be assured in diphtheria, small pox, and typhoid. Much is lacking in our knowledge of "Polio," but the virus undoubtedly enters the body through the respiratory tract producing a generalized attack affecting all the parenchymatous organs. The most dreaded symptom, paralysis, comes as a result of both a toxic and hyperplastic assault upon the anterior horn cells in the cord, a residual persisting effect of the disease. It must appear, then, that diagnosis and treatment should be done before paralysis, for best results.

"Early symptoms of cold in the head, cough, more or less vomiting and diarrhoea, fever and extreme irritability, malaise, and restlessness are not unlike many other minor childhood ills. Diagnosis depends upon spinal fluid findings, clear fluid under pressure with varying lower or higher cell count. Reluctance to lower the chin upon the chest or some rigidity of the neck, usual meningitic signs, are often early sign posts to diagnosis.

"Convalescent serum seems to be the best method of treatment to date. Last year, during a serious epidemic in California, a serum was developed which was used as prophylaxis on 750 children, and the disease did not develop in any one of them. Intraspinal 10 to 40 cc. and intravenous 40 to

100 cc. delivery of serum made from the blood of people who have recovered from the disease by twice centrifuging the whole blood must be done early. The hospital laboratories prepared serum in our epidemic of two years ago. Parents and relatives play their part in coöperation here, by acquiescing to the important procedure of spinal puncture." — *Ohio Health News.*

Looking Around

With ARTHUR WILLIAMS

Last week the Professor of Medicine at a great university made the address for the graduation exercises. He is quoted as having advised these young doctors that they should hereafter shun everyone but other physicians and that they should attend only those events where medical men gather and choose their friends from this fraternity.

It's mighty hard to think that a man who rates a professorship in any science could voice such sentiment and it is dangerous advice.

Now it's not easy to define education but certainly one who is familiar with only one science or one activity to the exclusion of all others is not educated. Such a person is narrow and warped and cannot be thoroughly efficient even in his own highly-specialized work. His usefulness will be limited. He will never be a great man.

A clergyman who fraternizes only with clergymen might eventually become a great pulpit orator but he'll never be a "pastor." And isn't the doctor a minister to the body and to the distorted mind? He must possess a wide knowledge of human kind and must know the influences that bear upon people in all walks of life, and must understand their actions and reactions. And with that knowledge will come a great sympathy that will enhance his value to his clients and to his community.

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REFLECTIONS OF A DOCTOR'S WIFE

By MRS. J. G. BRODY

One of the most enviable features of a physician's existence is the absence of the time clock. However, on close examination it appears that this privilege is not exclusively his, for the undertaker (indelicate though it be to drag him into the discussion), and the housemaid also have miraculously eluded the tyrannical hands of that ruthless device. In a world mechanized down to its very toes, these three exceptions furnish much food for thought, but it is safest to ponder on one at a time. More than one might bring on an acute attack of cerebral indigestion. So we'll leave the undertaker and the housemaid to their own devices and investigate medical affairs only.

Soon we are forced to the conclusion that the doctor's freedom from the humiliating regimentation which nearly the whole rest of the world endures in its quest for daily bread, is unquestionably due to the loyalty and consideration of his loving patients. What a revolution they would cook up if no castor oil could be prescribed before 5 a. m., and if every stethoscope from the Atlantic to the Pacific would have to be dropped when the radio announcer caressingly croons: "In 3 seconds, at the sound of the gong, it will be exactly one-fourth of a second to 12, midnight." These adoring patients know him to be congenitally unfit to sleep 8 hours at a stretch. And they become dreadfully suspicious of one who forgets himself and does it now and then. They know that for this extraordinary creature there is nothing so bracing as forsaking a warm bed and taking a plunge in zero air under somber December skies. Even the unborn feel that way about it. These night excursions impress our doctor deeply with the unending importance of his chosen profession, and silently he casts aspersions on the character

of the bustling uncle who did the choosing.

Some among the medical fraternity have tried to wriggle out of the night clause by adopting a pseudonym. They go in for the fancy gadgets on the human machines, the eyes, ears, noses, maybe a gland or two for good measure, and refuse to so much as glance at the solid, important parts. This strange behavior transforms them into specialists who can operate only by the light of the sun. But, says the canny clientele, suddenly remembering its Shakespeare, a doctor by any other name is still a doctor, and so, parading in specialist's clothing is not always a charm against the 'phone that rings by night.

