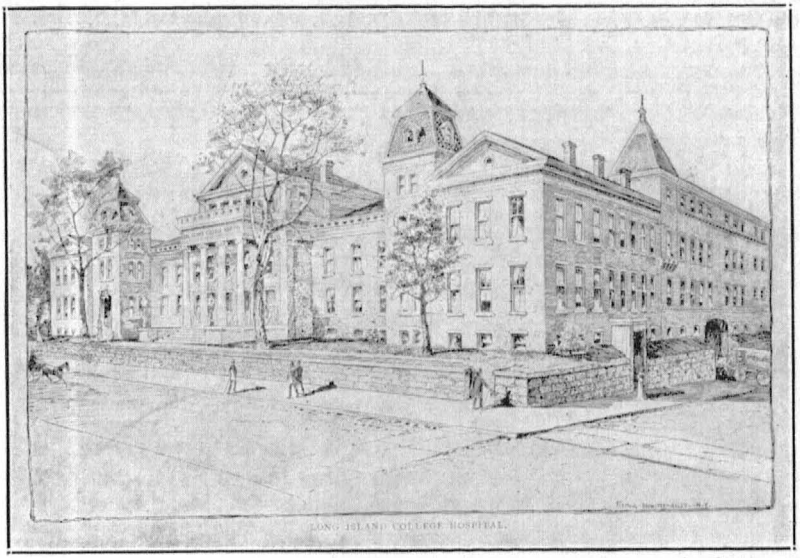
The Long Islander Medical

VOLUME XVII 1940 No. 5



Long Island College Hospital

CIRCA 1880

SEPTEMBER - OCTOBER

LET US CO-OPERATE with you by offering the services of our Laboratory in determining the requirements of your patient.

For the past twenty-three years our efforts have been directed to assisting the physician in the care of the sick.

CLINICAL LABORATORY
URINE LABORATORY
X-RAY LABORATORIES
BASSAL METABOLISM
ELECTROCARDIOGRAPHY

PRESCRIPTION COMPOUNDING
SURGICAL APPLIANCES
SICK ROOM REQUIREMENTS
NURSES REGISTRY
PHYSICIANS' SUPPLIES

Reports Sent to Physicians Only

May We Serve You?

LINDSAY LABORATORIES

"Everything for the Sick"

302 Ashland Place
BROOKLYN, N. Y.

131 Fulton Avenue
HEMPSTEAD, L. I.

90-24 Sutphin Blvd.
JAMAICA, L. I.

CHAMPIONSHIP COURSE

Medical Society outings, meetings and tournaments invited.

Why not play golf after business hours, and have your dinner at the Club? Nice cool, pleasant surroundings. Week-day green fees 75 cents after 4 P. M.

Directions: Take Northern State Parkway to its end, turn right on Clinton Road and proceed three-fourths of a mile to Golf Course, or Sunrise Highway to Valley Stream, turn left to Garden City to Clinton Road.

OLD WESTBURY LINKS

Clinton Rd. & Motor Parkway
Adjoining Roosevelt Field
GARDEN CITY, L. I.
PHONE GARDEN CITY 140

$1 GREEN FEES Per Day Week Days

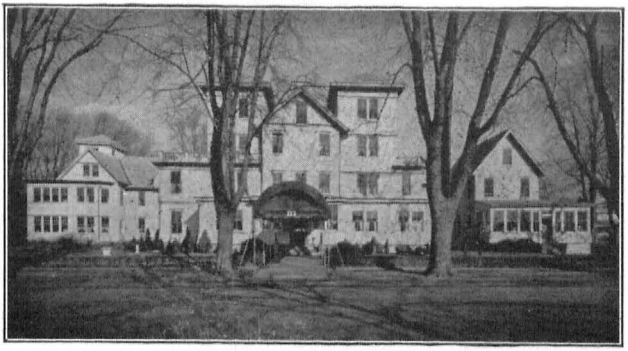
$2 Per Day Sat., Sun. and Holidays

Daily Green Fees Include Free Use of Locker

LOUDEN-KNICKERBOCKER HALL, Inc.

