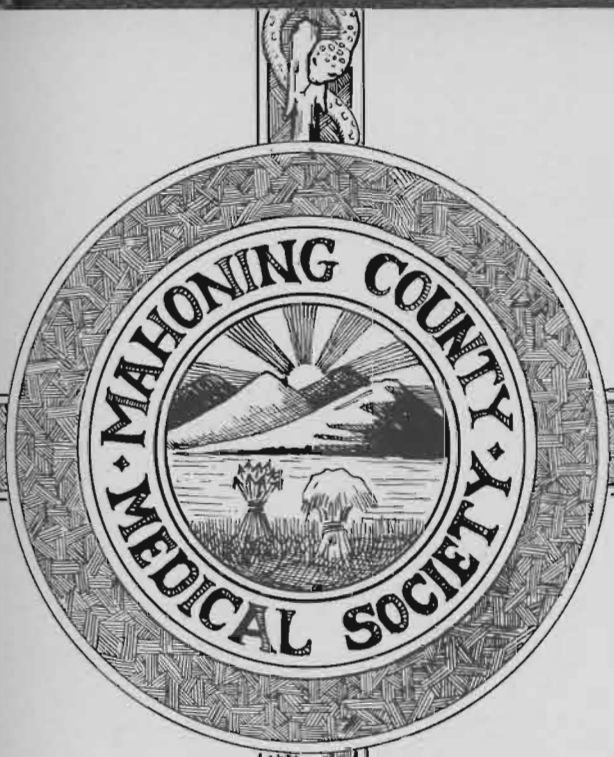

Be sure to acquaint yourself with what the American Medical Association and the State Medical Association are doing in protection of your welfare. Read pages 1152 to 1155 of the October, 1938, issue of the Ohio State Medical Journal.

BULLETIN

of the

Mahoning
County
Medical
Society

Vol. VIII No. 10
October 1938

WHEN PRESCRIBING SALICYLATES

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Alycin Powder and Alycin Effervescent Tablets are also available at the prescription pharmacy.

RADIO TALKS

Oct. 14—Flat Feet - - - - - - - - - - - - - - - Dr. T. K. Golden
Oct. 21—Pain in the Lower Back - - - - - - - - Dr. J. R. Buchanan
Oct. 28—Nature of Cancer - - - - - - - - - - - - Dr. P. L. Boyle
Nov. 4—Age of Cancer - - - - - - - - - - - - - Dr. L. G. Coe
Nov. 11—Cancer Can Be Cured - - - - - - - - Dr. G. M. McKelvey
Nov. 18—Cancer in Early Treatment - - - - - - Dr. Joseph Nagle
Nov. 25—Cancer Is Curable - - - - - - - - - - Dr. Herman Kling
Dec. 2—The Doctor of Tomorrow - - - - - - - - Dr. E. H. Young
Dec. 9—Sickness Insurance or Your Own Family Physician - - - - - - - - - - - - - Dr. W. K. Stewart
Dec. 16—Your Doctor and You - - - - - - - - Dr. J. L. Scarnecchia
Dec. 23—Have a Safe and Happy Christmas - - - Dr. L. K. Reed

MEDICAL CALENDAR

Oct. 18—Dr. Bradley M. Patten, University of Michigan—Movies on Embryology.
Nov. 15—Dr. John Talbot, Massachusetts General Hospital—General Use of the Chemical Laboratory in the Diagnosis and Practice of Medicine.
Dec. 20—Annual Business Meeting.

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October, 1938

ADVERTISERS' LIST

Patronize them—they make the "Bulletin" possible

THE MAHONING COUNTY MEDICAL SOCIETY BULLETIN

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PRESIDENT'S PAGE

Do We Need It?

One of the sub-heads of the second of Mr. Nelson's "bulletins" which we carried last month, begins: "Part of an early meeting of your society should be devoted to a discussion of malpractice problems."

We leave out of this communication such factors entering into malpractice suits as failure to keep accurate and complete records, negligence as to x-ray pictures, omission of photographic record of lesions, slackness as to follow-up re-examinations, delay in attending to routine needs, refusal to answer calls—all chargeable to the physician. Nor do we enter into the greed angle of the patient and some shyster lawyer, nor the complainant's ignorant but honest belief that he has been wronged. These are extremely important. But we shall confine this communication to the one supreme, nearly-always-present, cause of such suits.

Dr. Shanklin, Editor of the Journal and a former President of the Indiana State Medical Association, says: "This malpractice thing is a creature of our own invention! By that I mean that were it not for the remarks made by medical men, that tongue-in-cheek, lifted-shoulder attitude toward the work and ability of confréres, malpractice soon would become a lost art. In several years of service as Chairman of the Medical Defense Committee of our State Association, I made investigations of every malpractice suit referred to the Committee. In nearly every instance the suit could be traced to the unguarded remarks of a fellow physician. I have made blunders and probably you have made blunders, which if known would have led us into court on the wrong end of a damage suit."

A local attorney who handles much of that kind of legal work here, personally told me that practically all such suits are caused by nasty gossip of one physician against another. This is further borne out by a statement from a medical protective company.

We have all heard physicians speak unflatteringly of their fellows. We have seen looks, we have listened to "damning with faint praise." Such stuff does no good, sooner or later it returns to plague the author, always it shrivels the soul of him who engages in it, and it injures the whole Profession. Sometimes what one physician says to another is not intended to injure, but is poorly or thoughtlessly worded. The most damaging is the "true story," but it is frequently told in a way that is entirely misleading, and amounts to bald falsehood. Still it hurts. The mere fact that one does not deserve it avails little in preventing the Cat-o'-nine-tails from splitting the hide!

Recently, I read a story containing the following, said by a doctor to the wife of another doctor:

"Don't tell me your husband goes to pieces when he loses a case. I know that. Don't tell me that he knows he's a blind, uncertain groper in the dark: I know that too.

"Just where do you think medicine would be if the men who followed it were all so cocksure that they knew everything? The hacks think they do. The hacks think they're positively flawless. The hacks who contribute nothing.

"It's the clumsy, passionate gropers in the dark that do mean something. The men who know they're clumsy, know they're making mistakes, know they can do better somehow, and——"

We must remember that the only licensed physician who never made an error was the poor, unfortunate fellow, who dropped dead at the very moment when his certificate was signed.

"Let him who is without sin cast the first stone." "Whatsoever ye would that men should do unto you do ye even so unto them."

CLAUDE B. NORRIS, M. D.

THE HUMAN REQUIREMENT of VITAMIN D

Excerpts from a special article in the August 20, 1938, issue of the AMERICAN MEDICAL JOURNAL by P. C. Jeans, M. D., and Genevieve Stearns, Ph. D., of Iowa City, Iowa.

