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PRESIDENT'S PACE

It has been established that \$60.00 per month, or less, per family is considered indigent. Thereby those in this group shall be cared for on relief measures. Above this group to the point considered adequate, is found the group of "low wage-earners." Inasmuch as this group comprises a great percentage of the population, it deserves careful consideration. It is the obligation and the promise of the medical profession to care for the public's medical service needs. It is this group of "low wage-earners" that makes the problem paramount. What shall be done about it, short of socialized medicine, is up to the profession.

The Mahoning County Medical Society is making a study of the problem. If a suitable plan is designed, it may be adopted to go into effect when and if the Enabling Act is made a law. This Enabling Act is a law, to come before the next Ohio State Legislature, governing the formation and operation of Medical Service plans for the protection of those subscribing for service. The group of people who will be protected by these medical service plans is the "low income" group. The Enabling Act places them under regulation but does not require them to meet the rigid requirements of general insurance law because such medical service plans are non-profit in character and do not offer cash benefits. It prevents wild-cat plans engineered by promoters and thereby protects the public and the medical profession. A Medical Service plan for the "low income" group cannot operate without the Enabling Act.

A Medical Service plan is a non-profit organization sanctioned by the medical profession and licensed to operate under the terms of the Enabling Act for the benefit of the "low income" group. The specific nature of the plan adopted in each locality shall be sufficiently flexible to meet the conditions locally. The administration of the plan is controlled by the medical profession and any licensed physician is eligible to render professional service. Subscribers shall have free choice of physicians.

The doctors of Ohio need be alert to the crying demand of the public and the state, as well as the nation, for a better way to obtain better services for the sick. Deaf ears do not help. Coöperation on the part of all the members of the profession is necessary, and the sharpening of the sensitivities to need where need is required.

R. B. POLING, M. D., President.

BULLETIN *of the* Mahoning County Medical Society

 N O V E M B E R

1 9 4 0

Editorial---

WE HAVE WORK TO DO

A deep sigh:

"Gosh, I'm glad that's over!" probably expresses the feeling of most of us with reference to the recent election. (By the way, this is being written 14 days before the election.)

We know the winners—and losers. Men and women equally honest, equally intelligent, and equally patriotic, were for and against the winners—and losers. But good Americans and true accept the verdict with no idea other than to do their part as courageous lovers of their Country.

But we doctors especially, have pressing work to do.

We must cooperate fully with preparations for National Defense. Have we all returned the A. M. A.'s questionnaire?

We must be vigilant that plaguing practices connected with medicine, coming as emergency measures, may not gain permanency.

We must recognize the Sacrifices of Professional Brethren called into Army Service, and protect their material interests to the best of our ability. This is a problem deserving more than lip service.

We must set up some kind of plan for the prepayment of medical services. Studies are under way now, and a plan will be submitted as soon as the State Assembly has passed an Enabling Act.

We must recognize, however, that no matter how small the monthly charge to the patient, some, yes many, will not have even a penny to spend for such care. What systematic, not haphazard, way do we propose for this group? These people are fellow

human beings, created in the image of God equally with the rest of us. We must find a way for them.

We doctors owe certain civic duties. We must solve the problems of the care of mental and contagious diseases in this community. Still, these certainly are not more important than the care of venereal diseases. Provision somewhere must be continued for the care of 1008 patients now enrolled in the Youngstown Venereal Clinic. They're still coming in. Proper treatment now will lessen spread of the disease, will practically prevent the birth of babies with venereal disease, will lessen later public expense for support, hospitalization, and medical care of these victims. There's no point in boring a big hole in the bottom of the boat to get material to plug up a hole that to say the least is no larger.

We owe the duty, finally, of mental and professional growth. These come through hearing scientific papers, reading, and postgraduate instruction. We must not slacken our efforts to become better and better doctors. We won't.

We must be good citizens, good doctors, good men; along with it all we must be sane, vigorous, and full of imagination.

THE DINNER DANCE

For the members of the Mahoning County Medical Society, the evening of October 26, marked the climax of this year's pleasant social relationships. The occasion was the Dinner Dance, held at the Youngstown Country Club.

More than could be easily accom-



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modated were present, and yet so perfect were the arrangements that everybody had the time of their lives. The doctors justifiably beamed with pride upon the ladies—all in their lovely gowns; and the men in their dance-duds seemed to have fairly well met the fine requirements of the women folks.

Prizes were won, but this reporter was busy having fun—so, congratulations, prize winners, you've had glory enough. Above all, congratulations to Dr. Fisher and his Social Committee, to Dr. Poling, President, and all the helpers.

DR. ALLEN

Sometimes we go half reluctantly to a medical meeting. Maybe we're tired; maybe partly fed up with meetings. The subject to be discussed has a lot to do with it. We pass it up. And the heck of it is—we discover later that we missed just about the meatiest program ever. Dr. Allen's address Tuesday evening, October 22nd, was like that.

Dr. Allen discussed "Peripheral Circulation." And he did it right. The large audience showed the intense interest which his fine presentation created.

The discussion was both purely theoretical and practical. It included, among other things, the rates of blood flow under different conditions; the ever-challenging and increasingly urgent problem of hypertension, and that condition which the speaker said he and his colleagues thought could be made sufficiently confusing by naming it "Orthostatic hypotension." In substance, Dr. Allen said: Potassium sulfocyanate is the only drug of several tested that actually will reduce pressure. But estimates of blood cyanate concentration must be frequently done until the proper concentration is reached. Normal cyanate

is 9 milligrams percent. Too much causes skin rashes, nausea and weakness.

