



"In paying homage to those who
lead us we but honor ourselves."
—Emerson.

BULLETIN

of the
Mahoning
County
Medical
Society

Vol. VIII No. 1
January 1938



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MEDICAL CALENDAR

January 18—Annual Banquet—Speakers: Dr. John M. Alcorn, President, Ohio State Medical Association, and Mr. Cornelius J. McCole, Wilkesbarre, Pa.

February—Wednesday 16 instead of Tuesday 15—Fractures—A Local Program to be held jointly with Sixth Counselor District of Ohio Meeting — Afternoon and Evening Sessions — Details announced later.

March—Dr. M. Ed. Davis, University of Chicago—Lying In Hospital.

April—Postgraduate Day—The Lahey Clinic, Boston, Mass.

May—Dr. Paul White, Cardiologist, Massachusetts General Hospital.

June—Interne Competition with Case Presentations.

* * *

Vol. VIII—No. 1

CONTENTS

January, 1938

MEDICAL CALENDAR	1
COMMITTEE CHAIRMEN	3
PRESIDENT'S PAGES	4-5-39
CONSTRUCTIVE CRITICISM (Editor's Page)	7
FROM THE HEALTH DESK	9
MEMBERSHIP IN THE MEDICAL SOCIETY	11
FAMOUS PHYSICIANS	12-14
MEDICAL CRIER	15
FIRST MEETINGS OF MAHONING COUNTY MEDICAL SOCIETY	16
ESCULAPIUS MAHONINGI	16-17
WHY DUES ARE \$20.00	17
INTERNE APPOINTMENTS	17-18
NEWS ITEMS	18
ARTISTS FOR "OLD TIMERS' NIGHT"	19
PHOTOGRAPHS OF LIVING PAST PRESIDENTS	20-21
DISPLAY PAGES	22-23
PAST PRESIDENTS	24
COUNCIL—OFFICERS AND COMMITTEES	25-26
SECRETARY'S REPORT	26
ROSTER OF THE SOCIETY	27
FOUR COMMON SKIN DISEASES	29-35
A PAT ON THE BACK FROM OHIO STATE JOURNAL	37
MISCELLANEOUS ITEMS	

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PRESIDENT'S PAGE

To My Fellow Members:

Greeted, as I have been, at the threshold of my years as President, with such unanimous and generous expressions of kindness and good-will as you have accorded me, I find my gratitude to be almost as great as is my feeling of inadequacy—and Heaven knows that the latter almost overwhelms me.

I offer to you this solemn pledge: In all things I shall, to the best of my ability, keep faith with the great traditions of our Profession. I shall endeavor to act always in accordance with those principles long established and found to be best for our Profession and for the Community which it is our mission to serve.

Committees

I wished to place every member upon a Committee. Insofar as I have been informed as to your preferences, I have done so, and have tried to comply with your requests. Your response to my "Call" in the December *Bulletin* was magnificent. Your assignment to a Committee is not simply a gesture. It is a plea for your counsel, and your active help. Will you not concede that I ask no more than that which is your duty, and will you not firmly resolve to do that duty faithfully?

Selecting the Chairmen of the various Committees has been no easy task. The first considerations, of course, are ability and willingness actually to do the work and to do it consistently. But because of the wealth of talent freely available and ready to perform devotedly, these attributes failed to simplify the processes of selection.

Dr. Noll is being continued as Program Chairman, because of his fine record and because, as I learned while Chairman of that Committee, so often such continuance is necessary to "rounding out" the scientific program.

The Legislative Committee is one in which, to do effective work, certain contacts are essential, and thorough familiarity with current and prospective legislation is a *sine qua non*. Dr. O. J. Walker has worked efficiently on that Committee. He wished to be released, but it seemed advisable to retain him.

Dr. Scofield's practical experience as a Health Officer and his special interest in those problems, determined his selection as Chairman of the Public Health Committee.

For several years Dr. Walter King Stewart has given his time and energies lavishly to the Economics Committee. Recognizing the quality of his work, Dr. Stone, Chairman of the State Committee on Public Relations and Economics, sought and obtained Dr. Stewart as a member of his State Committee. Under our new By-Laws, three Committees: Public Relations, Economics, and Indigent Relief, are combined as Sub-Committees, under one general Committee, The Committee on Public Relations and Economics. Dr. Stewart has generously agreed to head the main Committee. Members of his immediate Committee will be the Chairmen and Co-Chairmen of the three Sub-Committees, and others selected by the Chairman, who are fitted by their long experience to give good counsel to the Committee. Dr. Young, whose work on the Indigent Relief Committee this year has been most successful, is made Chairman of the Sub-Committee on Economics, with Dr. Piercy as Co-Chairman; Dr. Montgomery, who has ably assisted Dr. Young, becomes Chairman of the Sub-Committee on Indigent Relief, with Dr. Nesbit as Co-Chairman; and Dr. Evans, whose service to the Society in many capacities has always been excellent, and whose thorough acquaintance with problems

January

in which the public interest is important, will direct the Sub-Committee on Public Relations.

Everyone, I think, recognizes that perhaps no function of our Society is much more important than Fellowship. Friendship and good-will are not only the sweetest things in this life; they are also the most useful. Divergent opinions are inevitable among over two hundred highly trained people; but differences of viewpoint are in no way inconsistent with unity of spirit. It is the latter, Unity of Spirit, which we seek to promote, not the stagnation of identical convictions on every question that may arise. This year, under the leadership of Dr. Patrick and Dr. Coe, this Unity of Spirit will grow luxuriantly. They will lead us as Chairmen of the Social Committee.

Dr. James Brown becomes Editor of the *Bulletin*. He is a worker; what he undertakes he does with all his might. The continuation of an excellent *Bulletin* is assured. He has selected as his Business Manager, Dr. Morris Rosenblum. Dr. Rosenblum never quits until he has "brought home the bacon"—or should I say "lamb chops"!

No other activity of the Society has been so fruitful in many ways as has our Postgraduate Day. Dr. Birch, who has faithfully served on other Committees, has accepted its Chairmanship. There are several good reasons to expect Postgraduate Day this year to be one of the best in our history. The Lahey Clinic group will bring large numbers to hear them. (I take this opportunity, by way of parenthesis, to thank Dr. Noll and Dr. Allsop for bringing them!)

A new Committee, the Committee on Hospital Relations, is created this year under the authority given to the President by the By-Laws. Many problems, such as hospital prepayment plans, and others, are constantly arising. Dr. Allsop, who has had long hospital and Society experience, has accepted the Chairmanship of this Committee.

Providing alertly for our places of meeting, and supervising the arrangements therefor, is the duty of the Housing and Library Committee. His service on other Committees has demonstrated the dependability of Dr. Marinelli, who will serve as Chairman of this Committee.

That "gestational" or "maturation" period following internship or newly-acquired residence in the practice of medicine among us, is a long year. Several men are annually so situated. Doubtless the friendly association of these men, and perhaps of others who have the qualifications for membership but have not been brought into our "fold," would be helpful to all concerned. Dr. Elmer Nagel undertakes this and the other duties of the Chairman of the Membership and Attendance Committee. He does well what he starts out to do.

The Medico-Legal Committee could, I believe, be of real educational service, as well as of practical utility—"in case." Dr. Kramer, its Chairman, intends to make the Committee as useful as possible to the Society.

Dr. Louis Deitchman, whose fine contribution as Editor of the *Bulletin* everyone remembers, is the Chairman of the Publicity Committee.

In too many ways to enumerate them, the State Correspondent may serve the Society. Dr. Reilly, the Chairman of that Committee, has made it clear to me that he fully grasps the opportunity there for valuable service to the Society.