"These studies show also that the calcium retention observed when from 300 to 400 units of Vitamin D is fed daily are accompanied by excellent dentition and the maintenance of serum calcium and phosphorous at high normal levels as well as by increased growth and development. The average retention observed when from 300 to 400 units of Vitamin D is given apparently is ample to provide abundantly the nutritional needs for these minerals, even at the somewhat increased rate of skeletal growth observed."

"Tentatively the Vitamin D requirement of the infant fed cows milk may be stated as between 300 and 400 units daily, these amounts having been shown to be efficient in prophylaxis of rickets in producing ample retention of calcium and phosphorous and in permitting excellent skeletal growth and dentition. This requirement is stated in terms of Vitamin D of no greater concentration than is found in average high grade cod liver oil."

ISALY'S VITAMIN D MILK contains 400 U.S.P. units of the NATURAL VITAMIN D of COD LIVER OIL, supplied by means of the Vitex concentrate method.

BULLETIN of the . . . . . .
Mahoning County Medical Society
OCTOBER 1938

MEDICAL PROFESSION IN POLITICS

By WM. M. SKIPP, M. D.

The time has come when all members of the medical profession shall take up arms against the common enemy.

This war is not an attack on devastating disease but a more deadly poison which is being injected directly into the medical body. It is an attack by our government on the medical army of 160,000 doctors. The government through our elected representatives, on advise of the Social uplifter, has decreed that we shall practice medicine according to the dictates of politicians.

We must forget the old adage that the medical profession is not in politics, for we are, and hope to win. There is no other way but to enter politics, let's thrown down the first broadside and let the public and the politician know that we are going to work for the individual office seeker whom we know and can depend upon to listen to reason when it comes to matters that pertain to our welfare and the common good of the people of this United States.

By the welfare of the people we mean the maintaining of high public health standards so that they will not be wiped off the face of the earth by disease. By our welfare we mean that all things pertaining to medicine (prevention, diagnosis, and treatment) shall be in our hands, that we as citizens shall be permitted to practice medicine and conduct our business free and independent and that the people of this great land be permitted to choose their practitioner of medicine as they deem wise.

We have been told by politicians that we are a *non-entity* as far as the election of an official is concerned, that doctors will not mix and are not interested in politics. It is now time that we throw off this outward cloak of holiness and assert ourselves.

We must remember that we are not aligned with any political party, that we are not interested in all the planks in his platform as physicians, but we are as voters interested in his stand on socialization of medicine and taxation.

We know there are many people who do not receive adequate medical attention, not because it is not available but because they cannot or will not buy it.

We know that many of the ills these people are subject to are preventable but a doctor for each individual in this country could not keep them well if they do not have enough to eat, sufficient clothing to keep them warm, sanitary and clean homes in which to live. It is the duty of our government to cease interference with business, including medicine, so that these poor unfortunates may obtain a job with enough pay to live as American citizens and they will take care of their own medical bills as they have in the past. There will be less sickness, and when sick they will recover more quickly because they are not half starved.

The poor, which we always have had and always will have, should not be the responsibility of any one group of society, but society as a whole. The care of these unfortunates is the

duty of the state. You and I, being a part of the state, should insist that sufficient amount of tax money be set aside for this purpose.

A political program is under way in this state conducted by your state organization in conjunction with the allied professions (dentists, nurses, pharmacists, and hospitals) through the state legislative committee. The state has been divided into smaller units, and groups of doctors from each section are interviewing all candidates for public office, explaining to him that he will be given definite support and we mean support in that we intend to talk for or against him to our families, friends, and patients, on matters that pertain to public health and our own existence. His reactions will be noted and every doctor in the state will receive a copy of his reaction and answers. We are a minority group but there are 7500 of us in this state and we intend to fight.

It will be explained to him what public health means, what Federalization of medicine means, and that it will cost the people of this state 20% more in taxes; where is this money to be obtained? The people of this state will have to foot the bill. Medical service will *deteriorate*, morbity and mortality will increase.

We are not opposed to any insurance plan that will allow the burden of sickness cost to be spread over the entire population, and the individual to pay for his medical care in advance, but we do object to having someone other than our profession managing this procedure. Politicians must have nothing to do with it. This insurance must be voluntary.

The poor laws which are 75 years old must be changed so that government units will be made responsible for their indigent and not isolated groups of society. The County Commissioners should be responsible or someone designated by them so that all relief would come under one head, crippled children, dependent children, widows, farm relief, old age pensions, poor relief, and what have you. This will cut out overlapping and will cut down overhead cost and lower our taxes.

Your state association is preparing plans for the above. We appeal to you to appoint yourself a committee of one, to interview as many of your patients as possible so that men and women who are favorable to us, will be elected as representing all the people not just a part of them. No man should be elected to any office that will not listen to reason and does not have a mind of his own.

Do not vote or work for a rubber stamp for it means your profession is going to be ruined. Give this matter some serious thought, let's go to work, if you have never done anything for yourself before, now is the time to work and work hard.

SOME CONFAB!

Sixty-five Ohio counties, of a total of eighty-three in the State, sent representatives to Columbus, Sunday, October 2nd, where they spent six solid hours in conference on prospective medical legislation.

This meeting was called by the Sub-Committee on Legislation of the State Medical Association. State-wide interest is clearly much aroused in what is in prospect for the Medical Profession.

To give some idea of the purpose of the meeting the program follows:

Program

10:30 A. M.—"Why a Legislative Conference?" — Barney J. Hein, M.D., President.

10:45 A. M.—"The National Emergency."

10:45-11:00 "Resume of Recent National Health Conference at Washington and Possible Health Insur-

ance Legislation" — L. Howard Schriver, M.D., Councilor.

11:00-11:30 "What the Ohio State Medical Association is Doing to Meet the Emergency"—Parke G. Smith, M.D., President-Elect.

11:30-12:00 "Plans of the American Medical Association and Report on Special Session, House of Delegates, A.M.A., Held on September 16"—R. L. Sensenich, M.D., Member, Board of Trustees, A. M. A.

1:30 P. M.—"Plans for Fall Political Campaign and Session of 93rd General Assembly"—Carl W. Sawyer, M.D., Member, Sub-Committee on Legislation.

2:00 P. M.—"Practical Suggestions Regarding Activities of Local Legislative Committees"—Charles S. Nelson, Executive Secretary.

2:45 P. M.—Group Conferences of Members of Sub-Committee on Legislation with Legislative Committeemen of Counties in Areas Assigned to Members of the Sub-Committee.

Every individual who spoke dealt with our problems realistically and factually. There was some of the old "hooey" about how good we are, etc., etc., but even those who just couldn't help handing that out atoned for it grandly in other respects.