Sympathectomy is justifiable in some cases. It does lower blood pressure. Results with it, however, is not uniformly successful.

The doctor showed an interesting film on orthostatic hypotension. The treatment for this condition is to have the patient in a half-sitting position while sleeping.

FROM THE SECRETARY

At the October Council Meeting which was held at the office of the Secretary on the fourteenth of the month, the synopsis of the Medical Service Plan was read and discussed. The plan was then returned to the Committee for further study.

The regular monthly meeting was held at the Youngstown Club, October twenty-second. Dr. Edgar V. Allen from the Mayo Clinic was the guest speaker and his talk was very instructive and interesting. Dr. Robert T. Allison, member of the State Committee on Medical Service Plans and Dr. William Skipp discussed the Medical Service Enabling Act.

Ted Robinson in "Plain Dealer"

I have just read another Doctor's Story;
It's full of anecdote—a little gory,
But just enough for thrill—and full of
wit

And revelations, maybe just a bit
Hardy and scandalous, but patently
Showing how wise and broad Old Doc
must be.

He's known so many great men, and
has been

Upon so many pleasant journeys in
His busy life—I wonder how he ever
Could take time off from being wise
and clever

To find some patients, to make some
concession

To the less showy part of his profession.

THE INVENTION OF PRINTING

By L. S. DEITCHMAN, M. D.

The year 1940 marks the 500th anniversary of the invention of printing. And if most of the so-called great nations were not too busy destroying one another, the world would be celebrating this important anniversary in a fitting manner.

But since the countries that should do the celebrating are too busy with other matters, it remains for us to do it. As a matter of fact, in the United States it is a triple anniversary, because in 1540, just one hundred years after the invention of printing, it was introduced in America, and one hundred years later, in 1640, printing began in what is now the United States.

We need not dwell here on the significance of this epoch-making invention. Because it greatly speeded up the dissemination of learning, printing was the most important instrument in bringing on the Renaissance. It was the biggest factor in the liberation of the human spirit from the chains of medieval ignorance and superstition.

Since printing has exerted so profound an influence on our civilization, the story of the printed word is of great historical interest.

From time immemorial man has tried to give expression to his thoughts in some graphic form. We find that pre-historic man had scratched crude drawings and symbols on the walls of his caves. As the race became organized in communal groups, it became necessary and inevitable that some commonly understood symbols be evolved. And so beads, knotted cords, notched sticks and other objects were used as aids to memory, and for transmission of thoughts to others. Eventually, finding these crude means inadequate, man turned, about five thousand years ago, to picture writing or *pictographs*.

In pictographs, general ideas rather

than particular words were represented, but gradually symbols became identified with certain words, then with syllables, and finally with particular sounds.

About 3500 years ago it was discovered that very few sounds made up the spoken language, and by giving these sounds certain symbols which would combine, all words in a language could be recorded. That is when the alphabet was born. This, briefly, represents the stages in the evolution of the alphabet from *pictures* to *pictographs*, then to *ideograms*, which were only simplified and stylized pictographs, and, finally, to definite *letters*.

It might be mentioned that ideograms are still in use in some parts of the world—China being the best example.

About sixteen centuries B. C. the Western Semites near Egypt devised the first alphabet, and about the 12th century B. C. the Arameans and Phoenicians also began to use this alphabet. The Arameans carried it eastward to Asia, where, in a modified form, it still exists in Sanscrit. The Phoenicians, a great trading nation of antiquity, carried the alphabet westward, across the Mediterranean, to Europe. The ancient Greeks are credited with the addition of vowels. From the Greek alphabet came the Latin and from the Latin most of the alphabets of Western Europe.

As the symbols for words developed, the need for writing material arose. We find the Sumerians of Western Europe, more than 5000 years ago, learning to write with a sharp stylus on cones and tablets of clay, which, after being inscribed, were hardened by baking. Their first records consisted of pictures. Gradually their symbols lost the pictorial character and developed into conven-

tionalized wedge shaped ideograms. That is the origin of *cuneiform* writing; the cuneiform gradually spread throughout Western Europe.

About the tenth century B. C. the Phoenicians and Aramean merchants introduced into the Western World a more convenient and lighter writing material, the *papyrus* of Egypt. Papyrus was made from the pith of the reed, which grew profusely on the banks of the Nile. It was written upon with a brush made by fraying the end of the reed. Later a pen was made by pointing a hollow reed.

By the beginning of the Christian era, papyrus had completely displaced the clay tablets and became the favorite writing material. Unfortunately, papyrus was brittle and perishable, and so, by degrees, some eighteen or twenty centuries ago, a new writing material, parchment or *vellum*, came into use. This was prepared from the skins of sheep, goats and calves, and had the advantage of great durability; its surface took pen and ink writing extremely well, and it could be folded in book form or rolled into a scroll much better than papyrus.

But parchment was a costly material. In the year 105 A. D., the process of paper making was invented in China. The art of paper making did not, however, reach the Western world for eleven or twelve centuries, but by the end of the twelfth century paper was available throughout Western Europe.

The introduction of paper greatly stimulated the production of books, but they still had to be written by hand. It was a slow and laborious process which took endless hours and required the work of many scribes. Most of the work was carried on in *scriptoria*, connected with monasteries and manuscript book making became an important pre-renaissance trade. By the fourteenth century it was divided into several guilds. The *scriptor* or plain scribe wrote the text, leaving blank spaces for headings and capital initials. These blank

spaces were later filled in with ornamental initials, in various colors, by the *rubricator*, who also marked the paragraph headings. The name rubricator derives from the Latin "rubrum", red—i.e. the man who made the red marks. Some of these initials were heightened with gold and silver, while in the finer books the initial spaces and margins were embellished with miniature paintings. Many of the illuminators were great artists and their work is very beautiful, indeed.