Several years ago we established what we called the "Speaker's Bureau." The new By-Laws designate it as the Committee on Lay Education. (The

(Continued on Page 37)



Hello, Doctors!

The Season's Greetings

to you . . . in grateful appreciation of your support during the past year. May we continue to serve you during the New Year.

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BULLETIN *of the*

Mahoning County Medical Society

J A N U A R Y 1 9 3 8

CONSTRUCTIVE CRITICISM

One of man's easiest accomplishments, since the world began, is known as criticism or criticizing others. For many centuries this art has been practiced by the high and low in all walks of life. It has been used, both as an amusing past time, and for a serious means to a desired end. It seems that man was endowed with the specific ability to criticize others, because of this natural instinct his criticism is given freely without thought of doing any good or of the consequences. During this season of the year when the spirit of good will one toward another is prevalent, may we take this time to inform you of your Editorial Staff's desire for 1938. We know, because we are human beings, that our work in producing the *Bulletin* for you in the coming year will not be above reproach, therefore we are asking all of you as the year proceeds to be kind enough, and to feel free to give to your Editorial Staff any criticisms that you may wish to offer. Though they may be many and justly deserved please make them constructive. It is an old saying, it is much easier to tear down than to build up. Because we feel the responsibility for perpetuating this medium of putting before you the work of the Society, which has been so ably done by our

predecessors, it is our desire to continue this fine work and it is only with your coöperation that we can accomplish this. You will coöperate most by laying aside any small differences that you may feel about the methods used to produce this *Bulletin*, and give us the benefit of thoughtful and sincere constructive criticism.

Being one of the mediums through which the work done by the Mahoning Medical Society is mirrored, and as it reflects the character of our work, just as the standard of the monthly meeting, Postgraduate Day, etc., have their part in reflecting the character of the work done by the Mahoning Medical Society, it is our sincere hope and desire that the *Monthly Bulletin* presented to you in the Year of 1938 will reflect to the fullest extent, and present to you each month the fine work and progress that is being carried forth by your Society.

May I add this, *this is not the Editor's Bulletin, this is your Bulletin*. We want the *Bulletin* to be of value to you, and it will be if you will throughout the year offer to us, who are endeavoring to carry this work on, your criticism in a constructive manner.



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FROM THE HEALTH DESK

By ARTHUR W. THOMAS, M. D.,

Chief, Bureau of Child Hygiene, Dept. of Health, Columbus, Ohio

Unless one has experienced it, he cannot imagine how startling is the sudden transition from the practice of medicine into an administrative position with a vast State Health Department.

During many of the years since my internships it would have been impossible for me to have named, with certainty, the Health Director of Ohio. I knew that there was such a Department and, in a general way, had a confused idea of its duties and activities. At times my ire was aroused if the Division of Vital Statistics, for instance, returned a death certificate for my more accurate statement, and occasionally it was my conviction that health authorities were attempting to usurp the duties of the physician. Figuratively, during those years, I was outside, stealing a furtive peep through the Health Department windows and obtaining a distorted picture.

Now, through strange circumstance, I find myself within those halls, peering out of the same windows and finding the view different.

My invitation is to submit a series of short, informative articles which will consider your State Health Department and the several Divisions and Bureaus of which it consists. And my hope is that, through this effort, there will come a better understanding of the mutual problems of public health officials and of practicing physicians.

Ohio comprises 88 counties, each differing in its type of population, its economic level, its industrial or agricultural interests, its geographical situation and its health problems. For example, there is the great river boundary which is subject to floods; the lake district with crowded summer resorts; the area where abandoned coal mines constitute a health hazard, and many others where sound

health policies must be adapted to local conditions.

The practice of medicine in these counties is not consistently the same. There are several counties wherein reside only three or four doctors who, of necessity, are summoned to distant places and over almost impassable roads. In other more congested places there are many medical men. It is thus apparent that some doctors are blessed with membership in a medical society where regular, high-standard meetings are held monthly; where postgraduate courses are supplied; where medical libraries are available. In a few counties there is no medical society and in others the society meets only every two or three months. Each of these factors modifies the activities of the State Health Department. As evidence of this one may point out the project of the Bureau of Child Hygiene which is able to provide refresher courses at which even some outstanding specialist in Obstetrics or Pediatrics is brought to the central point of four or five counties and where physicians may gather for a full day of postgraduate instruction.

The State Department of Health is charged with the prevention of disease—it is not interested in the actual practice of medicine. It advocates and urges immunizations against such diseases as are known to be preventable, but it would have the physicians themselves do the immunizing; it is interested in developing better health organization and would welcome the suggestions and criticisms of the medical profession who, being on the ground, may be in a more strategic position to suggest local needs. And the State Health Department would offer the services of its various Divisions wherever and whenever requested, services which will be considered in subsequent articles.



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MEMBERSHIP IN THE MEDICAL SOCIETY

The importance of a membership in your medical society can only be stressed by bringing to your attention the activities of many governmental agencies which are making inroads into the practice of medicine. Your attention is called to the Group Health Association of Washington which is giving the employees of the H. O. L. C. medical care for a small monthly payment. If this is allowed to go unchallenged it will soon be brought to your door step. Then the Federal Government will be practicing medicine as it is in the District of Columbia. Has the Government the right to put us out of business as they are doing in this instance? Complete personnel for the running of a clinic, including physicians, dentists, nurses, x-ray and laboratory technicians, has been set up with taxpayers money and turned over to a corporation for the practice of medicine. This is illegal in our State, but apparently whether legal or otherwise does not seem to bother our Federal Government.

We should contact our Senators and Representatives and make a local protest, pointing out the unfairness of this procedure. The Society can pass resolutions but individual effort is more valuable than group protest.

In western Pennsylvania Group Hospitalization Insurance is being sold on a wholesale scale, and includes all types of medical service, except the surgeon and attending physician. The medical society has objected to any service being included that requires the services of a physician for x-ray and laboratory diagnosis. The lay press has taken the society to task for excluding these services, because when an individual goes to the hospital, he expects all of these included in his hospital bill.

These examples should impress the importance of society membership. All available members of the profes-

sion should be brought into organized medical organizations, and all members should make an effort to maintain their memberships in their local society by paying their dues now. Your local membership keeps you a member of the State and National organizations.

The medical society is the organization that aids you in your daily work by bringing to you the latest developments in medicine through well-known scientific speakers. It attempts to safeguard your interests in all matters, and against organizations that encroach on the practice of medicine, which is your practice.

In unity there is strength; standing alone we will fall. Give this matter some thought, and if you feel that you can aid one of the committees, get in touch with its chairman. Tell him what you can do. Don't put it off until tomorrow. Remember, thought you are not an officer or a committee chairman, this is still your Society, and the officers and members of the committees are member, though you are not an officer vote. It is your duty to aid in every way possible. Please give this matter some thought. Be an active member, come to meetings; the Society needs you.

During 1937 many very important questions have been brought before organized medicine; they are still with us, so let's work for the common good.

WM. M. SKIPP, M. D.,
Councilor Sixth District.

Copy

A young Negro mother, awakening from a refreshing nap, expressed a desire to see her newborn son. After gazing at her sleeping child for some time, she remarked, "He sho' am a carbon copy of a good time!"

—(Submitted by C. A. Rowe, Huntington, Ind.)

FAMOUS PHYSICIANS

Aesculapius*

By LOUIS S. DEITCHMAN, M. D.