What was accomplished? That depends. Anyway, as a practical proposition, every legislative candidate, Federal and State, will be asked to consult with us on all legislative proposals pertaining to the public health and the practice of medicine. A sincere effort is to be made to win the support of these men, not through the commonplace practice of political skulduddery, but by appeal to the legislator upon the basis of reason and right, and therefore with a view to realizing what is best for all our citizens. Our minds and our consciences tell us that the free choice of physician, an unhampered service, and medical supervision over medical programs are essential to progress. Those things, essentially, are what the Conference asks all of us to assist in promoting.

Mahoning County doctors were, as usual, rather interested participants. They were Drs. O. J. Walker, Dean Nesbit, William Skipp, R. H. Middleton, A. B. Sherk, R. B. Poling, and Claude B. Norris. Mr. B. W. Stewart also attended as an observer from the State Hospital Association.

ANOTHER MEMBER BELL-RINGER

The Mahoning County Medical Society has recently supplied several leaders of both State and National medical organizational work. But, not satisfied to cover less than the whole field, our Society has not fallen down in its scientific contributions.

All of which leads up to reminding you that the President of one of the Nation's leading scientific medical bodies is our own Dr. William H. Bunn. The organization is the Central Society for Clinical Research. The annual meeting is to be held this year in Chicago, on November 4th and 5th. The Society will present a program of subjects by internationally famous medical men.

DR. PERRIN H. LONG STARS

On September 20th, the Mahoning County Medical Society was honored by a son of the State of Ohio whose career is rapidly making him a National Medical figure. He spoke to the Society on "Sulfanilamide," the drug that is attracting more of the interest and attention of the Medical Profession than any other since Salvarsan. Dr. Long's masterly handling of the subject was easily equal to its importance. He held his large audience as only the artist could do.

SULFANILAMIDE DOSAGE TABLE

(The following is a table of dosage of Sulfanilamide, as presented by Dr. Perrin H. Long to the Mahoning County Medical Society, September 20, 1938)

TABLE I

The amounts of Sulfanilamide necessary to establish therapeutically effective blood levels (10 to 15 mgm. %) quickly in patients ill with severe hemolytic streptococcal, meningococcal, gonococcal, pneumococcal or Welch bacillary infections.

Weight of Patient		Initial Dose Per Os		Maintenance Dose per Os Q 4 Hours (day and night)		Total Dose First 24 Hours		Total Daily Dose Bicarbonate of Soda	
Kilos	Pounds	Grams	Grains	Grams	Grains	Grams per Kilo	Grains per Lb.	Grams	Grains
70	150	4.8	80	1.2	20	0.15	1.2	3.6	60
60	125	4.2	70	0.9	15	0.15	1.2	3.0	50
45	100	3.6	60	0.9	15	0.18	1.3	3.0	50
35	75	3.6	60	0.9	15	0.23	1.8	3.0	50
23	50	3.0	50	0.6	10	0.26	2.0	1.8	30
11	25	1.8	30	0.3	5	0.3	2.2	0.9	15

TABLE II

The amounts of Sulfanilamide necessary to establish therapeutically effective blood levels (5 to 10 mgm. %) in patients ill with mild or moderately severe infections in which sulfanilamide therapy is indicated.

Weight of Patient		Calculated Daily Doses				Dose per Os Q 4 Hours (day and night)		Total Daily Dose Bicarbonate of Soda	
Kilos	Pounds	Grams	Grams per Kilo	Grains	Grains per Lb.	Grams	Grains	Grams	Grains
70	150	5.4	.07	90	0.6	0.9	15	3.6	60
60	125	5.4	.09	90	0.7	0.9	15	3.6	60
45	100	5.4	.12	90	0.9	0.9	15	3.6	60
35	75	4.2	.12	70	0.9	1. of 1.2* 5 of 0.6	1 of 20 5 of 10	2.4	40
23	50	3.6	.16	60	1.1	0.6	10	1.8	30
11	25	1.8	.16	30	1.2	0.3	5	1.2	20

* 1 dose of 1.2 grams followed by 5 of 0.6 grams.

NEWS ITEMS

The Youngstown Society for Medical Technicians opened its fall and winter season at the Tod Nurses Home, Youngstown Hospital, Sept. 15, 1938. Guest speaker of the evening was C. R. Clark, M. D. His subject "Some relations of laboratory work to clinical problems" traced the course of laboratory procedure from the time of his internship forty years ago to the present day. The members of the Society feel that the talk was an appropriate introduction for their program.

Dr. E. W. Coe is at his home where he is making a satisfactory recovery from a recent slight cerebral accident.

Dr. Paul Mahar had his appendix removed in St. Elizabeth's Hospital. He had a rather stormy post-operative course but is now convalescing satisfactorily.

Dr. and Mrs. T. K. Golden announce the birth of a boy at St. Elizabeth's Hospital on Sunday, Sept. 18.

Dr. R. E. Odom is at the Chevalier Jackson Clinic in Philadelphia for a special course in bronchoscopy.

We hear that Mrs. Ida Brody and

(Continued on Page 352)

"ALLERGIC CONJUNCTIVITIS"

By E. J. WENAAS, M. D.,
Youngstown, Ohio

Conjunctivitis is a common disease, either in the acute or chronic stage. The multiplicity of etiological factors brought forward in previous years makes a consideration of conjunctivitis from a relatively recent concept—that of allergy—interesting. It may be that allergy is over-emphasized in many cases where other etiological factors are not known. Still it is believed that allergic conjunctivitis is a clinical entity and can be discussed as such.

According to Wood, allergic conjunctivitis may be divided into three main types.

(1) The oedematous type. This is usually of sudden onset, more or less localized without evidence of furunculosis or hordeolum, or redness of the lid margins. It is rapid both in its appearance and disappearance.

(2) Blepharo-conjunctivitis, associated with eczema of the lids.

(3) A simple hyperemia lasting for weeks without much mucous secretion.

The first type is usually seen in conjunction with hay fever or asthma. The mucous membrane of the eye, the conjunctiva, participates in the general hypersensitivity of the mucous membrane of the upper respiratory tract and reacts to the air-borne specific sensitizing substances. There is increased lachrymation, conjunctival chemosis, and non-purulent secretion. Conjunctival smears are usually free of bacteria but have an increase in the eosinophilic cells. Adrenaline instillation frequently relieves the attack.

The second type, the blepharo-conjunctivitis associated with eczema of the lids, is usually caused by drugs. The clinical picture varies from a mild scaling, thickening of the skin of the eyelids, and mild redness, to violent chemosis of the lids to the point of being unable to open the eyes; a raw, red, weeping lid surface and surrounding skin. The diagnosis is not difficult, for people use few drugs in their eyes and a history is easily obtained. The use of cosmetics and hair dyes must be inquired into. This type of conjunctivitis is always accompanied by marked skin hypersensitivity and may be determined by a patch test.

Patch tests are best done by using the drug incorporated in a salve, although sometimes the patient is sensitive to the oily base used in the salve. It has been my experience that patients do not always react in 24 hours but as long as two days after the patch was removed. The drugs which usually cause this type of chronic allergic conjunctivitis are Atropine, Butyn, Holocain and various other anesthetics, callyria and salves.