But this process was too slow to fill the ever-growing demand for books, and as learning became more widespread, it was only a matter of time until, by the laws of supply and demand, some method of rapid multiplication of books would be devised. The invention of printing solved the problem and Johann Gutenberg, of Strassbourg and Maintz, is the man credited with this great invention.

Now let us examine the invention to see just what was Gutenberg's part in it.

Printing, in a limited sense, even with movable types, had been practiced for a long time before Gutenberg. As far back as the eighth century A. D. the Chinese were printing from wood-blocks—that is, by cutting characters in relief upon blocks of wood and inking the blocks, they were able to make manifold impressions on paper, and by the fifteenth century, woodblock printing was practiced rather extensively in Europe. But while this was faster than copying by hand, the work of cutting of blocks was difficult and the whole process was not adaptable to mass production.

Furthermore, there were early attempts by the Chinese to make movable types from wood and porcelain, and the Koreans had been using movable bronze types since 1403. What then was Gutenberg's contribution?

Well, that entirely depends on the definition of printing. If we define

printing as merely the use of movable type—which is the customary definition—it would seem that the essentials of the problem of printing had been solved prior to Gutenberg. However, that definition of printing is insufficient and incorrect, and it is only when we define printing in our modern sense, do we appreciate the magnitude of Gutenberg's invention.

Dr. Otto W. Fuhrmann, of the department of graphic arts of New York University, gives five requirements in the definition of printing, which clarify the significance of Gutenberg's invention.

The requisites are:

1. *Letters* must combine, stand in line, and present an even surface when assembled. At the same time they must be readily separable for repeated use.

2. To meet the above requirement a casting process had to be devised which meant the invention of the *casting mould*.

3. A suitable *alloy* for casting letters had to be found. Gutenberg, who was originally a worker in metals, evolved this alloy, and this alloy is still in use today—we have found none better. The reason is that all metals except two, bismuth and antimony, shrink at the moment of passing from the molten to the solid state. It required a proper blending of antimony and bismuth, with a judicious amount of lead and tin, to produce an alloy that would not shrink. It must have taken hundreds of experiments to produce that alloy.

4. An *ink* of great viscosity needed for metal types had to be invented. The thin watercolor ink used for applying to woodblocks with a brush would not do. We still make printing inks out of lampblack and linseed oil—the ink Gutenberg compounded.

5. Finally, a suitable *press* had to be developed, and the essentials of Gutenberg's press were so sound, that all hand presses still work on the same principle.

Together these constitute the invention of printing, a gigantic task which Gutenberg performed, and so well that, save for refinements, it has remained practically the same. It is no wonder that the invention was considered a miracle by his contemporaries.

One would think that the invention so epoch making would leave some clear historical traces of its beginning. Unfortunately it is not so. The beginning of printing has been lost in obscurity, so that to this day we are still not absolutely certain just when and how printing was first begun. Scholars have gone over all the evidence, direct and circumstantial, with a fine toothed comb, and from the mass of evidence emerges the most likely claimant to the invention—Johannes Gutenberg.

Claims have been made for others, the most important one being for Laurens Coster of Haarlem, Holland. Many volumes have been written in support of both claimants and the controversy at times became extremely acrimonious.

Documents for both sides were produced, some of doubtful genuineness, others pure forgeries; however, it seems that nearly all unbiased authorities give Gutenberg the edge.

But who was Johann Gutenberg?

Johann Gensefleisch (Gutenberg was his mother's family name, used by him in accordance with the then prevailing custom) was born at Mainz of a patrician family about 1400. About 1430 Gutenberg's family was banished from the free city of Mainz for participating in an uprising, and took residence in Strassbourg.

We get the first hints that Gutenberg was engaged at Strassbourg in some enterprise that appears to be printing, from documents of a lawsuit dated 1439. We learn that a few years previously he had entered

into a partnership with two associates. On the death of one of the associates, his brother asked to be admitted to the partnership or that the capital invested be refunded. The testimony of witnesses, though somewhat obscure, can be interpreted that Gutenberg and his associates were working out a process similar to printing.

After this lawsuit we lose track of him for nine years, but in 1448 he reappears in Maintz. In 1455 he again appears in history as defendant in another lawsuit. Records of this lawsuit show that in 1450 he had borrowed 800 Gulden, a large sum for that day, from Johann Fust, a goldsmith and capitalist at Maintz, with no other explanation except "to finish the work." In 1452 Fust advanced 800 more Gulden, and became a partner in the enterprise. In the 1455 lawsuit it is made clear that Fust demanded forfeiture to him of the tools and equipment which represented the money advanced to Gutenberg. Here the records show specifically that the enterprise was printing. Items like parchment, ink, paper, and money devoted for "work of the books," are mentioned.

What the outcome of the lawsuit was, we have no record. It seems, however, that Fust must have been adjudged most of the equipment, for two years later, when printing finally did emerge from obscurity, we find Fust and his son-in-law, Peter Schoeffer, the outstanding printers in Maintz.

This, in brief, is the meager documentary evidence, and if that was the only thing upon which Gutenberg's claims rested, his case would indeed be rather weak.

However, besides the documents—and some of them are admittedly of doubtful authenticity—there is other evidence to support Gutenberg's claim. They are, first, the surviving specimens of printing in Gutenberg's time and, second, the testimony of his contemporaries, which almost unanimously credits him with the invention of printing from movable types.