Aesculapius, the god of the healing art, was born a long time ago, date unknown. He came of a prominent Greek family. In fact, we can trace his ancestry, through his father Apollo and his grandfather Jupiter, to the first families of Olympus, which was the favored mountain home of the greater gods. According to Homer, the gods picked a nice spot

... Olympus the reputed seat

Eternal of the gods, which never storms

Disturb, rains drench, or snows invade, but calm

The expanse, and cloudless shines with purest day.⁽²⁾

(There is a familiar ring to this, it reminds one of Florida or California vacation circulars.)

Here, in the great hall of Jupiter's mansion, the gods feasted daily on ambrosia and nectar. And as they drank their nectar, (but where are my table manners? You do not drink nectar, you quaff it) to the music of Apollo's lyre and responsive strains of the Muses, they transacted the affairs of heaven and earth. There was an occasional brawl, but, generally speaking, they were a hard drinking, hard playing, but hard working crowd, men who did big jobs.

Aesculapius' grandfather, Jupiter, alias Jove, alias Zeus, was the head man here. He was the supreme ruler of the universe, the wisest and most glorious of the divinities. Strong? In the *Iliad* he informs the other

gods that their combined strength could not budge him,

"All Olympus trembled at his nod."⁽³⁾ and throned in high clear heaven, he could wield a mean thunderbolt. Justice was his, and he was very strict about violations of duty in the family (a bit of hypocrisy in him, as you will see later), and in matters of social relationship and state. Though at times dictatorial and arbitrary, and given to occasional acts of violence, as flooding the earth, he was, nevertheless, usually just.⁽⁴⁾ Recognizing the relationship of cleanliness and godliness, he demanded of his worshippers cleanness of surroundings and of heart. So, as you see, altogether Jupiter was a good stick, except for his morals, which, I regret, were not of the best. Frankly speaking, Jupe was a bit of a rake, and his repeated infidelities were a constant source of irritation and unhappiness to grandmother Juno (Hera).

To be sure, grandma Juno herself, a great beauty, though slightly ox eyed, was no model of virtue. She was self willed, proud, quarrelsome, vindictive and extremely jealous. But who wouldn't be? For no sooner did she break up one of Jupiter's illicit affairs than off he was, stepping out with another goddess or mortal woman. There were Demeter, Maia, Leto, Dione, Semele, Mnemosyne, Themis, etc. (what pretty names!) Just one affair after another.



AESCULAPIUS
British Museum (1)

*The authenticity of the biographical facts or pictures of Aesculapius cannot be vouched for, since they go way back into antiquity.

¹Garrison, History of Medicine.

²Odyssey.

³Iliad.

⁴Bulfinch, Mythology.

I dislike to dig into this part of the family history, and who am I to measure, with an anthropomorphic, bourgeois yardstick, the vices and virtues of the greatest of ancient gods? But Jupiter's matrimonial irregularities are only mentioned because they are necessary to our story, for our hero's own father, Apollo, was the offspring of illicit affair No. 3, between Jupiter and Leto (Latona).

Apollo or Phoebus Apollo, Aesculapius' father, was chiefly the god of sun. He brought the blessings of the warm spring and summer. He warded off disease and healed the sick, and, as Homer relates, he was the physician to the gods of Olympus. Thus Aesculapius came by his medical talents through his pappy. Apollo was a just and pure god, requiring pure hearts and clean hands of those who worshipped him. He was a patron of music and poetry and played the lyre passably well, considering that the art of music, like medicine, was still in its infancy. A god of life and peace he, like his father, had a streak of temper and could slay with arrows of his sunlight.

As Shelley wrote of him:

The sunbeams are my shafts, with which
I kill

Deceit, that loves the night and fears
the day:

All men who do or even imagine ill

Fly me, and from the glory of my ray
Good minds and open actions take new
might.

Until diminished by the reign of night. (5)

The gods were good to Aesculapius' father, for he was as handsome as he was talented, and as just and good. Unknown and known sculptors have glorified him in marble and bronze and many a poet sang his praise. Even his statue⁽⁶⁾ inspired Lord Byron to write the flaming lines:

"Or view the Lord of the unerring bow
The God of life, and poetry and light,—
The Sun in human limbs arrayed, and brow
All radiant from his triumph in the fight.
The shaft has just been shot: the arrow
bright

With an immortal's vengeance: in his eye
And nostril, beautiful disdain, and might
And majesty flash their full lightnings by,
Developing in that one glance the Deity." (7)

One wonders which would please Apollo most, the standing figure or the verse.

So much for the ancestors. As for Aesculapius himself, his story is surprisingly short. He was the son of Apollo and the Thessalian princess Coronis. On his mother's death, the infant was intrusted to Chiron, most famous of the Centaurs (a race of half animals and half men, literally not figuratively speaking, indigenous to Thessaly). Chiron himself was instructed by Apollo in medicine, music, the art of prophecy etc. When grown up Aesculapius became a famous physician.

According to Pindar, he became so proficient in the healing art that Pluto accused him of causing a major depression in Hades by diminishing the number of shades there. Pluto,

"The grisly god, who never spares,

Who feels no mercy, who hears no
prayers." (8)

complained of this to Zeus who destroyed Aesculapius with a thunderbolt, not a nice thing to do to your own grandchild, to say the least. Perhaps it served Aesculapius right, because he got a little cocky, for it is reported, on good authority, that he even began to restore the dead to life, and that was not ethical practice. After his death, however, probably ashamed of this act, Jupiter received him in the number of the gods, a doubtful reward after getting summarily knocked off in such arbitrary fashion.

⁵Hymn to Apollo.

⁶Apollo Belvedere.

⁷Childe Harold.

⁸Iliad.

The accompanying, most frequently used, picture of Aesculapius suggests the waggish notion that he was snapped by the candid camera man as he was emerging from the shower and that is about to try a 2 by 4 on the photographer. Actually the get up is what the well dressed Greek god wore, if he wore anything at all. The staff and serpent are his trade-marks. The staff probably symbolizes tree worship of the ancients.⁽⁹⁾ The serpents, the ancients believed, had a faculty of renewing their youth by a change of skin, therefore serpents were sacred to Aesculapius. We do not know whether he was acquainted with the therapeutic value of snake venom, but it is recorded that he was apt to disguise himself as a serpent. Though not bad looking, he is not at all like his father, the handsome Apollo, but rather favors his grandfather, particularly in coiffure and full beard.

The followers of Aesculapius made up an organized guild of physicians, the Aesclepiad. The temples of his

⁹Gailey, *Mythology*.

¹⁰Frazer, *Golden Bough*.

cult known as Asclepeia, commonly situated on wooded hills or mountain sides near mineral springs, became popular sanatoria, and were not unlike modern health resorts. The physician-priests used a mixture of hocus pocus, sacrifices and prayer, together with baths from mineral springs, massage, inunctions and other real therapeutic measures. Their treatment naturally resulted in many cures and reflected great glory on their patron and god Aesculapius.



AESCULAPIUS ⁽¹⁰⁾
In full regalia

The worship of Aesculapius, according to legend, was brought to Rome during a time of great sickness. An embassy was sent to the temple of Epidaurus, the chief oracle of Aesculapius, to entreat the aid of the god. Aesculapius was propitious, and on the return of the ship, accompanied it in the form of a serpent. Arriving in the river Tiber, the serpent glided from the vessel and took possession of an island in the river, where a temple was erected in his honor.

And this, my friends, is how Aesculapius became the god of the healing art.

HOW'S YOUR MATH?