The treatment is to withdraw the offending drug and substitute another if necessary. Frequently, however, when a patient is sensitive to one drug, he develops sensitivity to another. Landstiener has shown that simple inert substances, even metals, may combine with native protein to form sensitizing substances, in this case by the conjunctiva. The drug coming in contact with the tears, forms a foreign compound capable of producing sensitivity.

The third type, the chronic irritative type, with exacerbations, often associated with a low grade folliculosis and negative bacteriological findings, are usually caused by pollens, animal dust, food or bacteriological antigens. In these cases the clinical picture, the resistance to ordinary treatment, correction of refractive errors and muscle imbalances, and negative bacteriological findings make one suspicious of an allergic basis.

In this type the only manifestation of tissue allergy may be the conjunctival reaction.

These cases are referred to the immunologist to determine their allergic status as regards foods, pollens, dusts and inhalants. When these studies are completed one is often in a quandary as to the exact causative agent, because the patient presents a multiple sensitivity. There is also some evidence to indicate that the skin and conjunctival sensitivity are not always parallel. To determine this, the conjunctival test may be employed by instilling 1/100 or 1/10 dilution of the suspected substances into the eye. A positive test is shown by redness and increased lachrymation.

After a diagnosis of allergic conjunctivitis has been made, there arises the question of treatment. Desensitization is indicated by injection of the offending specific allergins. However, the length of time required, the tendency to recur and the uncertainty of results are discouraging factors. Avoiding the specific intoxicating allergin in so far as possible, offers much to the patient, together with mild local treatment.

Bacteriological toxins, particularly the staphylococcus toxin, has been known to cause conjunctival irritations. This probably occurs after an infection by toxin-producing staphylococci is followed by local absorption and resultant tissue hypersensitivity. The conjunctivitis is one of remissions and exacerbations, corresponding to the variation in toxin formation, and exhaustion and recurrence of tissue sensitivity. The diagnosis is made by cutaneous sensitivity and the treatment is desensitization.

Vernal conjunctivitis has been classed by several writers as allergic in character and treated as such. Others have attempted to link the hereditary and endocrine factors with it, although the question is not definitely settled. Local treatment, desensitization, or avoiding the offending allergins when known, and radium applications, all are valuable.

Bibliography

Wood, A. C.: Allergy in Relation to the Eye. Transactions of the American Academy of Ophthalmology and Otolaryngology, 1936, p. 411. Presented June 13, 1938 —Symposium of Allergy, St. Elizabeth's Hospital Staff Meeting.

SECRETARY'S REPORT

October, 1938

The Regular Council meeting was held September 12, 1938. Business of the Society was transacted as usual.

The problem of "The Maternal Health Association" was discussed by members of Council and considerations were made.

The chairman of the Economics Committee, Dr. Stewart, reported that one hundred and sixty of the two hundred A. M. A. questionnaires were returned to his office.

The treasurer, Dr. Elmer Nagel, explained the "status quo" of the finances of the Society and detailed his method of keeping the accounts.

There seem to be plenty of Society interests for the ensuing year and many activities are being stirred. The National Health Program has furnished plenty of stimulus for action. The House of Delegates of the American Medical Association has not failed in its attempt to forestall socialized medicine. It is very probable that there will be a great weight of public opinion against the program if the general public is given enlightenment on the actual principles involved in socialized medicine. Public speakers, chiefly doctors, should address audiences of lay people to acquaint them with the precise circumstances brought about by state medicine. This was exemplified when Dr. Wm. Skipp addressed a service club in this city. At the end of the speech, the majority

NEXT REGULAR MEETING

Tuesday Evening, October 18th, 8:30 P. M.

YOUNGSTOWN CLUB

Subject:

"The first heart beats and the beginning of the circulation studied microkinematographically in living embryos."

BIOGRAPHY

PATTEN, Prof. Bradley M(errill), University of Michigan Medical School, Ann Arbor, Michigan. *Embryologist. Anatomist.* Milwaukee, Wis., June 14, '89. A.B., Dartmouth Col., '11; A.M., Harvard, '12, Ph.D., '14. Assistant in Zoology, Harvard, '12-'14; Instructor Histology & Embryology, School of Medicine, Western Reserve '14-'18; Asst. Prof., '18-'20; Assoc. Prof., '20-'34; Asst. Dir. for Med. Sciences, Rockefeller Foundation, '34-'36. *Prof. and Dir. of the Dept. of Anat., University of Michigan Medical School,* '36—. Oceanographer, International Ice Patrol, '14. Visiting investigator, Pathologisch-anatomisches Institut, Vienna, '27. Contributing member White House Conference Child Health and Development, '30-'31. Fellow A.A.A.S.; Ohio Acad. Sci. (v. pres., chairman, med. sci. sect., '23). Member Am. Soc. Zool., Am. Asn. Anat. (2nd v. pres., '34-'36); Corp member Marine Biological Laboratory, Woods Hole; Bermuda Biological Station. Physiology photoreactions; embryology, especially cardiovascular system; micro-moving pictures of living embryos.

REVISED SCHEDULE

For Lectures to be given at the First Christian Church, Wick Avenue

October 12—
Treatment of Anemia - - - - - - - Russell L. Haden

October 19—
Treatment of Leukemia - - - - - - - Russell L. Haden

October 26—
Treatment of Disorders of the Colon - - - E. N. Collins

November 2—
Management of Functional Gastro-Intestinal Disease - - - - - - - - - - - - - - - - E. N. Collins

November 9—
Treatment of Arthritis - - - - - - - Russell L. Haden

THE FIRST DINNER-DANCE

of the

MAHONING COUNTY MEDICAL SOCIETY

SATURDAY EVENING, OCTOBER 22, 1938

at the

YOUNGSTOWN COUNTRY CLUB

•

Dinner at 7:30 P. M.

Dancing 9:00 P. M. till Midnight

•

Music by Dr. W. S. Autenreith's Daughter Ruthie

•

You may come and dine with us.

You may come and dance with us.

You may do both.

•

Dinner $3.50 per couple

Dancing $2.00 per couple

of the audience were against socialized medicine—a compliment to a well directed argument.

The president, Dr. Claude B. Norris, wrote a letter to the County Commissioners explaining that the problem of medical relief should be worked out with the Indigent Relief Committee, rather than with the individual physicians. Mr. Feurer was a guest at Council meeting and it was agreed to disregard the letters sent to each physician and deal with the Medical Relief Committee of the Mahoning County Medical Society which will in turn council with the individual physician.

The Regular Meeting of the Mahoning County Medical Society was held at the Youngstown Club, September 20, 1938. The meeting was well attended, there being about one hundred and twenty-five present.