It took a tremendous amount of research and bibliographical detective work to piece together the products of the earliest German press into an orderly pattern, which established both the inventor of printing and the approximate date of the invention.



A conjectural 16th Century portrait of Johann Gutenberg.

The early products of Gutenberg's press are represented only by small fragments, most of them on pieces of vellum, found in bindings of other books; some of the fragments have been found only recently, and none of them bear a date, place or name of printer. Yet scholars have been able to make rather definite deductions about these facts, chiefly by comparing the types used in these

fragments with later and better known productions of the press. The students of this material have demonstrated that the types in these different fragments show a common derivation from the same creative idea.

Incidentally, this research also disposed of the commonly accepted belief that the Gutenberg Bible was the first book printed, because there are fragments which are at least 10 to 12 years older.

The earliest and most primitive of these fragments, according to most bibliographers, is part of a single leaf of a poem in German known as the "fragment from the World Judge-

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for

ELECTION OF OFFICERS

Tuesday, December 17th

YOUNGSTOWN CLUB

Dr. Henry Le Roy Bockus

Now and then we wonder just how to express unusual pride in a speaker. The speaker deserves all the nice things anybody could say, but would be embarrassed if the praise should become quite expansive. It's rather delicate, really.



That's our present predicament. This much must be said: We know that Dr. Bockus will fulfill every requirement to your satisfaction. Look at his record:

Professor of Gastroenterology, University of Pennsylvania Graduate School; Fellow of the A. C. P. and of the American Gastroenterological Association, and member of its membership committee; Diplomat of the American Board of Internal Medicine; Fellow of the Philadelphia College of Physicians, and member of the Philadelphia Pathological Society.

He is Associate Editor of the American Journal of Digestive Diseases and nutrition; Associate Editor in charge of Gastroenterology of the Cyclopedia of Medicine, to which he is also, a contributor. Besides, he contributes to Tice's System of Medicine and to Blumers Bedside System on Diagnosis. His reprints, qualitatively and quantitatively are enough to make their author vain—but they don't.

The list of Dr. Bockus' writings deserve a separate paragraph. Here are a few: Functional Disorders of the Colon; The Role of Infection and of Disturbed Cholesterol Metabolism in Gallstone Genesis; Gross Hemorrhage into the upper Gastro-intestinal Tract; Intermittent Arteriomesenteric Occlusion of the Duodenum with Dilatation and Stasis; Chronic Duodenal Stasis; The Training of the Gastroenterological Internist; Prognosis of Ulcerative Colitis; Upper Gastro-Intestinal Diseases Associated with Syphilis; Melanosis Coli; The Initable Colon; Diagnosis and Treatment; and at 20 or 30 more.

To our neighboring colleagues, from the Counties all around we extend a most cordial invitation to come and enjoy these lectures. This is our "Treat," and we are anxious for you to come and join with us—"Free-Gratis", and to your great satisfaction in friendship and professional progress.

ment." This was found in Mainz in an old binding, and only in 1892.

By studying the watermark on this fragment, scholars were able to tell that the complete poem from which the fragment was cut, made up a book of seventy-four pages, and from the crudeness of type and composition they conclude that this is one of the earliest examples of experimental printing. In fact, they are pretty well agreed that this is the earliest piece of printing with movable types. Other fragments have now been definitely placed in chronological sequence.

It is most fascinating to read about this piecing together of clues—just like reading a good detective story. Lack of space does not permit to go into details about the various fragments. For our purpose it is sufficient to state that the majority of scholars and bibliographers ascribe "The World Judgement" and a number of other fragments to Gutenberg's shop and consider it work done during the experimental stage. Just how much of the actual work was done by Gutenberg himself or by his associates is not known and may never be discovered.

To summarize let me quote from Douglas McMurtrie, a mature and fairminded scholar of the subject. He says: "On the basis of this evidence, it seems likely that printing was being done at Strassbourg and later at Mainz for at least ten years before the appearance of the celebrated 42 line Bible. That the earliest printing was experimental, with constant improvements. This accords with what we know of the development of other inventions, and also disposes of the notion that the 42 line Bible, a book of some 1400 pages, and well printed, was the first printed book."

It certainly would be more reasonable to assume that printing, like other inventions, was evolved gradually and laboriously. And this does not detract from Gutenberg's fame. As McMurtrie says: "The greatest honor we can attribute to Gutenberg is to say that he produced the 74

page "World Judgement" ten years before the appearance of the great Bible, on which his fame, perhaps mistakenly, has been founded."

"For in the 'World Judgement' he was blazing his way into virgin territory, encountering problems the difficulty of which we can only surmise, and evolving from his own mind the fundamental principles of the art, which, of all arts, has made the most impress on civilization."

The first *dated* piece of printing in existence, a printed indulgence of Pope Nicholas V, appeared in 1454. It is the earliest piece of printing which has an incontrovertible date. In the other early printing, including the 42 and 36 line Bibles, products of the earliest press, the dates are a matter of conjecture.

The next important date in this story is August 15th, 1456. On that day Heinrich Cremer, vicar of a church at Mainz, made a written entry in a copy of the 42 line Bible that he had completed the rubrication of the work. This shows that the Bible was printed *before* that date. The Bible which bears the rubricator's date of 1456 is now in the Bibliotheque Nationale in Paris.

The early printed books followed the pattern of manuscript books. The types were cast to resemble manuscript letters, there were initial spaces left blank, and they were rubricated and illuminated like manuscript books, and that is why we have the rubricator's date on this particular Bible. It is even suggested that some of the earliest products of the printing press were sold as manuscript books and that an agent of the Gutenberg press was despatched to Paris with copies of the Bible that were sold as manuscripts. It makes a plausible story, whether true or not, since a cursory examination shows a striking similarity between the earliest printing and manuscripts of that period. So the story is not so far fetched.