To the layman, or more precisely speaking, to the layman's small and meddling son, the office of his favorite doctor is a treasure house of mystery and fascination. For centuries every small boy has visualized his grown-up self strutting handsomely and sternly through life encased in a policeman's uniform, with public enemies groveling at his feet. Today this ancient career no longer lures. Many a lad would actually rather be a doctor although he might consider accepting a post in some large and greasy garage as an alternative. But in his most optimistic moments he sees himself as the wizard of the ponderous x-ray machine, the Aladdin of the infra-red lamp, the absorbed listener at the stethoscope, the chum of that timeless guardian of posterity—the stork.

Excellent bird the stork is, disdainful to hob-nob with the rich and reserving the lion's share of his gifts for the neglected and forgotten poor. One of his favorite haunts is the backwoods of Canada where civilization has not yet reared its ugly head. Last year, consulting his notebook and discovering that youthful Mr. and Mrs. Dionne were down for 17

children and thus far had received only 6, he had a consultation with himself. As a result he packed his hamper with 10 pounds of mahogany colored humanity done up in five neat little two-pound cartons. Swiftly he winged his way to the obscure little Canadian hamlet which since that day has become as obscure as Paris. And there, anxiously scanning the obstetrical skies was his old ally, Dr. Dafoe, also humbly obscure and to this day not any better known than FDR or King George V.

No one has any intention of calling anyone any bad names, but at this point it is absolutely necessary to point out that Dr. Dafoe was, is, and always will be a country doctor. Entrusting to such a one a desperately sick mother and a flock of little girls, all but dead from getting born, looked like a grim joke. But there he was, figuratively speaking, left holding the bag, with the nearest "white room" hundreds of miles away, and the Dionne mansion delightfully equipped with every inconvenience known to the forest primeval.

Perhaps it isn't necessary to relate how Dr. Dafoe went about making the world safe for quintuplets. There has been some casual mention of it made in the newspapers, magazines and movies, on the radio and billboards and in the advertisements of two or three hundred commodities. For the finicky one who insists on having all his news first hand there is the beaten path straight to the front door of the pocket edition Dafoe Hospital.

The little country doctor's exploit (slightly quixotic one readily admits, for who ever heard of quintuples living a year to gurgle the tale?) has consequences more far reaching than appears on the surface. Seriously stated, this adventure of his is holding up the next war. Several times during the last 12 months everything, including a first-class assassination, had been put in apple-pie order for

a Grade "A" conflict, when lo, a message flashes around a peace weary world that the Belles of the Backwoods have sprung a new tooth, or sprouted a fresh curl, or are putting on a sneeze and snuffle act. And what happens to the war that we have all been praying for? Muskets are dropped, bombs are put back into camphor, airplanes come home to roost and carefully cultivated "enemies" sit down amicably to discuss the latest turn of events at the world's most famous hospital. It's hard to tell when the world will catch up on its debt to Mars, what with the famous five always gumming up the works at the crucial moment. And think what will be the fate of war if they should decide to live to four-score and ten; and reaching the age of 90 years won't be nearly the job that passing the first 90 days was. I fear that the martial spirit will become as extinct as the dinosaur, and the once noble human race will be reduced to

(Continued on page 271)

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REFLECTIONS (From p. 269)

fighting disease and banishing poverty and wiping out illiteracy, and engaging in other equally demoralizing and unheroic pursuits.

Not only has the shower of babies at Callander, Ontario, made the world quintuplet conscious, but it has also broken up the world's attitude of taking the doctor too much for granted. The laity is realizing as never before that in certain emergencies there is no one quite so reassuring as a physician to have about. The emergency under discussion fortunately does not strike with alarming frequency. Those who enjoy reading statistics have unearthed the comforting bit of information that babies in matched sets of five have straggled into an amazed world just 31 times in the last five centuries. It is only fair to add that their record for mortality was perfect until Yvonne, Marie, Cecile, Emelie and Annette, formed a conspiracy with their devoted cavalier to demolish that record.

From the public announcements of the good doctor's financial recognition in which a new gray suit figured conspicuously, the world at large is more than ever convinced that paying doctor bills is a sinful waste of good money. Making up its collective mind that physicians have an unconquerable aversion to what is sometimes poetically referred to as filthy lucre, the nation thriftily saves itself staggering sums each year on its health conservation. A bill from the doctor is eyed as a mere formality required by the State Board. So far as the doctor himself is concerned this might be a perfectly agreeable arrangement if it were not for the "little woman" at his elbow vaguely wondering whether it isn't time to send for a catalogue so that they may pick out their Poorhouse.