The guest speaker of the evening was Dr. Perrin Long of Johns Hopkins Medical School who spoke on the drug, "Sulfanilamide." Dr. Long detailed the history of this drug and told of various incidences in its development. His address was well delivered and the audience was extremely interested. Many favorable comments followed the speech. This drug has proved to have a wide therapeutic scope of usefulness.

Dr. John Noll gave an explanation of the Postgraduate Course to be started on the following day. It consists of several lectures on therapeutics of important medical topics and will be given by members from the Cleveland Clinic Staff.

Dr. C. R. Clark explained that the Red Cross has secured a sum of money which will be used for purchasing pneumonia serum and that all indigent patients who contract pneumonia may have the serum when indicated. Dr. Ryall assured us that these patients may be hospitalized at the city's expense. The patient will be typed in the hospital, after which the serum will be avai able. Dr. Clark urged that good judgment be used in giving serum.

The following applications for membership were read:

Dr. W. C. McCord
Dr. Eugene Elder
Dr. J. H. Smith
Dr. Barclay Brandmiller.

The Legislative Committee, secretary, president and other members of our Society will attend a meeting of the "Ohio State Medical Association Legislative Conference" on October 2, 1938, at Columbus, Ohio, on the behest of the chairman of our Legislative Committee, Dr. O. J. Walker.

The application of Dr. John J. McDonough for Associate Membership in the Mahoning County Medical Society was approved by Council. Any objection to this applicant should be made in writing to the secretary within fifteen days.

R. B. POLING, M. D.,

AN ORCHID TO THE LIVING

My dear Doctor Williams:

Exactly one week ago today, I had the infinite pleasure of joining my classmates in the graduation exercises of my school, and of all the dates any history book may boast of, this particular day is, at least to me, most worthy of remembrance.

It marked the end of a course more hazardous than Columbus' voyage, more uncertain than Cleopatra's love for Caesar, more fighting than the World War, and surely more thrilling and exciting than the Girard-Niles football game.

But, like history, we in the profession appreciate how often these dangers, these uncertainties, these battles, thrills, and excitements will repeat themselves again and again, holding us in their firm grip with a zealous tenacity that we shall never, never break away from.

Oh, my dear old doctor, it's great to *belong!* and you, you are the generous one who introduced me into this realm, that the ordinary laity cannot penetrate.

Doctor, what thoughts presented themselves to you when in the dark night you placed, in her mother's arms that infant that was I? When two years later you saved this child from the ravages of pneumonia? When, still later, you cured this youngster's ear aches and growing pains? And what were the thoughts you entertained, when you found in your office this same upstart of seventeen, passionately informing you that her major ambition and only desire was to "belong" to the right crew, whose diplomas meant good nurses and not just another nurse?

And what thoughts were yours when you found her defiantly denying the approaching ill health that finally divided her from her work for such a long while?

Ah, but then how did your thoughts compare with the earlier ones when you read that invitation to her graduation?

I wish now to humbly render my thanks for your contributions so eagerly received; your interest, patience, sympathy, and generosity. I am afraid that I possess neither the ability nor the vocabulary really to say how much I really do appreciate your interest.

I want to tell you how highly I prize your choice of nursing school—how ecstatic the sensation of walking up to our dean as student, and away as graduate of our school: your choice—the finest.

And I want to remind you how happy I was to receive your gift, because of what it was and because it came from you.

June tenth truly gave to me the happiest moments of my life, and you shared in my realizing this happiness. I was very sorry that you were unable to attend the exercises, but, ah, yes, dear old doctor, you were there, you were there, just as you always have been, and always will be, forever helping and leading me, and I shall always be,

Sincerely your protegée,

CAROLYN CEKUTA.

(EDITOR'S NOTE) — We congratulate Dr. Williams, and wish Miss Cekuta professional *Bon Voyage*. More of the "Good-Old-Doctors," like Dr. David R. Williams, to whom the above was addressed, would be a blessing these days. More, too, of that pride in "belonging," expressed by Miss Cekuta, will make for continuing progress in the Nursing Profession.

THE MEDICAL CRIER

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

● Bang!—And off we go to a flying start. Our first four star attraction headlined Perrin Long in "The Death of the Streptococcus" by Sulfanilamide. Under his spell the subject developed the romance and suspense of a first class drama. It was the unfolding of a great chapter in the romance of medicine. And that's only the beginning, folks—only the beginning!

Then the fall series of Wednesday night lectures by Haden, Ernstene and Collins. They must be good to pack in the customers on those hard seats. Those of you who have said that our Program Committee should give more attention to treatment have their answer there.

● If you have not attended the Bunts Course at the Cleveland Clinic you have been missing something. Smythe, Hathhorn, Askue, Schwebel, Speck and others form a group which seldom miss. And how they feed you! The next course is due this month and is on General Diagnosis.

● The Wayne County Medical Society has a Committee on Insurance Studies which has presented to the Society an ideal Plan of Health and Accident Insurance. Some of the features which are offered are as follows:

1. The contract is offered in units of one hundred dollars indemnity a month, and the total amount collectible is five thousand dollars per unit of insurance. 2. The contract is noncancellable and guaranteed renewable within the age limit of 21 to 65 years and within an aggregate period of disability of fifty months. 3. House confinement in event of illness is not required. Inability to practice one's specialty is the sole criterion of disability. 4. The latent period for disability resulting from accident is 90 days. 5. The insured may engage in any gainful occupation while drawing disability benefits, except the practice of his specialty. A surgeon who cannot operate may perform other duties pertaining to his practice while drawing disability benefits. 6. Phrases such as "due to accidental means," "Solely and exclusively," and "from violent and external means," have been eliminated from the insuring clause. They appear in practically all casualty insurance policies and are the basis for most of the claim's litigation. 7. Blood poisoning, septicemia, freezing, hydrophobia and involuntary asphyxiation are all considered under this policy as due to accident. 8. All members, irrespective of color or sex, are granted the same premium rates. The company is The Income Guaranty Company of South Bend, Indiana. The rate for 1 unit of 100 dollars a month indenmnity is $52.00 a year.

THE P-G SERIES GREAT!

The three lectures so far delivered, of the eight constituting our Autumn Postgraduate Series, were all that could be asked for. Presented, as they were, in such an interesting manner as to be almost exciting, the hour seems like ten minutes. Nevertheless, the subject is found to have been not only adequately outlined—much more than that: it has been completely covered.

For all who are interested in being thoroughly informed all-round medical men these lectures are more than worth while. For the general practitioner, however, they are of especial practical value, and should on no account be neglected.

And they are not being neglected, either! Each meeting from the first has increased in size over its predecessor, so that perhaps half of our membership is present each time. We welcome, also, the presence of a large number of our nurses and technicians.

The meetings are held in the basement of the First Christian Church, Wick and Spring Streets, Wednesday evenings, at 8:30.

THE ACUTE ABDOMEN IN CHILDREN AND INFANTS*

By ADOLPHUS MARINELLI, M. D.