(To be continued in the December issue)



To the extreme right is Miss Mary Grace Gabig, a member of the Chorus who appeared at the Twenty-fifth Anniversary of the Catholic Hospital Association. Miss Gabig entered training at St. Elizabeth's Hospital in 1935, graduated in 1938, was awarded a Fellowship in Nursing Education, St. Louis University in 1939, where she is now studying in her second year.

NURSES' NOTES

Ohio State Nurses' Association District No. 3 will meet November 13th at the North Side Unit. In the evening the general meeting will be held at the Y. M. C. A. Auditorium in Youngstown. Mrs. Eugene Spaulding of Catholic University, Washington, D. C., will be the guest speaker.

Education Section of District No. 3 O. S. N. A. met at St. Elizabeth's Hospital Thursday, October 24th. Methods of Clinical Teaching were presented by the Nursing Staff in which Sister Mary of the Cross directed a Morning Conference. The Case Study Method was conducted by Miss Elizabeth Finnegan and Individual Instruction was demonstrated by Miss Carmelita Knuff. Members of the Section were of the opin-

ion that it was a worth while program and wish to thank the Nursing Staff of St. Elizabeth's School who gave much of their time to work on this successful program.

Older graduate nurses of the Youngstown Hospital School met at Ravers October 29 for a Smorgasbord. Friends who had not met for some time were kept busy trying to get caught up with the latest happenings of former associates at the School and Hospital. The committee was given a vote of thanks. Plans and arrangements for another get-together next year were started.

Miss Ruth Neilson assisted with conducting the State examination for nurses November 7-8 in Columbus.



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THE MEDICAL CRIER

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

With the radio going full blast giving election returns it is hard for the Old Crier to write about anything but politics. On this dull, rainy Democratic election day and with the returns coming in the way they are it looks very depressing for the doctors who, it has been reliably stated, are nine out of ten in favor of the Republican candidate. Or rather it might be said they are nine out of ten against the third term and against the Brain Trusters who would socialize the practice of medicine. Well, our guess is that if the doctors have guessed wrong they will pay and how!

The half-page advertisement in the Vindicator sponsored by doctors and lawyers against a third term excited much comment among the public. Some of them took us to task for attempting to get "cheap publicity." One doctor was told by an ardent Democrat, "you will lose a lot of patients, doctor, when they see your name on there!" He replied, "Well, it looked to me like most of the doctors were there, so whom will they call?"

A South Side physician had a life-size painting of Wendell Willkie in his waiting room so that patients could sit and look at it while waiting their turn. If any one complained he was told that he could leave any time, for if he didn't like the doctor's political views he could go elsewhere. That's independence!

A prominent surgeon was very upset to see his name in print. He had signed the petition, not knowing it was to be published and felt that he had been done wrong. When the boys in the staff room got through with him he had no more to say, but still looked upset.

We were sitting in the Coffee Shop at the Jefferson Hotel in St. Louis a few days before election when in came Mayor LaGuardia of New

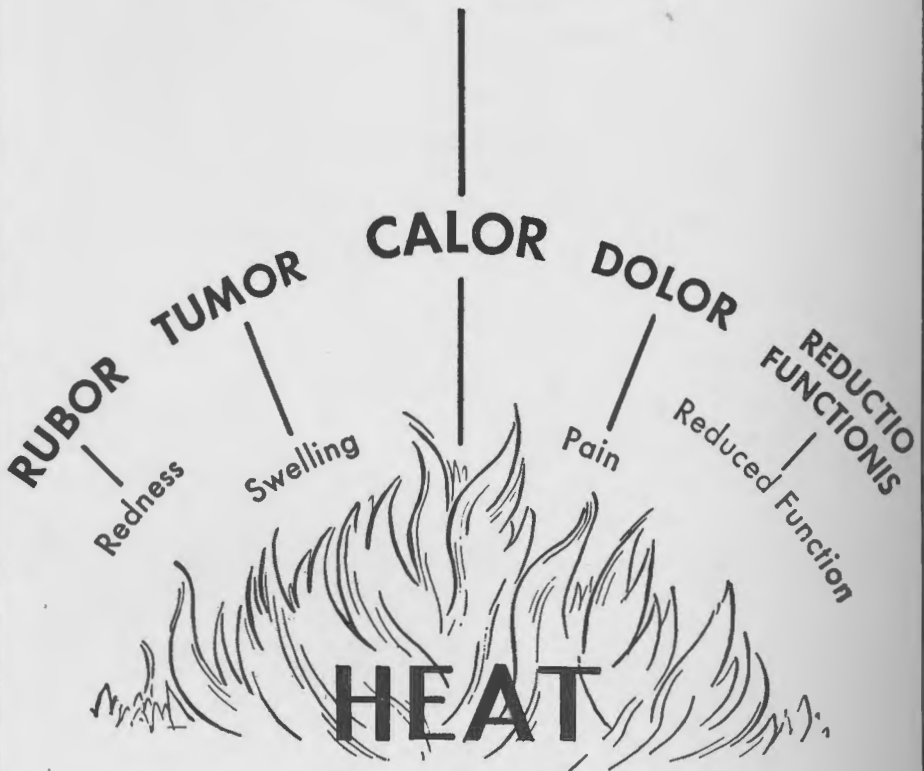
York City flanked by Senator Byrnes of South Carolina and Mayor Hickman of St. Louis. They were there for a big Democratic rally that night. The way the returns are coming in now it looks as though Missouri is going Republican, so the "Little Flower" had his trip for nothing. He was closely followed by Joe Louis who addressed a mass meeting of negroes for Willkie.