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- Your Practice — You = No Income
- Your Practice — You + X = Certain Income

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Health & Accident Insurance of

THE MASSACHUSETTS INDEMNITY OF BOSTON
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CON RYAN WILL GIVE YOU DETAILS

THE MEDICAL CRIER

A Page of Sidelights, News and Views from the Medical Field

- "Is your Society in step or has the Parade gone by?" We modestly call your attention to editorial remarks in the *Ohio State Medical Journal* under this heading in the December issue, page 1369, where some flattering remarks are made about Mahoning County. When they said the old Crier's observations were pithy, we hoped they hadn't developed a lisp.
- As we start on this brand new year with our "collyum" we feel that we ought to break down and give the inside story of how the high-priced title above was acquired. When former Editor Patrick asked us to do a page of news each month, we racked our brain for a suitable heading, then gave up and posted a sign on our library door offering one dollar reward for the best name submitted during the next week. The interest created in one man's family was terrific and the names poured in. It soon became evident that if only one name were chosen there would be at least three badly disappointed people in the family. Then with a stroke of genius your columnist chose one name from each contestant, combined them and you see the result above. But the title cost four times the original offer because he had to pay all of them! Well, we won't try that again.
- In Pittsburgh during November they had a Community Forum addressed by one Dr. W. Trufant Foster who is a doctor not of medicine but of philosophy and consequently knows everything about everything, especially medical practice. He deplored the terrible waste and poor results of our "commercialized medicine" and advocated compulsory health insurance. He was admirably answered in a radio address by Dr. Paul Titus who contrasted the achievements of American medicine with the pernicious systems of government medicine existing in Europe. Dr. Titus advised laymen to have a talk with their family physicians before deciding in favor of government socialization of medical practice. This is sound advice and it behooves every one of us to keep well informed on this subject so that we can discuss the problem intelligently with our patients.
- In Buffalo twenty-one physicians, members of a class in public speaking, held a banquet in honor of their instructor Stanley D. Travis, Professor of English at the University of Buffalo. This reminds us of a local group which used to meet in Smeltzer's office under the kindly guidance of Roy Fellers. This group now claims two past presidents, the present incumbent and the president-elect, as well as other good members in our Speakers' Bureau. Those Wednesday nights were full of wide gestures, viewings with alarm and pointings with pride. Heckling was unconfined and the competition became white hot when the prize for the best speech was a ten cent cigar. Those were the days.
- Do you suffer from a vague longing, do you feel confined and cramped, do the ordinary affairs of life seem trivial and futile, do your surroundings seem tawdry and commonplace? Then you, too, have been reading those steamship folders from the Pan-American Medical Society soon to embark to Havana, Haiti, San Domingo and points South. We understand that McConnell and Sisek will be on board. Lucky bachelors!

First Meetings of Mahoning County Medical Society

Youngstown, O., Nov. 13, 1872

The physicians of this city having held a meeting at the office of Drs. Cunningham & Brooke the following business was transacted.

Dr. Woodbridge in the Chair. Dr. Whelan secretary. After some conversation a motion prevailed that we organize ourselves into an association to be known as the Mahoning County Medical Society.

On motion a committee of 5 was appointed to draw up a Constitution and By-Laws:

Dr. Brooke, Dr. McCurdy, Dr. Woodbridge, Jr., Dr. Whelan.

Meeting on motion adjourned to meet two weeks from date at the office of Drs. Woodbridge & McCurdy.

*

Youngstown, O., Nov. 27, 1872

Society having been called to order by President Dr. Woodbridge. There were present, Drs. Woodbridge, Brooks, Fowler, McCurdy, Cunningham, Starr, Beuchner and Whelan.

Committee on constitution having reported a constitution and by-laws which on motion was adopted. After some additional Articles to the by-laws had been adopted the committee was discharged.

After some discussion and a paper read by Dr. Cunningham the meeting adjourned to meet at Dr. Fowler's office December 4, 1872.

*

Youngstown, O., Dec. 4, 1872

Society called to order, Dr. Woodbridge in the Chair. Minutes of previous meeting read and adopted.

On motion the society proceeded to the election of officers with the following results:

Dr. Woodbridge, president;
Dr. Brooke, vice president;
Dr. Whelan, secretary;
Dr. McCurdy, treasurer.

Censors: Dr. Fowler, Dr. Buechner, Dr. Starr.

On motion a committee of three, viz: Dr. Fowler, Dr. Buechner, Dr. Starr, was appointed by the Chair to draw up a fee bill and report at the next meeting. On motion Dr. Cunningham's paper laid on the table at the last meeting was taken up, acted upon and adopted. Dr. Brooke's Article No. 12 by-laws was also taken up and adopted. On motion meeting adjourned to meet at Drs. Matthews & Powers' office Wednesday, January 8, 1873.

W. N. Whelan, Secretary.

Esculapius Mahoningi

The thought of the winter months always brings to the mind of the physician the problems of Lobar and Bronchial pneumonia.

We know that the treatment should begin early. Therefore, the earlier the diagnosis is made, the greater the chance for recovery. The Neufeld test is the commonest test used today for typing of pneumococci.

Dr. Ryall informed me a few days ago that Mr. Mellon, the city bacteriologist, is now equipped to do the Neufeld test. He said the type differentiation can be done within half an hour. The test will be done on all cases asked. What a boon this is to the aid in diagnosis of more cases.

The serum mostly used today is the Felton's antibody solution. So far, it has given the best results, as reported by a number of investigators. It has reduced the mortality considerably, it is relatively free from severe reactions and the technique of administration is simple.

After a preliminary test for sensitivity to horse serum 5 cc. of the concentrated serum is slowly injected intravenously. From one to two hours later 10 to 20 cc. is given intravenously, the dose depending upon the potency of the lot and the severity of the case. Gradually 100,000 to 200,-

000 units (from 40 to 100 cc.) is administered during the first 24 hours of treatment. Cecil and Plummer believe that in most cases the serum treatment should be completed in 48 hours. If results are to be obtained at all, they will usually be obtained within that time. The giving of these small divided doses is a much simpler matter than the administration of the large quantities of fluid that was necessary when the serum of Cole was used. Today we have serum available to combat all the 32 types of pneumococci.

The quality of the serum is wonderful, the technique of administration very simple, but the cost of the serum is prohibitive to the average patient. If the government really wants to do something for the medical welfare of the average individuals here is one of their chances. Instead of trying to spend "the people's money" on state medicine, let them spend it on supplying some of the important needs of the medical profession. Why can't serum be available to everyone who needs it, as is being done in the Commonwealth of Pennsylvania today?

Dr. Ryall says that the matter of distributing free pneumococcal serum was discussed at the last State meeting of the Health Commissioners. Nothing definite has been decided.

If we are to lower the mortality rate of pneumococci pneumonia serum should be available to the patient of average income.

Why Dues Are \$20.00!

The dues this year are set at \$20.00 instead of \$12.00, and you are justified in asking, Why?

The new Constitution and By-Laws Committee, whose work you adopted last March, in addition to the Chairman, consisted of Drs. C. R. Clark, F. W. McNamara, and O. J. Walker. Drs. H. E. Patrick, R. B. Poling, and others sat in, giv-

ing us their counsel and assistance. Section 1, of Chapter III, dealing with Dues, was fully discussed at two or three different sittings.

The Committee felt that the Postgraduate Day and the series of postgraduate special lectures given in the autumn are both as well established, regular Society activities as are the regular monthly meetings. They felt, therefore, that it is too much to ask a good-sized group of our fellow members, at great sacrifice of their time and energies, to do all the hard and exacting work of arranging for these affairs of the Society, and then add to that the big job of soliciting and selling tickets to our own members.