To add still more to the financial worries of the doctor, a fastidious

(Continued on page 275)

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Youngstown, O.

TALL STORY (From p. 262)

astride him. I thrust my left hand in his gills to lift him out, but he suddenly "came to" and lunged back into the deep water, dragging me with him. He clamped down on my left hand, so that I was unable to let go of him, and away he went into the depths of the pool.

I must admit that I was a bit scared then. It looked as if he might drown me and consume me at his leisure. He dragged me down deeper and deeper, and tried to pull me into a large hollow log at the bottom. His den was there, I guess, for there were many bones around it and strips of dogwood bark. Luckily, I kept a level head and thrust out my feet and prevented his entering the log. He became so angry that he just rushed 'round and 'round that pool. As I have said, I could not let go with my left hand way up in his gills, and he could not bite me for I wrapped

my legs around him and held tight. After a while, perhaps because he became dizzy, he actually beached himself clear out of the water onto that gravel bar.

Most judiciously, I steered him so that he struck a long slanting rock, covered with moss, at the edge of the gravel bar. How I enjoyed that first long breath of that hot air! Then he began to fight harder than ever to get at me. In the nick of time, I picked up a boulder with my right hand and brained him; then slowly and carefully extracted my left hand from his gills.

I think I should have been drowned if I had not been so *long winded*. Yes; we all took the anti-rabic treatment, and we are not mad at any one right now. But I can not tell just what might happen if any one should express any doubt of this tale!

(*Editor's Query*: Does this remind you of one? Let's have it!)

Oh! The Fisherman

*O, the Fisherman is a happy wight!
He dibbles by day, and he sniggles by night.
He trolls for fish, and he trolls his lay,
He sniggles by night, and he dibbles by day.*

*O, the Fisherman is a happy man!
He dibbles and sniggles, and fills his can!
With a sharpened hook and a sharper eye
He sniggles and dibbles for what comes by.*

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LOOKING (From p. 267)

And, taking this advice, would not the doctor be embarrassed if he did find himself in the company of men and women of diversified interests? He would sit and wonder at the conversation and could take no part in it. He would be a "wall flower" and would eventually find himself shunned.

He couldn't be happy. For some years he might not notice his isolation but the day would come when he'd be friendless, without ways of spending his leisure, with little to interest him and with the final appreciation of a shallow life.

He would know much of scientific research and would be familiar with noted medical authors but at the bedside he would be an automaton whose every act and word would be mechanical and with but little of humaneness. He would excel in the diagnosis of a rare disease but his patient would not await his visits with any degree of pleasure.

I feel sorry for such a man; sorry for his clients, for his wife, for his children. What a father he'd make!

One who does not cultivate real friends amongst people of all classes and occupations and opinions, from the most humble laborer to the chief executive, lives a pathetic life and dies a lonely death.

I do hope that those young doctors immediately forget the address given them by their preceptor.—From *Ash-tabula Star-Beacon*.

Speakers' Bureau

The following doctors made addresses over WKBN, during the month:

July 9, Dr. J. B. Nelson on "A Growing Menace."

July 16, Dr. F. W. McNamara on "Cancer is Curable."

July 23, Dr. Wm. M. Skipp on "Appendicitis Facts."

July 30, Dr. M. E. Hayes on "Highway Hazards."

August

REFLECTIONS (From p. 271)

clientele will not permit him to be himself, but insists on his being as sartorially perfect and impeccably groomed as are those targets for all sorts of undeserved witticisms—the shoe clerks. Vanished are the heroic old days when a surgeon could and would and did deck himself out in his dirtiest and oldest suit for performing one of those messy, spurting operations. Such thrift is now in the worst of taste and a suit just going into a decline must be relinquished to the first care-free hobo who applies for it.

After some consideration it seems that the "Back to the Land" slogan might with profit be adopted by the members of the Great Unpaid. Isolated from the great streams of thought that eddy about the urban dweller, and mentally backward as law-abiding farm folk are expected to be, these simple tillers of the soil have not yet grasped the grand and glorious truth that "no one pays the doctor." So in that naive way of those not to the manor born, they take their medical bills literally and are frequently trapped in the act of paying.

Finally, it behooves every physician to have at least one understanding

and sympathetic farmer's wife in his galaxy of patients, for this guarantees absolutely that on Christmas day his family will get a basket containing a chicken and other festive ingredients when the other indigents of the city get theirs.

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