81 LOUDEN AVE., AMITYVILLE, L. I., N. Y.

ESTABLISHED 1886 TELEPHONE AMITYVILLE 53



A private sanitarium specializing in nervous and mental diseases; narcotic addiction and alcoholism. Staffed and equipped to render treatment in accordance with latest approved methods. Separate unit for shock therapies. Situated on the South Shore of Long Island at 81 Louden Avenue, Amityville, New York. Full information gladly furnished upon request.

JOHN F. LOUDEN
President

JAMES F. VAVASOUR, M.D.
Physician-in-Charge

WAGENSEIL

SURGICAL APPLIANCE COMPANY, *Inc.*

696 FULTON ST. AND 115 SO. PORTLAND AVE.
Brooklyn N.Y.

Manufacturers and Fitters of

SURGICAL and ORTHOPEDIC APPLIANCES

You can be sure that your patients' appliance or brace will be manufactured properly and fitted accurately if you send them to WAGENSEILS.

Engineering principles are applied in the construction of all our braces and appliances to lighten the load wherever possible, thus adding comfort to the patient. Our "MASTER CRAFTSMEN" are dependable and you can be sure of "perfection" in every part of the brace. Phone for our representative. Let's get together.

Phone: STerling 3 - 1430- 1431

"Master Craftsmanship—Quality Since **1902"**

THE LONG ISLANDER MEDICAL

Issued Bi-Monthly by the

Alumni Association of the Long Island College of Medicine

EDITORIAL STAFF

THURSTON S. WELTON, 1908, *Editor*

Associate Editor

ROBERT M. ROGERS, 1907

Assistant Editor

MERVYN ARMSTRONG, 1920

OFFICE OF PUBLICATION

70 Main Street, Mineola, N. Y.

Phone: 4050 Garden City

Publication Committee

E. A. GAUVAIN, '18, Chairman
J. BOTTONE, '28
RALPH HARLOE, '18
L. R. DONNE, '28

Trustees Alumni Fund

J. B. L'EPISCOPO, '14, Chairman
R. M. ROGERS, '07
F. L. SENGER, '12

Chairman Roster Committee

ORMAN C. PERKINS, 1921

829 Carroll Street, Brooklyn, N. Y.

Subscription $1.00 per Annum

SPECIFIC TREATMENT FOR ALBUMINURIA OF PREGNANCY

NEPHRITIN

BECAUSE it provides in active form all of the internal secretions and hormones of fresh kidneys, for the physiologic reactivation of worn-out and depleted renal tissues. It promptly increases the urea and total solid content of the urine, and diminishes blood, casts and albumin. Dosage: 15-30 tablets in divided doses daily. As a prophylactic through pregnancy, 2 tablets t.i.d.

May we send you a trial supply, with literature?

The Pioneers in Endocrine Therapy REED & CARNRICK **JERSEY CITY, NEW JERSEY**

The Board of Managers of the L. I. C. H. Alumni Association 1940-1941

PRESIDENT	William T. Daily, '29
VICE-PRESIDENT	Sutherland Miller, '09
SECRETARY	George Freiman, '14
TREASURER	Arnold De Veer, '24
HISTORIAN	Fedor L. Senger, '12
ASST. HISTORIAN	John G. McNamara, '21

BOARD OF MANAGERS

Term Expires 1941
HERBERT C. FETT, '13
SAMUEL LUBIN, '23

Term Expires 1942
EUGENE R. MARZUELO, '24
MORRIS GLASS, '25

Term Expires 1943
HENRY J. FEASTER, '16
A. W. MARTIN MARINO, '16

Entered as Second Class Mail Matter at the Post Office, Mineola, N. Y.

TABLE OF CONTENTS

	Page
William T. Daily '29	1
The College Year Begins	2
Faculty Appointments	2
Dr. Barber's Address	3
Treatment of Pneumonia	5
News and Rumors	10
Dr. Watson's Address (Concluded)	10

HIS FIRST CEREAL FEEDING

The baby's first solid food always excites the parents' interest? Will he cry? Will he spit it up? Will he try to swallow the spoon? Far more important than the child's "cute" reactions is the fact that figuratively and physiologically this little fellow is just beginning to eat like a man

IT is a fortunate provision of Nature that at the time the infant is ready to receive the nutritional benefits of cereal, his taste is unspoiled by sweets, pastry, condiments, tobacco, alcohol and other things to which adult palates and constitutions have become conditioned.