The Committee felt that to fix the dues at \$20.00 would remove that needless burden from the Postgraduate Day Committee and the Program Committee, inasmuch as your paid-up Membership Card will entitle you to attend the Postgraduate Day sessions and the banquet in the evening; and, in addition thereto, will entitle you to the entire six or eight weeks course of special lectures in the autumn.

The Council of the Society has approved the above. We are confident that each of you will instantly see the justice and the wisdom of the action, and that you will express your approval by mailing your check to the Secretary very soon.

CLAUDE B. NORRIS, M. D.

Interne Appointments

The Youngstown Hospital Association has made a change in their internships. Up to the present time the Hospital has been appointing their internes every year and have had two Mixed Residencies for second year men. Beginning July 1, 1938, interne appointments will all be made for two years and a resident in medicine will be appointed for one year. The following persons, who are now serv-

ing an internship, have agreed to stay the second year:

Densmore Thomas. Jefferson Medical:

Arthur Clinton Litton. University of Louisville:

Arthur F. Lippert. University of Cincinnati:

Albert James Fisher. Western Reserve University:

Charles Frederick Wagner. Western Reserve University:

Donald Anderson Miller. Western Reserve University.

Dr. Paul D. Hahn, a graduate of Ohio State University, who is now serving an internship at the Cincinnati General Hospital, has been appointed for the second year beginning next July.

Dr. Raymond S. Lupse, a graduate of Western Reserve University, has been appointed Medical Resident for next year.

The following men have been appointed for two years, beginning next July:

Myron Stanley Owen. Western Reserve University:

Albert Louis Williamson. Kansas University:

Herbert Bryan Hutt. Medical College, State of South Carolina:

Fred Lewis Ruhl Tingwald. University of Iowa:

Kenneth Eugene Bennett. University of Cincinnati:

John Crawford LaVoo. University of Cincinnati:

John Howard Thomas. Ohio State University.

Under this plan we shall have to appoint only seven new men each year and will have seven seniors and seven juniors. The Interne Committee feels that we shall be able to render better service to the patients and provide better training for the internes under this system.

Doctor: Your cough is easier this morning.

Patient: It should be. I practiced all night.

News Items

Dr. Samuel Sedwitz attended the Southern Medical Society meeting at New Orleans recently. He was scheduled to read a paper on peripheral-vascular diseases, but was unable to do so because he lost his voice. He discussed by request two papers on vascular diseases.

Drs. McConnell, Altdoerffer and Sisek are spending the holiday season in Cuba. Bon voyage!

Dr. L. G. Coe and family are spending the holiday season in Florida.

Dr. Banninga has returned home from the North Side Unit after a recent illness.

Dr. Vance is ill in the North Side Unit.

The radio talks this month were made by: Dr. W. C. Redd, December 3, "Common Cold"; Dr. Barclay Brandmiller, December 10, "Headache"; Dr. Morris S. Rosenblum addressed the Weso Dental Club, December 14, "Tularemia"; Dr. O. J. Walker, December 17, "Sinus Disease of the Nose"; Dr. A. W. Elliott, December 24, "Safe and Happy Christmas," and Dr. Morris S. Rosenblum, December 31, "Infantile Paralysis."

OUR NEW DRESS

As we said when we changed our cover design before:

"Freshen up the Label.

It's a thing you've got to do;

Give them something old.

But make them think it's something new;
Renovate, rejuvenate, and incidentally
change the date:

But don't forget to freshen up the Label!"

Credit is due to Mrs. N. C. Jackson, artist for the State Department of Health, Columbus, to Dr. A. W. Thomas, and to your Editorial Staff.

We believe you will like it.

January



JOHN B. ALCORN, M. D.



CON McCOLE

ARTISTS FOR OUR ANNUAL BANQUET—"OLD TIMERS' NIGHT"

The Annual Banquet of the Society will be held at the Youngstown Club at 6:30 P. M., Tuesday, January 18. This will be in honor of all Past Presidents of the Mahoning County Medical Society, many of whom will be present. Dr. J. B. Alcorn, President of the Ohio State Medical Association, will be there as well as our guest speaker, Mr. Con McCole of Wilkes-Barre, Pa.

Mr. McCole is a capital story teller. His wit and humor are of the spontaneous kind that startles and convulses. Entertaining and inspiring, he is an assured asset on any program. He tells his own inimitable stories with an appealing charm that instantly captures any audience. His delicious jokes, yarns and quips and whimsicalities make up a memorable evening's program.

Con McCole is a cheerful humorist. His stories are packed full of wit, humor, satire and philosophy, and a perfect fund of tales and anecdotes that even the most blasé clubman present has to admit he had never heard before.

He is one of the few after-dinner speakers since the era of Chauncey M. Depew and Simeon Ford who can keep a crowd awake after a heavy dinner, and he is at his best at table, because, no matter what the company, he fits in, and feels at home with them. He has the happy faculty of making everyone in every gathering think that he is "just folks" and that he enjoys being with them.

It is impossible to appreciate Con McCole without hearing him.

This will be a night long to be remembered so save that date and come.

LIVING PAST PRESIDENTS OF THE



Dr. R. D. Gibson



Dr. H. E. Welch



Dr. C. R. Clark



Dr. H. E. Blott



Dr. R. E. Whelan



Dr. S. McCurdy



Dr. C. D. Hauser



Dr. H. E. Patrick



Dr. J. M. Ranz



Dr. W. D. Coy



Dr. W. E. Ranz



Dr. J. S. Lewis, Jr.

AHONING COUNTY MEDICAL SOCIETY



Dr. Wm. K. Allsop



Dr. F. W. McNamara



Dr. H. W. Fenton



Dr. J. E. Hardman



Dr. W. H. Bennett



Dr. A. W. Thomas



Dr. A. E. Brant



Dr. J. P. Harvey



Dr. J. B. Nelson



Dr. J. L. Fisher



Dr. L. G. Coe



Dr. P. J. Fuzy

This Month

THE MAHONING COUNTY MEDICAL SOCIETY

Proudly Presents

The Living Past Presidents of the Society

Dr. John B. Alcorn, President of the Ohio State Medical Association

Mr. Con McCole, who will make you "sore" before he's through—he's that FUNNY!!

At the

ANNUAL BANQUET

and

OLD TIMERS' NIGHT

★ ★ ★

What a night! In honoring our leaders of the past we honor ourselves, and thus experience that deepest joy referred to by Bacon: "Let man do honor unto his own soul; for thusly doing only shall he know the deepest satisfactions." Before us will sit more than twenty, some of whom served us before most of us were born, many still going full-steam ahead—all men of whom we are justly proud.

You will be delighted with our strong, wise, and kindly Dr. Alcorn, who will speak in honor of these Past Presidents.

Ask any number who have heard Mr. Con McCole. His address will be something superb—**You Must Not Miss It!**

TUESDAY, JANUARY 18th, 6:30 P. M.

YOUNGSTOWN CLUB

MAKE YOUR RESERVATIONS NOW!!

\$3.00 Per Plate.

TO OUR NEIGHBORING SOCIETIES

Our Cordial Greetings!

For the New Year, we wish you Unity, a broad vision of our privileges, full realization of our responsibilities, and may the year's end reveal progress!



The Mahoning County Medical Society enthusiastically invites your members to break bread with us at our Banquet and Old Timers' Night, Tuesday Evening, January 18th.

We expect a large number of our friends from surrounding counties, and hope for many from afar! May we suggest that you write your acceptance to Dr. John Noll, 138 Lincoln Avenue, in order that proper arrangements may be made.

Tuesday, January 18th, 6:30 P. M.