Jess Owens, the great negro sprinter, challenged Joe Louis to a political debate. A lot of ambitious young men have achieved notoriety by challenging Joe to contests not quite so safe as debates and have wound up by finding themselves either good sprinters or incapable of speech. Just the difference between the quick and the dead. Joe may be a very poor talker, but he has an awful good argument in that right arm.

The returns are getting worse and worse. We are going to stay to the bitter end and try to fortify ourselves with all the stimulation known to medical science for the final blow. After this, we solemnly resolve to abstain from politics henceforth. We have found that what patients want from us is good medical care, not opinions about how to run the country. We are considered men apart, like the clergy, and when we get involved in the heat of public discord, the people look askance. Our influence upon a vote involving so many issues in which the medical one is so small, is very slight. The weight of medical opinion in this campaign has been insignificant. The lesson is obvious. Let us stick to our last, improve ourselves as doctors and leave politics to the politicians.

Mr. Willkie has our admiration as a gallant figure, magnificent in defeat and a great American. Let us be thankful that we have enjoyed the privilege of expressing our opinions

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freely and of voting as we pleased. Let us never see the day when an election will become a mere plebiscite where everyone must vote "Ja" or lose his citizenship; when no strong man will dare to rise to question the policy of the leaders; when those in power can exercise their privilege without being called to account. Let us settle down now to work for the general good. Let us devote our lives to being good doctors and good Americans.

—J. L. F.

NEWS AND VIEWS

Dr. P. L. Boyle has issued announcements stating that he is limiting his practice to Obstetrics & Gynecology. He has a new suite of offices in the Mahoning Bank Building.

Dr. & Mrs. John Heberding announce the approaching marriage of their daughter, Charlotte, to Benjamin S. Brown on Thanksgiving day Nov. 21st. Mr. Brown attends Western Reserve Medical School.

Dr. P. J. Klinke suffered a fractured rib in a recent auto accident but is recuperating nicely.

Dr. Harold Reese and Miss Eve Shnideman recently announced that they were married on Dec. 20, 1939, and are now residing at 145 Ellwood Avenue.

Dr. A. J. Brandt has been recently appointed to the Gynecology and Obstetrical Staff of St. Elizabeth's Hospital.

Dr. W. D. Collier presented a paper on "The Sex Hormones" and Dr. B. F. Goldstein a paper on "Oral Manifestation of Systemic Diseases" at the October meeting of the Staff of St. Elizabeth's Hospital.

Dr. J. N. McCann recently attended the Central Research Society meeting in Chicago. He also attended Dr. Wilson's course on Electrocardiographic Diagnosis.

Drs. R. B. Poling, L. G. Coe, H. E. Chalker, A. M. Rosenblum, J. M. Ranz, P. McOwen, J. Renner, W. D. Collier, C. D. Hauser, M. J. Kocialek, and J. N. McCann attended the Interstate Postgraduate Assembly in Cleveland recently.

Drs. F. W. McNamara, C. D. Hauser and P. R. McConnell attended the meeting of the American College of Surgeons in Chicago recently. Dr. McConnell was admitted to the College this year.

The meeting of the American College of Surgeons held in Chicago the latter part of October was attended by the following: Drs. Armin Elsaesser, A. E. Brant.

Dr. and Mrs. D. M. Rothrock recently spent a few enjoyable days in Pittsburgh.

Dr. and Mrs. L. W. Weller are the proud parents of a son born September 26th, North Side Unit.

Dr. and Mrs. W. E. Ranz left October 2nd for San Juan, Texas, where they will spend the winter.

FINDINGS FROM THE FIELD

Are We Cooperating?

The Right Doctor in the Right Place
(From Pittsburgh Medical Bulletin)

Our own American Medical Association in its customary strikingly complete manner is striving to render prompt and efficient service to the nation in response to the most recent call for medical preparedness. The printing and distribution of questionnaires to 165,000 American physi-

cians plus their analysis and final disposition upon return is no small undertaking, but in proportion to the effort required of each recipient of the questionnaire it looms gigantically.

We do not know what proportion of the physicians of Allegheny County have completed and returned the questionnaire to 535 North Dearborn Street, Chicago, but we sincerely hope the percentage is larger than

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that of the entire state of Pennsylvania as of August 31, i. e.: 50%.

A questionnaire carefully completed and promptly returned may hold great advantage for the returnee.

It is apparent that members of the medical reserve corps when called to the colors need have little fear that they may become a round peg in a square hole. But what hope is there for any physician who does not return his questionnaire, and who is called under pressure of conscription, that he, an industrial surgeon or an internist, may not be assigned to duty in a semitropical camp, or similarly to Alaska?

The Pennsylvania Medical Preparedness Committee, of which our own Dr. Charles H. Henninger is chairman, has requested the creation and appointment of a similar committee in each county.

The Medical Preparedness Committee of the Allegheny County Medical Society may all too soon be called upon for opinion as to the degree of the dependence of certain hospitals, medical schools, industrial establishments, municipal and state governments, or of local communities upon the uninterrupted service of certain physicians.

Please help to clarify all these possibilities by returning at once your A. M. A. questionnaire. If you have mislaid it clip one from page 1598, August Pennsylvania Medical Journal, or write the office of the Allegheny County Medical Society.