Many a parent, with limited knowledge of nutrition, attempts to do the baby's tasting for him. Partial to sweets, the mother sweetens her child's cereal. Disliking cod liver oil, she wrinkles her nose and sighs: "Poor child, to have to take such awful stuff!" The child is quick to learn by example, and soon may become poor indeed—in nutrition, as well as in mental habits and psychological adjustment.

Appreciating the importance and difficulties of the physician's problem in establishing and maintaining good eating habits, Mead Johnson & Company continue to supply Pablum in its natural form. No sugar is added. There is no corresponding dilution of the present protein, mineral and vitamin content of Pablum. Is this not worth while?

PABLUM
is now supplied in TWO NEW SIZES:

(1) 1 lb. 2 oz. replacing the 1 lb. size and offering 2 extra ounces without additional charge; and (2) the new ½ lb. size. This size is small enough to be easily grasped in one hand, is convenient for traveling, and requires only a small outlay of money. Both sizes are more economical in comparison with the former 1 lb. size.

Pablum consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, beef bone, alfalfa leaf, brewers' yeast, sodium chloride, and reduced iron.

MEAD JOHNSON & CO., Evansville, Indiana, U.S.A.

The Long Islander Medical

VOL. XVII SEPTEMBER-OCTOBER No. 5

WILLIAM T. DAILY, '29, President of the Alumni Association of the Long Island College of Medicine, 1940-41

THE COLLEGE YEAR BEGINS

It is hard to realize that summer is over and another college year is born. But during these turbid and hectic days it is impossible to predict upon going to bed at night what will be the state of the world in the morning. With the war right at our door-step, the Presidential campaign being dinned into our ears, news summaries and the opinions of the "experts" flung at one everytime he tunes in on a radio . . . academic affairs and problems of our alumni body seem anaemic and worth but a passing throught. However, while the events of world importance go on, the affairs concerned with our own narrow and more or less commonplace lives must occupy our thoughts. We are told the freshman class is a splendid group of young men and women, that its scholastic average is high. We are informed that for the present, at least, our students, internes and residents will not be called for service in the army or navy. Long Island will carry on . . . it will continue to teach and develop practitioners of medicine; it will send its men to the colors, it will make any sacrifice at any time for our Country. On Monday, September 23, 1940, in the Polhemus, the opening exercises for the 1940-41 college year were held. Dean Jean Curran presided in place of President Babbott who was absent. Dr. Robert F. Barber delivered the address. The auditorium was filled, many could not get seats. Dr. Barber spoke to the point and was brief. Within forty-five minutes the exercises were over. Students hurried out to luncheon; to be back at the one o'clock bell for classes. We hope that one day when they have graduated they will find themselves in a different world, a world at peace, a world where man can create good things, the kind of a world all sensible people dream one day will be a reality.

FACULTY APPOINTMENTS

The following promotions of professional rank are reported:

Dr. Joseph B. L'Episcopo, Professor of Clinical Orthopeadic Surgery, succeeding Dr. Jaques C. Rushmore, who was made an Emeritus Professor.

Dr. E. Jefferson Browder, Clinical Professor of Surgery and Neurology and Psychiatry.

Dr. Stanley S. Lamm, Clinical Professor of Pediatrics.

Dr. Lewis A. Koch, Clinical Professor of Pediatrics.

Dr. Abraham M. Rabiner, Clinical Professor of Neurology and Psychiatry.

Dr. Elliston Farrell, Assistant Clinical Professor of Medicine.

Dr. Gaetano DeYoanna, Assistant Clinical Professor of Surgery.

Dr. L. Milford Andersen, Assistant Clinical Professor of Radiology.

Dr. Emanuel Mendelson, Assistant Clinical Professor of Radiology.

Dr. Milton Plotz, Associate in Medicine.

Dr. Charles G. Williamson, Associate in Medicine.

Dr. Burton L. Zohman, Associate in Medicine.

Dr. Howard F. Beakey, Associate in Medicine.

Dr. Ignaz Sommer, Lecturer, Opthol-mology.