Youngstown Club

PAST PRESIDENTS
of
MAHONING COUNTY MEDICAL SOCIETY

*1872—Dr. T. Woodbridge	1905—Dr. C. R. Clark
1873— “ “ “	1906— “ “ “ “
1874— “ “ “	*1907—Dr. R. H. Montgomery
1875— “ “ “	1908— “ “ “ “
1876— “ “ “	1909—Dr. H. E. Blott
1877— “ “ “	*1910—Dr. W. H. Buechner
1878— “ “ “	*1911—Dr. S. Schiller
*1879—Dr. W. L. Buechner	1912—Dr. R. E. Whelan
1880— “ “ “ “	1913—Dr. S. McCurdy
*1881—Dr. J. McCurdy	1914—Dr. C. D. Hauser
*1882—Dr. W. S. Matthews	*1915—Dr. H. C. Evans
1883— “ “ “ “	*1916—Dr. M. P. Jones
*1884—Dr. J. McCurdy	1917—Dr. H. E. Patrick
1885— “ “ “	1918—Dr. J. M. Ranz
1886— “ “ “	1919—Dr. W. D. Coy
*1887—Dr. J. S. Cunningham	1920—Dr. W. E. Ranz
*1888—Dr. J. E. Woodbridge	*1921—Dr. J. K. Hamilton
*1889—Dr. M. S. Clark	*1922—Dr. Washburn
1890— “ “ “ “	1923—Dr. J. S. Lewis, Jr.
*1891—Dr. A. C. Wilson	*1924—Dr. A. P. Smyth
*1892—Dr. J. M. McCurdy	1925—Dr. Wm. K. Allsop
1893—Dr. R. D. Gibson	1926—Dr. F. W. McNamara
*1894—Dr. H. H. Hawn	1927—Dr. R. W. Fenton
*1895—Dr. J. E. Cone	1928—Dr. J. E. Hardman
1896— “ “ “ “	1929—Dr. W. H. Bennett
*1897—Dr. R. H. Barnes	*1930—Dr. H. J. Beard
*1898—Dr. J. M. McCurdy	1931—Dr. A. W. Thomas
*1899—Dr. J. J. Thomas	1932—Dr. A. E. Brant
1900—Dr. H. E. Welch	1933—Dr. J. P. Harvey
1901— “ “ “ “	1934—Dr. J. B. Nelson
*1902—Dr. C. C. Booth	1935—Dr. J. L. Fisher
*1903—Dr. G. S. Peck	1936—Dr. L. G. Coe
*1904—Dr. J. J. Thomas	1937—Dr. P. J. Fuzy

Some of the earlier records being incomplete, we have endeavored to, as nearly as possible, furnish a complete list of Past Presidents.

*Deceased.

The Mahoning County Medical Society

1938

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John Heberding
 Walter B. Turner
 Wm. D. Collier

Budget (Ex-Officio)

President
 President-Elect
 Secretary
 Treasurer
 Program Chairman
 Editor

SECRETARY'S REPORT

December, 1937

The old year is now in the background. It was a year of successful administration under the leadership of Dr. Paul Fuzy. He exhibited poise aplenty, clarity of expression, positive integrity and he commanded the respect of his fellows. He joins the long list of successful past-presidents who continue as interested partners in our Society's welfare.

The Society is fortunate in being able to look forward to a two-year period of leadership by two experienced members in organization work, Dr. Claude B. Norris, our in-coming president, and Dr. Wm. Skipp, our president-elect. Both have had an unusual degree of training in the ways and means of society activities. We are fortunate in these selections.

The first Council meeting was held December 27, 1937, at the home of Dr. Norris.

Committee chairmen were requested to outline plans for their respective committees. These plans were discussed by Council and some conclusions made.

The annual banquet to be held January 18, 1938, will be an unusual occasion. All living past-presidents

will be seated at the speakers' table as honor guests of the Society. They will be honored with a remembrance. This will be an innovation, such an event never having happened before. Other entertaining features will add to making the evening an outstanding occasion.

The following applications were approved by Council at its last meeting:

DR. WILLIAM E. MAINE
 DR. SAMUEL R. ZOSS
 DR. STANLEY A. MYERS
 DR. WILLIAM J. HOLMES

Should there be any objection to any of these applicants, write to the secretary within the next fifteen days.

ROBERT B. POLING, M. D.,
 Secretary.

BUCHMAN'S
ARCH
SUPPORTS

9-11 Bus Arcade

ROSTER OF MAHONING COUNTY MEDICAL SOCIETY

1938

- Alden, A. H.
 Allsop, W. K.
 Altdoerffer, J. Allan
 Arundel, Thomas J.
 Askue, Chester M.
 Autenreith, W. C.
 Axelson, O. A.
- Badal, S. S.
 Banninga, H. S.
 Bachman, M. H.
 Baird, Julia M.
 Baker, E. C.
 Baker, W. Z.
 Basile, J. M.
 Beight, C. H.
 Belinky, Morris H.
 Benko, J. M.
 Bennett, W. H.
 Berkson, M. I.
 Bierkamp, F. J.
 Blott, H. E.
 Birch, J. B.
 Boyle, P. L.
 Brant, A. E.
 Brown, J. D.
 Brandt, A. J.
 Brungard, O. D.
 Buchanan, J. R.
 Buchanan, J. U.
 Bunn, W. H.
 Bowman, Brack M.
- Campbell, C. H.
 Cavanaugh, J. M.
 Cervone, Louisa
 Clark, C. R.
 Cafaro, S. Raymond
 Cliffe, E. W.
 Coe, E. W.
 Coe, L. Geo.
 Colbert, W. J.
 Colla, Joseph
 Conti, Martin E.
 Coy, W. D.
 Curtis, W. S.
- Deitchman, Louis
 Deitchman, Morris
 DiIorio, Enrico
 Dreiling, B. J.
 Dulick, John F.
- Evans, W. H.
 Elsaesser, Armin
- Fenton, R. W.
 Fisher, J. L.
 Frye, A. E.
 Fussellman, H. E.
 Fusco, P. H.
 Fuzy, Paul J.
- Getty, L. H.
- Goldblatt, L. J.
 Goldcamp, E. C.
 Goldcamp, S. W.
 Golden, T. K.
 Goldstein, M. B.
 Gustafson, C. A.
- Hake, E. H.
 Hall, Joseph C.
 Hall, L. L.
 Hall, Raymond
 Hardman, J. E.
 Hartzell, S. M.
 Harvey, J. P.
 Hathborne, H. E.
 Haulman, O. W.
 Hauser, C. D.
 Hauser, D. H.
 Hayes, M. E.
 Heberding, John
 Heeley, J. H.
 Hinman, A. V.
- Jones, E. H.
 Jones, W. L.
- Kaufman, H. B.
 Kaufman, P. M.
 Kennedy, P. H.
 Keyes, J. E.
 Kirkwood, E. E.
 Klatman, S. J.
 Kocialek, M. J.
 Kramer, G. B.
 Kling, Herman
 Kupec, J. B.
- Landers, T. A.
 Lawton, O. M.
 Levy, David H.
 Leimbach, P. H.
 Lewis, John S.
 Lowendorf, C. S.
- Mahar, P. J.
 Mahrer, M. P.
 Malock, L. J.
 Marinelli, A.
 McReynolds, C. A.
 McCann, J. N.
 McClenahan, H. E.
 McConnell, P. R.
 McElhaney, B. B.
 McElroy, W. D.
 McGowan, Joseph F.
 McKelvey, G. M.
 McNamara, F. W.
 McOwen, P. J.
 Mariner, J. S.
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FOUR COMMON SKIN DISEASES

By E. HENRY JONES, M. D.