The Gang That Runs Things

(From Detroit Medical News)

"Ah, what's the use?" said the enthusiastic young physician, "I tried to horn in here, but only busted my horn! There is a gang that runs this medical society, and outsiders have no more show than a snake has hips!"

The Past President, to whom this remark was directed, lighted an obese cigar with a red and gold life pre-

server around its midriff and then spoke:

"You are right, young man, and you are wrong," he said. "By this statement I mean that you are right about a 'gang' running the society. There's a 'gang' running every organization on earth. If there wasn't there wouldn't be any organizations. On the other hand, you are wrong when you say you tried to horn in and couldn't. You did not go about it right. Any good guy who wants to horn into any gang has to know the password, and I will give it to you in strictest confidence. These words are: 'What can I do to help?' Any man who will use those words will find himself as busy as a one-armed piano player with a bad case of hives!"

The Home a Fertile Field for Serious Accidents

(Illinois Medical Journal)

If we are to believe current statistics, the man who for years refused to ride in an automobile because he insisted they were "dangerous contraptions" was laboring under a delusion. By remaining at home, he would have been no safer. Over one-half the total number of all injuries recorded in 1939 occurred in the home, while home deaths accounted for one-third of the 93,000 total fatal accidents.

Figures would indicate that it is safer from the standpoint of remaining in the dwelling and its immediate environs to live in the country than the city, for only 6.8 per cent of all farm deaths occur in the house proper or adjoining shed. Compare this with the 34 per cent. average of home deaths in general. To be safe, go to the country and stay in the house!

In 1939 the home accident death toll increased by 500 over the previous year. This was in accordance with the general trend of the past ten years, throughout which the home accident curve has gone upward.

Don't worry Buddy — The INDIAN CREEK FARM MILKMAN just stopped at your house and I heard Doc say it has what it takes to build strong bodies and minds. Your readin' an' writin' and 'rithmetic won't be half as hard as that gal behind you from now on.



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During 1939 the home was the scene of nearly as many accidental deaths as the highway, motor vehicle deaths numbering 32,600, only 600 more than the home death total. This was the only major group to show a significant increase over the previous year. Injuries in the home totalled 4,700,000 of which some 140,000 resulted in permanent disability.

While the present 1940 figures are merely indicative, the total of home deaths for the first six months was 16,900 or 6 per cent. above 1939. Home accident deaths in June of 1940 were 12 per cent. more numerous than last year. Fatal falls, poisoning and suffocation rose sharply, but burns and firearms deaths decreased.

Insurance estimates place the total cost of home accidents in 1939 as \$600,000,000, which sum would cover wage loss, medical expense and the overhead costs of insurance. This was exclusive of the property loss of \$100,000,000 in home fires.

Having learned that we are safer in the farm than the city home, we are informed from the National Safety Council's study of 4,602 persons hospitalized because of home accidents that the yard is the most dangerous spot, since nearly one-fourth of the accidents occur here. Inside the house, the kitchen takes the fatality honors, for it is the scene of about one-sixth of the 4,602 accidents. Honors for second place are almost evenly divided between the living room and bedroom. Inside and outside stairs accounted for an additional one-fourth of the accident toll, while the basement proved to be none too safe a spot.

What types of accident are most prevalent in the home? Of a total of 32,000 fatalities recorded in 1939, falls caused 16,100; burns, conflagrations and explosions, 5,600; poisonings, 1,400; firearms, 1,350; mechanical suffocation, 1,050; poisonous gas, 900; while other home accidents were responsible for 5,600.

In a more detailed analysis of the 4,602 cases studied by the National Safety Council, the following list of causes was tabulated:

Falls on stairs.....	1,029
Falls on floors.....	285
Falls on walks or grounds.....	257
From other outside elevation.....	413
From bed.....	93
From fences.....	66
Burns, scalds, explosions.....	331
Stepping on or striking against object.....	298
Struck by flying, falling objects.....	191
Cut or scratch.....	150
Handling, lifting, carrying.....	149
Poison.....	127-77 through food
Foreign bodies.....	70
Hand caught in wringer.....	56
Firearms.....	38
Asphyxiation, suffocation.....	24
Bitten by animals.....	19
All others.....	179

From the preventive point of view, it would seem that eliminating danger from falling in the home should be considered first, with the installation of safety devices to prevent burns running a close second. In 1939, deaths by burns, which account for one-sixth of all home accident fatalities, were up 6 per cent.

Of home accidents to 'Travelers' policyholders, 19 per cent. were caused by slipping on loose rugs, stumbling over toys, etc. There may be educational value in teaching Junior to pick up his toys, but from the standpoint of safety it pays enormous dividends. Highly polished floors adorned with scatter rugs may be the pride of the hostess, but they are anathema to the guest unfamiliar with their placing who gets a twisted ankle or broken leg from a nasty slide.

Outside falls occurred chiefly from steps or ladders. And while we are on the subject of falls, getting on and off porches may not be so simple as it sounds. Do you own a beautiful old home of which you are proud? It might be well to take a look some day to be sure the cement or stone steps have not sunk a fatal inch or two from their original position. You may save yourself embarrassment—or a lawsuit. "Well, I never expected to fall for you," was the none too gracious remark of one flustered dinner guest, who had just taken a hasty tumble negotiating the mis-

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judged distance from the front steps to the porch of her host's home.