This is a very important subject because first, most of us see quite a few children in our daily practice of medicine and secondly because it has a rather wide interest, not only to the Pediatrician, but to the general practitioner, the surgeon, the internist, the nose & throat man, and in fact, to all the specialties in medicine. Another reason why this subject is interesting is that one must make a correct diagnosis quickly; otherwise the result will be bad. Acute abdomens in children will not wait a long time for a diagnosis. We all know that a child, especially a baby has quite a different set of abdominal diseases than has the adult and moreover it requires a somewhat different form of examining technique. The pediatrician has this special technique, and we all at one time ar another have had the opportunity of seeing him carry it out on some of our patients. Since it is impossible to deal fully on the subject of the acute abdomen in infants and children in a short, limited time, this paper, therefore, will be confined to the more important emergencies of acute abdomen.

The various acute conditions that may occur in the abdomen will be taken up under three headings: First — The obstructions; Second — The hemorrhages and Third—Inflammatory conditions.

The obstructions all have certain things in common which should make one suspect that there is an obstruction somewhere in the alimentary tract. If the obstruction is sudden and complete, we have nearly always a sudden, sharp, acute pain which has the characteristics of colic. Again with every obstruction nothing or at least very little is going beyond. If the obstruction is not complete we have a marked hypertrophy and overactivity and dilatation proximal to the obstruction, and atrophy and collapse beyond that point. If the obstruction is in the intestines there is reversed peristalsis and vomiting. Beginning at the upper end of the alimentary tract, the most interesting type of obstruction is the congenital atresia of the esophagus. In this type there is a complete separation between the upper and lower end of the esophagus. The upper end ends blindly in a sac about the size of one's finger. The lower end passes from the stomach directly into the bifurcation of the trachea. Because of the inability to take food and because of the poor surgical risk at this age, all such babies die within the first 10 days of life. This condition is sometimes seen and diagnosed by the obstetrician. Within the first few hours of life he notices a distention of the upper part of the stomach. He also notices that mucus is running out at the corner of the mouth. Observing this child very carefully, one will note that the child cannot swallow. Careful examination with a catheter will reveal the diagnosis of atresia of the esophagus. Going a little bit further down the digestive tract we come to pyloric stenosis. Here, three things must be considered for differential diagnosis. First there are some babies who in the first two or three days of life vomit a great deal for no apparent reason. All one does is to wait and observe these babies and they soon cease vomiting, and all is well. The second and third things are pylorospasm and true hypertrophic pyloric stenosis. Clinically there is a decided difference between the two. The former can happen any time in the first four to six months and get well under medication. The latter always begins at the second or third week, rarely before, and has to be operated upon. In this case there is always a tumor mass present.

*Read at the scientific meeting of the Ex-Internes of St. Elizabeth's Hospital, August 11, 1938.

Further down the line we come to duodenal obstructions. Of these we have congenital atresia and duodenal ileus. In almost every case of duodenal obstruction, there is an excessive vomiting of bile, which does not occur with pyloric obstruction. Now the symptoms in this case are similar to pylorospasm and hypertrophic pyloric stenosis, except for the fact that there is no bile present in the vomitus. The treatment for duodenal atresia is surgical. A posterior gastroenterostomy is done. The treatment of duodenal ileus is medical.

Our next group of obstructions are the intestinal. These are very dangerous to the young child because they cannot withstand shock, loss of fluid and toxemia. The higher up the obstruction, the more serious it is. The bowel above the obstruction becomes distended, virulent toxins are formed and degenerative changes take place in the gut walls, making it permeable to bacteria and peritonitis is set up. The pathology in infants is the same as in adults. The most common causes of intestinal obstruction are first, the lumen becomes blocked by foreign bodies, feces or parasite; second, the wall affected by atresia, scar tissue following an ulcer, tumor, and intussusception; and, third, from without, by bands from peritonitis, from Meckel's Diverticulum, from incarceration of the bowels in a hernial sac, or by a volvulus. The chief symptoms in intestinal obstruction as a whole are—pain, vomiting and constipation. The pain comes on suddenly with shock, weak pulse, pallor and sweating. Vomiting also comes on at once. At first, no matter what is taken in, it is vomited. The stomach contents are vomited; then bile and finally fecal matter. Soon after an obstruction there is absolute constipation. There are times when intestinal obstruction must be differentiated from cyclical vomiting and torsion of the pedicle of some solid organ, such as an ovary, testicle or spleen. In cyclical vomiting, pain never precedes the attack. There is no direct localized tenderness or rigidity nor absolute constipation. And in torsion of pedicle of a solid organ such as an ovary, one will find a high temperature, a very high leucocyte count and on rectal examination one can sometimes feel a mass. Here also there is no absolute constipation.

Leaving the general discussion of intestinal obstruction as a whole, I will now endeavor to give a more detailed picture of one of the most common entitys in intestinal obstruction, and that is intussusception. This condition occurs in the vast majority of babies between the fifth and tenth month of life and accounts for at least three-fourths of all the cases of acute obstruction in infancy and childhood. Nearly all intussusceptions are ilio-caecal; once in a while Meckel's diverticulum is the starting point. The cardinal features are abdominal pain, vomiting, passage of blood and mucus, and tumor mass. Pain in these cases is agonizing as shown by screaming and howling and drawing up of the legs. The pain is paroxysmal in type and lasts a few minutes, and leaving the child pale and exhausted. Next comes vomiting. This may or may not be projectile in type. After a short while the pain begins to subside. The child looks definitely ill and has a characteristic facial expression. In the early stages a baby may pass one or more normal stools, but soon after only mucus is passed and this is followed by bright red blood in increasing quantities. If the condition has gone far enough a tumor mass can be felt on rectal examination and as the finger is withdrawn there can be seen a currant, jelly-like substance which is practically pathognomonic of intussusception. In practically all cases operation is necessary.

Another form of intestinal obstruction is volvulus. This is a rare condition, and therefore, will not be considered. Paralytic ileus following an operation sometimes presents an acute abdominal emergency. The Levine

Attention Secretaries!

Welcome!

The M. D. B. invites as guests,
The assistants of Bureau Doctors and Dentists—
To a Masquerade Party on October 27
You may come at Eight and leave at Eleven!

Let's get into the spirit of Hallowe'en fun
And see how many secretaries to the party will come.
Be loyal to your cause and to your organization—
All it really takes is a little co-operation.

The Medical-Dental Bureau and Doctors' Secretaries are opening their fall activities Thursday, October 27th, with a Hallowe'en Costume Party at the Lincoln Tea-Room, corner Phelps and Lincoln. There will be prizes for costumes, loads of games, and plenty of hallowe'en "goodies."

Aside from an evening of fun there will be a few short business announcements including an outline of our program for the coming year. We urge all secretaries to be there, you and your doctor benefit by your attendance at these monthly meetings.