Pityriasis Rosea

Synonyms: Herpes tonsurans maculosus; pityriasis maculata et circinata.

Definition: An acute inflammatory disease characterized by yellowish, pinkish or reddish scaly patches of various sizes and shapes which are symmetrically distributed over the trunk and limbs. There are two clinical varieties of the disease, the macular and the circinate. The appearance of the eruption may be preceded by slight febrile disturbance, but as a rule the constitutional symptoms are slight or entirely absent. Occasionally the submaxillary lymph nodes are palpable. A large single primary plaque (also called the mother plaque or spot) generally located in the lower abdomen or anterior thoracic wall frequently precedes the general outbreak.

The lesions vary in color from a yellowish or salmon hue to pale red and develop as rounded, oval or irregular macules and maculo-papules, from 0.5 to 5 c. m. in diameter, thinly covered with fine bran like scales.

Many of these lesions tend to increase considerably in size and the central portion tends to clear up giving rise to slightly elevated, reddish rings with fawn-colored centers. Coalescence of the rings may result in the formation of segmental or gyrate lesions of various sizes. The eruption may be limited to the trunk, but the upper arms and thighs are frequently attacked—the so-called bathing suit distribution. Only rarely is the face involved. In children the scalp is frequently involved.

Subjective symptoms: Subjective symptoms are practically absent in the majority of cases although itching of variable degree may be present. Pityriasis rosea in the majority of cases is free from symptoms in from two to six weeks.

Recurrences are rare. The age in-

cidence is highest between ten and thirty and the seasonal incidence is highest in the fall and spring months.

The cause of pityriasis is unknown. If the disease is infectious it is very feebly so. The Vienna School has always considered the disease a type of ringworm, despite the absence of the ringworm fungus. Others conclude that pityriasis rosea is a clinical entity which runs a definite and characteristic course, that it bears no relation to any other similar condition and that it is presumably caused by an external infectious agent.

The spinal fluid has been shown to be normal. Wile's efforts at experimental transmission in man were encouraging but not conclusive. Some authority has reported an instance in which there were three simultaneous cases in one family.

Pityriasis rosea is to be differentiated from seborrheic dermatitis, tinea corporis, the early squamous and circinate syphilides, and acute psoriasis.

Treatment: Soothing anti-pruritic local applications if itching requires these. Low strength salicylic ointment aids in removal of lesions, and alpine lamp therapy undoubtedly materially shortens the course of the attack. A few cases have been reported where heavy and long continued pigmentation of the skin has resulted from alpine lamp therapy in this disease, so this possibility must be borne in mind.

Lichen Planus

Lichen Planus is an inflammatory disease of the skin characterized by the presence of glistening reddish or violaceous pin-head sized papules which are at first discrete but which may coalesce, forming rough scaly patches.

Symptoms: The disease may be acute, sub-acute or chronic. In the acute form the eruption is commonly

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generalized and the outbreak which is sudden, is accompanied by constitutional symptoms or greater or less severity.

In the sub-acute and most frequent type, the eruption may be generalized but is usually limited to certain regions of the body. In the acute type the entire body may be covered within 24 or 48 hours from the onset.

The acute form may merge into the chronic, or an attack may supervene on the chronic form. The favorite locations are the flexor surfaces of the wrists and forearms and the inner aspects of the knees and thighs. The face and scalp generally escape. As a rule the eruption is symmetrical. On departing, the lesions, particularly if they are of long standing, frequently leave pigmented spots or slightly atrophic scars.

The disease often attacks the mucous membranes and lesions sometimes develop on the tongue, the inner surfaces of the cheeks or the glans penis days or weeks before the general integument is involved.

In the buccal cavity and on the tongue the eruption occurs as ill defined, whitish patches or streaks while on the glans penis it may take the form of whitish points or streaks.

Occasionally *only* the mucous surfaces are involved. Lichen planus is generally a persistent skin disease, and often tends to recur even after apparent cure. Frequently we find lesions of lichen planus following scratch marks or other injuries of the skin such as surgical incisions.

The description which I have given is applicable in the majority of cases which will come into your offices and to avoid confusion I will omit consideration of the many types with all the variety of clinical aspects that this affection is capable of assuming.

Etiology: The exciting cause is unknown. Nervous exhaustion is the most important contributory factor. It is more frequent during active adult life than at any other period

and attacks among young children are not common. Many American Dermatologists have suggested that the disease may be a systemic one and this view has many supporters today. Until we have a more healthy understanding of the limitation of responsibility which we impose upon that term "foci of infection" we will have also to consider these as possible contributory causes in lichen planus.

Cases have been reported as occurring in the course of treatment with the arsenicals. The possible relationship to sensitization to foods, pollens and animal emanations has also to be considered.

Diagnosis: Lichen Planus is to be differentiated from psoriasis, squamous eczema and syphilis in the papular stage.

Prognosis: Lichen Planus is an exceedingly chronic disease, but one in which the results of well directed treatment are usually very gratifying. The hypertrophic types are the most persistent and in dealing with them one should not be too optimistic in forecasting the possible results of treatment.

Treatment: Stelwagon wisely said, "the patient is to have the benefit of good plain food, hygienic living, and when possible, outdoor life and freedom from mental worry or care." Provide those things for your case in the period from 1930 to 1937 if you can. C. J. White holds that "a cure seems to depend largely on natural evolution and that treatment is mainly palliative." However, most dermatologists today are convinced that either mercury or arsenic in their selected forms, either alone or in combination courses yield excellent results. X-ray therapy yields good results in the care of isolated lesions and alpine lamp therapy is of value as an adjunct in the care of the more generalized forms.

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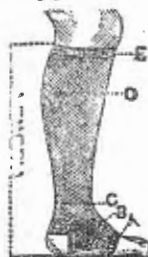
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Scabies

Symptoms: Itch.

Scabies is an infectious disease of the skin produced by *Acarus Scabei* and characterized by itchy papular lesions which involve chiefly the interdigits of the hands, the flexures of the arms, the axillae, the nipples, the lower abdomen, the genitals and buttocks.

The *Acarus* (or *sarcoptes*) *scabei* lives upon the skin, which is penetrated only by the female parasite, which burrows into the stratum corneum and there deposits her eggs. The burrows form macroscopical lesions which are clinically characteristic being slightly elevated, grayish, straight, tortuous or dotted lines in the skin. At the point of penetration a vesicle or pustule is produced. The parasite has an ovoid, flat yellowish-white body and has four pairs of legs, some provided with suckers and some with bristles. The female parasite when impregnated is 0.3 to 0.4 m.m. in length, being barely visible, whereas the male is about half that size. The male dies after copulation and the female after the ova are laid.

Although the pathognomonic lesion of scabies is the burrow, it is frequently not discovered even on close inspection with a magnifying glass. Its most common location is on the webs between the fingers. In infants and children the burrows are usually well marked and accompanied by vesicles. In adults with tough skins the burrows are likely to be small and the hands but little affected. The disease spreads from the fingers to the flexures of the wrists and forearms, to the axillae, abdomen and genitals in the form of an itchy papular and vesicular eruption.

In infants in addition to these regions, the face, scalp and soles of the feet are frequently involved although these areas are free in adults.

The eruption varies considerably in different cases according to the man-

ner of infection, the degree of personal cleanliness, the duration and the treatment which has been applied. In those who have contracted scabies in sleeping cars and from dirty hotel linen the lesions tend to be principally upon the trunk, especially upon the lower abdomen and genitals; the hands and arms in many cases being free from lesions in contra-distinction to those cases in which the infection is manual. In those who bathe frequently the eruption is seldom pronounced and usually the clinical diagnosis must be made from the distribution of the itching and a few papular lesions. On the other hand in those who are not cleanly the usual eruption may become predominantly furuncular.