Who is the most endangered in the home? National Safety News gives the following information:

	1939 rate	1922-39 changes
0-4 years.....	66.8	-17%
5-14 years.....	25.9	-37%
15-24 years.....	49.8	-1%
24-44 years.....	49.2	-14%
45-64 years.....	88.0	+6%
65 and over.....	332.1	+28%

Accident fatalities in 1938 took the lives of 16,300 persons 65 and over, more than half the all-age total. Burns caused from one-fifth to one-third of the fatalities in the age-group under 65, but only 8 per cent. of the total for older people. Over 81 per cent. of the falls occurred in the 65-and-over group. One-fifth of the deaths of children under 5 were due to suffocation, principally smothering by bedclothes.

These figures are borne out by National Safety Council figures just released. The latest year for which detailed figures are available is 1938. The results are shown in the following table:

	DEATHS FROM HOME ACCIDENTS BY TYPE AND AGE					
	1938 Details by Age Group					
	All ages	0-4 yrs.	5-14 yrs.	15-24 yrs.	25-64 yrs.	65 and over
Total	31,500	5,100	1,900	1,500	6,700	16,300
Falls	15,900	400	300	200	1,800	13,200
Burns, conflagration & explosion	5,300	1,450	650	300	1,600	1,300
Poisonings (gas excluded)	1,650	550	100	100	700	200
Firearms	1,300	100	250	400	500	50
Mechanical suffocation	1,100	1,050	50
Poisonous gas	950	50	...	100	550	250
Other home accidents	5,300	1,500	550	400	1,550	1,300

Another curious fact about home accidents is that burns, exclusive of those attained in conflagrations, were the only type of home accident in which more women than men were injured fatally. Falls off roofs, ladders, porches and balconies were much more frequent among men, as were falls down stairs. Deaths from poisonous gas were three times as frequent. Firearms were the third most

important cause of mortality among men.

The medical profession has two duties in regard to home accidents, the first curative and the second preventive. It is a routine matter to set broken bones and treat burns, but the doctor comes in contact with dozens of homes where he can do educational work in the line of accident prevention. While the busy mother waits in the doctor's office, an opportunity to scan information presented by such organizations as the National Safety Council might not be amiss. Although the work of such organizations is of inestimable value in making the United States a safer place to live in, it is rarely that the average citizen comes into direct, conscious contact with it. Consequently, every effort directed toward making the home a safer place to live in is praiseworthy.

Prevention of Ivy Poisoning

(New York State Journal of Medicine)

Protection against ivy poisoning is possible by use of an alkaline vanishing cream containing sodium perborate or potassium periodate, according to a report by the U. S. Public Health Service published in July.

This protective ointment consists of 10% sodium perborate in a vanishing cream which is to be rubbed into the skin of the arms and face of workers before exposure to poison ivy. The vanishing cream fills the pores and forms a protective covering and prevents much of the poison from penetrating the skin.

As the perspiration comes in contact with the vanishing cream in the pores of the skin, a soap is formed and the alkalinity of the soap tends to neutralize the poison ivy, in addition to washing it off and out of the skin.

This vanishing cream should be freshly prepared at least once in two weeks to avoid deterioration, accord-

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ing to the medical director of the Office of Dermatoses Investigations. The cream used in the experiments was slightly discolored but still active after one month.

In the case of persons working where they might come in contact with poison ivy, the protective cream should be applied in the morning and allowed to remain on until the noon hour, when it should be removed by washing with soap and water; this will emulsify the vanishing cream in

"Out of the Cradle Endlessly Rocking"

(From Detroit Medical News)

We stood above his cradle, the new little one wrapped like a papoose and newborn pink. He had not been here long—only about an hour. The proud father with an anxious smile turned to the old doctor.

"Well . . . is he alright, Doctor . . . and Mary?"

"Right as rain," replied the genial doctor with enthusiasm; not one whit less for all the years and nights of waiting and seeing over and over again the same drama . . . new baby, new father, brave, tired little mother.

"Do you suppose we ought to tell him what a troubled world he has come to?" ventured the young man. "All the pain, and suffering, and heartache. Not enough work. Folks with too much money, folks with none . . . starvation and war and hate. The slaughter of innocent people . . . young men dying . . . the best of them . . . maybe he'll go too, later . . . confusion and discouragement and worry . . . shall I tell him all that?"

The wise old doctor smiled and replied, "Tell him if you like . . . but he won't believe it. But rather, why not tell him it's a beautiful old world, filled with fine people who are full of hope and courage and glad they are alive? True, there are pain,

and heartache and disillusion, but there are plenty of stout hearts who welcome struggle. True there is a war, a monstrous war, a ghastly war . . . but there are heroic souls who show unselfishness and self-sacrifice for a cause. There is more good than evil . . . more beauty than horror . . . the lad will find it a pretty good old world. Give him his chance."

The young father shook the doctor's hand in silence . . . but he went away with a song in his heart.

The baby winked at me . . . the little rascal . . . he understood.

—B. McD.

Medicine is not a business. Neither is organized medicine a trade union. Physicians are not selling commodities with other merchants. Medicine is a profession of healing. It is the healing of ills of the human body. Each body has its own peculiar idiosyncrasies. You cannot pipe medicine to the community as you do steam heat, neither is it possible to hand out healing in a mass basis and expect proper results.

"You bring me the deepest joy which a man can feel who believes invincibly that science and peace will triumph over ignorance and war; that men will unite not to destroy but to build up, and that the future will belong to those who have done most for suffering humanity."—(Louis Pasteur on the occasion of the celebration of his seventieth birthday.)

Mistake

The little boy was closely watching the assembly of the suturing outfit which was to mend the rent in his knee. He said to the nurse, "I gotta go home. I forgot something."

Nurse: "What did you forget?"

Boy: "I forgot to stay there."

(Submitted by L. S. Gordon, M.D., Washington, D. C.)

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