The Secretaries' Executive Council for the coming year:

GWYNEIRA BROWN ..... President
MARY LOU WEIR ..... Sec'y and Treasurer
BLANCHE ZABEL ..... Program
GERTRUDE FLYNN ..... Social
MAE CRAIG ..... Publicity
HELENE ECKEL ..... Pianist

Those assisting on various committees:

Betty Hayden, Mary Melody, Neomi Belinkie, Naomi Jones, Marian Johnson.

We have a great deal of hard work ahead of us but if hard work means success, then we'll be successful! You need, and your doctor needs this organization—it's a pendulum, keeping time, regulating and sustaining the welfare of our professional world.

Let Us All Unite in Keeping This Pendulum Swinging!

tube and nasal suction have more or less mastered this problem.

We now come to the end of the digestive tract with a condition known as the anorectal stricture. This condition, too, may produce what may look like a surgical abdomen. The colon becomes enormously distented. The child rarely passes any gas and practically no feces. The problem here, therefore, is to dilate the sphincters with the fingers. Before leaving the subject of obstruction a word or two about hernias. The only external hernia which may cause some trouble in children is the inguinal hernia. In nearly all such cases the herniated mass is reducible and all turns out well.

We now come to the second group of abdominal emergencies in children, namely the hemorrhages. Hemorrhage due to trauma of viscera and mesentery is recognized by pallor, fall of blood pressure, sub-normal temperature, fainting, air hunger, restlessness, rising pulse rate and shock. In some cases hemorrhage following trauma does not begin and progress from the time of the injury but may occur at a delayed interval with the recovery of the blood pressure after shock. Always be on the lookout for hemorrhage even after shock has ended. Hemorrhage from gastric and duodenal ulcers are extremely rare in childhood. Therefore these two conditions will not be discussed. Blood diseases such as Melena, Henoch's Purpura and other hemorrhagic diseases of the newborn, as well as foreign bodies, polyps, varicosities and hemorrhoids all may cause hemorrhage from the bowel and therefore may constitute an emergency. The most interesting hemorrhage and one that really constitutes an emergency is the hemorrhage from Meckel's Diverticulum. The tissues of this organ is made up of misplaced gastric or duodenal mucosa and one can readily see that as in the stomach or duodenum, there can be a perforating peptic ulcer or an ulcer that bleeds. As a rule the hemorrhage is concealed and sometimes a patient can bleed to death within the large bowel. This condition is different to diagnose. If a child passes a fairly bright blood at one time and a fairly dark blood at another time and large clots now and then, this would point to a Meckel's diverticulum and justifies an operation.

Our third group of abdominal emergencies come under acute inflammations. Of these, appendicitis is the most common in children and rather rare in infancy. Because of the common colicky ailments to which children are subject, there is possibly no other condition where errors of diagnosis are so frequent. These errors are sometimes made by ourselves, by treating and observing these patients a little too long, and more often by the mothers, who think they know the powers of diagnosis and the value of castor oil and the hot water bottle. In other words, this double delay—delay of the physician in making a diagnosis and delay on the part of the mother in calling a physician for a diagnosis accounts for the seriousness and high mortality rate in a majority of acute abdomens in children.

History of illness is very important in all cases. Frequently a diagnosis is made on the history. Careful physical examinations together with laboratory assistance are of utmost importance. In all cases of acute appendicitis without peritoneal involvement there is always pain, vomiting, diarrhea or constipation, localized tenderness, resistance or guarding; slowly rising temperature and pulse rate. On the other hand, in appendicitis with peritoneal involvement, the patient is much sicker, has more pain, tenderness is all over and rigidity well marked. Vomiting is considerable and at this time patient presents a characteristic facial expression. The pulse rises rapidly, temperature drops to normal and paralytic ileus supervenes. Now in true cases of acute appendicitis, the location will

WITHOUT RIME OR REASON

NOW AS THEN

Once upon a time—long, long ago,
When I was a small boy down on the farm,
The family was distressed no end
By the recurrence of a fearsome wail,
That piped up now and again.
It was a weird, mournful tone
Which sent prickles up the spine
Of the aforesaid small boy,
And sent him wide-eyed and breathless to the house.
Sometimes it was a moan—
Or a shriek—or a sob!
In the middle of the night,
On a blustery day when the clouds
Went scurrying across the sky,
At the strangest times, indeed,
It curdled the blood and chilled the marrow.

Mother regarded it with awe;
Dad insisted it was nothing,—
(Though he was plainly perplexed).
At last we solved the riddle—
And what do you suppose it was?
Sitting idly beside the wood-house,
Leaning against the wall,
Looking blankly up at the sky,
—Was an empty jug,
Just a plain ordinary empty jug!
We had been freightened and alarmed
By—
The wind blowing into an empty jug!

"The world is going to the devil"
"The young people are of no account"
"The home is decadent"
"The schools have failed to educate the children"
"People are not neighborly any more"
"The church is smug and selfish"
"The nation is ruled by graft"
"Labor and Capital can never get together"
Et cetera, et cetera, et cetera.

Oh, the air is full of sounds of woe
In these latter days of ours.
But are they the clear notes of those who know?
Are they the clarion tones of those who think?
Are they the honest warnings of those to whom we should listen?
Are they the thoughtful efforts of those who see and try to solve the problems of today?
Or are they just the idle tones of—
The wind blowing into an empty jug!

Now an empty jug is just—an empty jug;
And a jug sitting by the side of the house
Isn't doing anything about
The things of which it wails.
It just wails'
It wails because it must,
It wails because it is empty,
It wails because it has nothing else to do,
And because it is just a jug,
It wails because its mouth is open,
And because the wind blows.
What else would there be
For an empty jug to do?
One mustn't expect much of a jug,
Rock-ribbed, never changing, open-mouthed,
Sitting placidly on its bottom,
Moaning in the wind.

Good old Dad! He took the idle jug
And sought to put it to use.
But alas!
Not only was the jug empty,
It was also cracked.
We had been worried by the wind
Blowing into a little old empty jug—
That was badly cracked.

—THURMAN B. RICE, M. D.,
Indiana Division of Public Health.

Poetic Remitter

The following note was sent with a remittance:

"Dear Doctor:
Pills, pills, and more pills,
Then bills, bills, bills.
Thanks for the pills
For they helped my ills,
But damn your bills.
Now am I ill?"

nearly always produce certain variations in abdominal physical signs. There are at least six different abnormal situations of the appendix—namely, pelvic, retrocecal, paracolic, ileal, sub-hepatic, and left ileac. The chief symptoms in all cases of appendicitis are all more or less alike, except that if one notices bladder and rectal irritation one might think of a pelvic appendicitis; drawing up of right leg one might think of a retrocecal appendix; similating pyelitis one might think of a paracolic appendicitis; excessive vomiting might mean an ileal appendicitis and one with gall bladder symptoms might mean a sub-hepatic appendicitis, etc. There are several conditions which may simulate appendicitis. The following are some of the more common ones: Ileocecal lymphadenitis, inflamed iliac glands, a psoas abscess, acute urinary conditions, constipation, acute gastro enteritis, inflamed Meckel's diverticulum, acidosis and cyclic vomiting, pleurisy, and the pneumonias, pneumococcal peritonitis, streptococcal or staphylococcal peritonitis, tuberculous peritonitis and mesenteric adenitis.