When the disease has been present a long time there is also liable to be furunculosis as well as eczematization and lichenification. In children impetigo, paronychia, furunculosis and pyoderma are frequently present secondarily, and we may find an associated pediculosis corporis or capitis.

Not infrequently the appearance of the eruption of scabies is modified by treatment which has been given for it, the most common complication being sulphur dermatitis in which the skin is dry, erythematous, pruritic, swollen and scaly, especially on the face. Dermatitis is often produced in the treatment of scabies by the injudicious use of mercury, balsam of peru, tar and sometimes by the application of ultra-violet light.

Various acari affect animals with which people come in contact and frequently an infection resembling scabies occurs in humans, being derived from pets, especially dogs, cats, poultry and horses. The animal parasites do not find the human skin a favorable habitat and for this reason human cases contracted from such sources generally run a mild course.

The diagnosis of scabies is usually based upon the presence of an itching

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eruption which does not affect the face or scalp in adults, with burrows on the webs of the fingers and papular and vesicular lesions on the flexor aspects of the forearms, the anterior axillary folds, the nipples, the lower abdomen, the genitals and buttocks. In women, itching of the nipples associated with a generalized pruritic somewhat papular eruption is characteristic of scabies, whereas in men itching papules on the penis and scrotum in association with generalized itching are equally typical.

When other members of the family have itching and when it is worse at night a suspicion of scabies is aroused. When there is doubt about the presence of scabies familiarity with the modifications which can be produced in its appearance by secondary infection and the irritation by drugs which have been applied is of value. Positive diagnosis is made only by the demonstration of the acarus under the microscope, the low power objective being used.

Treatment is entirely external. The underwear, night clothes and bed sheets should be changed daily for four days to avoid re-infection. Other persons in close contact with the patient should be inspected and treated if affected. Sulphur ointment is the most reliable remedy destroying the parasites and relieving the pruritus. Beta naphthol, balsam of Peru, oil of cade or phenol may be added to it. The exact composition of the ointment and the method of its use are important. The strength prescribed depends upon the presumed toleration of the patient's skin. In infants and small children 1 to 3% of precipitated sulphur is used. In older children, in women who have delicate fair skins and in those whose skins are irritated by preceding injudicious local applications which did not contain sulphur, 5 to 8% of precipitated sulphur may be used, whereas for adults with coarse dark skins or for those who have been unresponsive to milder treatment the strength

should be 10 to 15% precipitated sulphur. The best base for the ointment is lanolin to which in cold weather a small amount of petrolatum may be added.

Before applying the ointment have the patient bathe in hot water using a tar soap and scrub the skin with a wash cloth or very soft brush. Dry the skin and in adults rub the ointment well into every part of the body except the face and scalp giving particular attention to the parts of most frequent involvement. In infants even the face and the scalp must be treated. On succeeding days apply the ointment morning and evening.

There are conflicting opinions regarding bathing during the period but patients are usually more comfortable if they bathe once a day, at night, before the ointment is applied. After four or five days all evidence of the disease should disappear and at this time it is advisable to reduce the applications of ointment to once daily. This routine should be continued for one week.

In the event of sulphur dermatitis all preparations containing sulphur must be discontinued. Frequently patients have sulphur dermatitis combined with scabies when they first apply for treatment, due to the help of some druggist.

When the dermatitis is severe it is necessary to stop the anti-parasitic remedies until the irritation from the sulphur has subsided from the use of sedative applications or fractional doses of x-ray.

(To be continued in February issue)

Curious

Not long ago I was aroused from a very sound sleep at 2 a. m. to answer the telephone. The patient would speak to no one but myself. Upon answering the call, the patient said, "Doctor, I just called to ask you what time you would be in your office this afternoon."

—(Submitted by H. M. Pell, M. D., Brazil, Ind.)

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PRESIDENT'S PAGE

(Continued from Page 6)

reference, of course, is to lay education in medical matters.) Dr. Skipp handled that matter at its first inception. He did it so well that I have requested him to become Chairman of the Committee on Lay Education.

If you will turn to Page 1261 of the November, 1937, issue of our State Journal, you will find that the State Medical Association is cooperating with the Women's Field Army Against Cancer, an organization being sponsored by the American Society for the Control of Cancer. They have asked us to select three members of our Society to serve on their County Executive Committee. After consultation with the Council, I have named Dr. Heberding, Dr. Turner, and Dr. Collier to this Committee.

These Committees constitute that all-important machinery upon whose proper functioning depends the progress of the Society during the coming year. The Chairmen are not the Committees; You yourselves are the Committees. The Council and the President earnestly solicit from every member of the Society your advice and cooperation. I personally seek them not entirely for myself, but for the good of our Society and through it for the welfare of this Community.

CLAUDE B. NORRIS, M. D.

A PAT ON THE BACK FROM OHIO STATE JOURNAL

"The Medical Crier" of *The Mahoning County Medical Society Bulletin*, whose nose for news is second to none and whose pithy observations always are of interest, had this to say about the recent Mid-Year Organization Conference at Columbus, October 24:

"When the officers of Ohio State Medical Society put on their Mid-Year Organization Conference they sure do get down to brass tacks. There is no time for flowery oratory but just plain talk of the fundamentals of good Medical Society operation: how to proceed with the operation of the medical phase of the relief problem under the present set-up, how to discipline errant members, how to encourage the prompt payment of dues, how the new Postgraduate Refresher Courses are planned, how the new Speakers' Bureau operates, how to establish a credit rating bureau, and other practical subjects.

"The eight men from Mahoning
1938

County set back with smiles of smug complacency as the various activities of the ideal Medical Society were paraded. They seemed to feel that the boys back home have been right up in front in every department that was mentioned. Our Postgraduate Day programs were spoken of as a model for others to copy."

A glance at the record reveals that "The Crier's" comments about his medical society do not exaggerate. It must be a comfortable feeling for a county society to know that it is in the front rank of the parade. How does your society feel?

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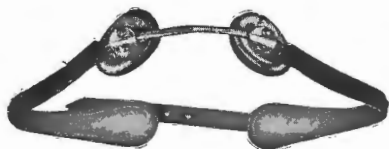
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- Or are you satisfied to be the kind that just belong?
- Do you ever go and visit that brother who is sick?
- Or leave the work to just a few, then talk about the clique?
- Come out to the meeting, help with hand and heart.
- Don't be just a member, but take an active part.
- Think this over, brother, you know right from wrong,
- Be an active member instead of "just belong."

—Exchange.

What Every Woman Doesn't Know —How to Give Cod Liver Oil

Some authorities recommend that cod liver oil be given in the morning and at bedtime when the stomach is empty, while others prefer to give it after meals in order not to retard gastric secretion. If the mother will place the very young baby on her lap and hold the child's mouth open by gently pressing the cheeks together between her thumb and fingers while she administers the oil, all of it will be taken. The infant soon becomes accustomed to taking the oil without having its mouth held open. It is most important that the mother administer the oil in a matter-of-fact manner, without apology or expression of sympathy.

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STRAPPED FOR RICKETS

The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.



A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . . Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For infants who were strong Glisson suggested placing "Leaden Shoes" on their feet and suspending them with swaddling bands in mid-air.

How amazed the ancients would have been to know that bones can be helped to grow straight simply by internal administration of a few drops of Oleum Percomorphum. What to them would have been a miracle has become a commonplace of science. Because it can

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*U.S.P. Minimum Standard

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