With a good history, careful examination and with laboratory and x-ray assistance, many of these conditions can be easily differentiated from an acute appendicitis, and yet with all this help at our disposal, diagnosing an acute appendicitis can be a very hard task.

In summarizing, therefore, let us remember that an acute abdomen in a child might be an obstruction of some sort, an infection of some type, or a hemorrhage of some form, and that anyone of these conditions calls for the technique of a pediatrician, the knowledge of an internist, the skill of a surgeon, the alertness of a general practitioner, the assistance of the laboratory, the findings of the radiologist, and the opinions of the otolaryngologist, the neurologist, the cardiologist, the orthopedist, and so on down the line.

SYMPHONY SEASON OPENS OCTOBER 14TH

The Youngstown Symphony Orchestra of seventy distinguished musicians with Michael and Carmine Ficocelli conductors, begins its fifth series of evening concerts at the Stambaugh Auditorium, Friday, October 14th, at 8:30.

The 1938-1939 season promises to be the best in the career of the orchestra and the Junior Chamber of Commerce hopes to better last year's attendance which was over 15,000.

Last year the orchestra engaged nationally known soloists for the first time and the same policy will be pursued this season. Bidu Sayao, glamorous soprano star of the Metropolitan Opera Association; Charles McBride, cellist; Amparo Iturbi, pianist; Zlatko Balokovic, violinist; and Richard Crooks, tenor, have been engaged for the current series. With the exception of Charles McBride, who is a former Youngstown man, none of the soloists have ever been heard in Youngstown.

Winners of the Young Artists Preview were selected at Stambaugh Auditorium on October 2nd and they will appear as soloists with the orchestra on March 23rd. The Young Artists Preview was a contest for young artists under 30 years of age living within 40 miles of Youngstown. Glesner Griffin, baritone of Brookfield; Vivien Harvey, pianist of Warren, and Ruth Starkweather, violinist of Youngstown, were the successful contestants. Miss Starkweather will not appear as soloist, however, due to a previous ruling that orchestra members were not eligible for the contest. Miss Starkweather joined the orchestra following the preliminary contest auditions last spring and has indicated her desire to continue as a member.

Albert Kindler, president of the

Society, stated that the 1938-1939 season would surpass previous years in variety and quality of program. Works of at least one American composer will be heard at each concert, including those of Otto Mrazek, cellist of the orchestra, who has been acclaimed for his work in previous concerts.

Charles Atkinson is campaign chairman for the Junior Chamber of Commerce and pointed out that the prices ranging from $3.00 to $6.50 for the seven evening concert series were extremely low. Tickets may be secured by calling at 307 Union Bank Bldg., or through Dr. George McKelvey or Dr. Barclay Brandmiller.

Doctors attending the concerts may register at the box office, calls will be forwarded to them.

NEWS ITEMS

(Continued from Page 331)

Dr. Samuel Tamarkin are engaged to be married.

Dr. M. H. Bachman addressed the Optomists Club on Sept. 14th on Recent Advances in X-Ray Diagnosis.

Dr. Malcolm Hawk is practicing again after a long illness.

Dr. J. P. Harvey is back on the job after spending September at the Massachusetts General Hospital studying Heart with Dr. Paul White.

Dr. Louis S. Deitchman is spending a few day in Washington, D. C.

Doctors who attended the meeting at Columbus, Sunday, October 2nd, were O. J. Walker, Dean Nesbit, Wm. M. Skipp, R. H. Middleton, A. B. Sherk, R. B. Poling and Claude B. Norris.

In the past a frequent complaint from mothers was the expense incurred when the large bottle of antiricketic was accidentally upset.

"Busy fingers" can't spill

OLEUM PERCOMORPHUM

Even if the bottle of Oleum Percomorphum is accidentally tipped over, there is no loss of precious oil nor damage to clothing and furnishings. The unique Mead's Vacap-Dropper* is a tight seal which remains attached to the bottle, even while the antiricketic is being measured out. Mead's Vacap-Dropper offers these extra advantages also, at no increase in price:

Unbreakable

Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

Accurate

This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

No "messiness"

Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

No deterioration

Made of bakelite, Mead's Vacap-Dropper is impervious to oil. No chance of oil rising into rubber bulb, as with ordinary droppers, and deteriorating both oil and rubber. No glass or bulb to become separated while in use.

How to Use MEAD'S *Vacap-Dropper*

Remove both top and side caps. Wipe dropper tip. Regulate rate of flow by using finger to control entrance of air through top opening (see below). Oleum Percomorphum is best measured into the child's tomato juice. This is just as convenient and much safer than dropping the oil directly into the baby's mouth, a practice which may provoke a coughing spasm.

U.S. Pat. Nos. 2105023 and 101575

*Supplied only on the 50 c.c. size; the 10 c.c. size is still supplied with the ordinary type of dropper.

OLEUM PERCOMORPHUM

More Economical Now Than Ever

MEAD JOHNSON & CO. • EVANSVILLE, INDIANA, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons.

Mothers appreciate the
S. M. A. "MINUTE MIX METHOD"

1 Empty powder into funnel. Poke powder through funnel into bottle.

2 Add the required amounr of hot boiled water.

3 Stopper the bottle and shake until powder is dissolved.

Just Add Hot Water and Shake!

That's all the mother has to do to prepare feedings of S. M. A. from S. M. A. powder. The new S. M. A. "Minute Mix Method," which consists of measuring S. M. A. powder into a nursing bottle, adding hot boiled water and shaking the bottle —is simplicity itself.

In addition to making the preparation of S. M. A. feedings still easier and simpler, the new S. M. A. "Minute Mix Method" has these advantages: (1) Co-operation of the mother is easier to obtain. (2) Mistakes in following your directions are less likely to occur. (3) Your time is conserved because explanations are fewer and simpler.

Besides developing this new, quick, easy method of mixing S.M.A. powder, we have devised a simple set of utensils for the mother to use, the S.M.A. Mixing Set, which makes the right way of preparing S. M. A. feedings the easiest way.

S. M. A. CORPORATION • CHICAGO, ILL.
8100 McCormick Boulevard

Gentlemen:

Please send me an S.M.A. Mixing Set and information on the new S. M. A. "Minute Mix Method."

DR. _____
(PLEASE PRINT)

STREET _____

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13-117