THE ATTAINMENT OF SUCCESS IN MEDICAL EDUCATION

By ROBERT F. BARBER, '08
Professor of Clinical Surgery

(Address delivered at Opening Exercises of the College, Sept. 23, 1940)

When President Babbott asked me to speak to the Class of 1944, I consented on one condition; that the remarks be brief. Among the clergy it is often and wisely said that no souls are saved after twenty minutes. My talk this morning is in complete harmony with the spirit of the times, times characterized by keynote speeches and party platforms. I promise that the few thoughts which I wish to emphasize will in no degree approach the length of a keynote speech nor the prolixity of a party platform.

You will be asked by your curious friend, "Is Medicine a science or an art?" It is both. The basis of medicine is classified factual knowledge. Such knowledge forms the very foundation stones of the structure of medicine. Science is defined as classified knowledge. Therefore one may say that medicine is a science. The art of medicine is something else. One might compare the student's mind to a photographic plate, a plate capable of recording endless pictures. In the beginning light shines through the plate without a shadow being cast. The first experience comes along and the plate is no longer blank. It portrays the image of an experience. Repeat such experiences over and over again and the light which shines through the plate will produce a composite. It is this composite which represents the accumulated experiences of the student. The art of medicine is the individual skill which the physician puts into practice, a skill which has as its background this composite of multiple experiences. One may understand from this the dual duty of the teacher of medicine. He teaches both a science and an art.

The authority upon which I shall base my remarks is purely personal. One may talk and talk and talk, and still the effect is as nothing compared to the experience of the thing itself. We may urge and warn and advise and the recipient of all this wisdom pursues the even tenor of his way. Kipling appreciated this. In one of his poems concerning the ladies, he expressed the same thought. After a vivid description of escapades, he concludes with this bit of warning:

"So be warned by my lot, which I
know you will not,
And learn about women from me."

I trust that you will not think from this quotation that I am warning you about women, although that, too, might come in good grace at this particular time in your life's experience. This quotation, however, shows how much Kipling valued experience. In my remarks I wish to stress the importance and value of experience in medical education.

Strong foundations make for a strong superstructure. We take it for granted that all these bright faces before me are looking forward to success, success in your chosen career of the doctor, the beloved physician. What happens in the next four years will largely determine the attainment of that ultimate success. During the greater part of your time you will be building a foundation of factual knowledge. At the end of your course you will be full of facts, but I regret to say, you will possess little wisdom. Wisdom will come from experience. Wisdom will be an index of your ability to correlate factual knowledge with experience.

William James, the psychologist, has described habit as the unconscious repe-

tition of an act. Your duty is to make work a habit. Whatever in the past may have been your methods and customs of study, it now becomes mandatory to do your quota of study each day. Your study should be rapid and efficient. Speed in acquisition should be cultivated. Learn to do things well and then learn to do them rapidly. Don't spend the time over the books: get into the books. For the future remember that cramming is out. There are no snap courses in the medical curriculum.

May we repeat that at the end of your four years you will be full of facts but possess little wisdom. The best opportunity for the student to exercise correlation comes in the senior year when full bedside work begins. Here the character of his ground work will show up. The better his preparation in the first three years the better will be his ability to correlate and ultimately the greater will be his wisdom. From a well taken history the student may live through every detail of a gall bladder attack and its many subjective manifestations. An hour spent on a history and physical examination gives opportunity for a wonderful play of correlation. Such experiences added together in increasing numbers permit the senior to graduate into his interneship with some degree of confidence, some faith in himself, and most important, with some value to his patient. In summation of this thought, we may say that the way to learn is to do, to see, and to experience, and all of this must be done with a good basic preparation.

So we see the importance of experience in the achievement of medical wisdom. We never know a thing until we have seen it or experienced it. It behooves you, therefore, at every opportunity to increase your medical experience. This will be achieved only at a great sacrifice of time, often to a fatiguing degree, but the object is well worthy of the sacrifice. Poets have recognized the importance of this thought, and even in these unfortunate times for anything German, I am daring to quote from a German philosopher. The lines are from "Wilhelm Meister" by Goethe:

"Wer nie sein Brot mit Tranen asz
Wer nie die kummervollen Nachte
Weinend auf seinem Bette sasz
Der kennt Euch nicht, ihr himmlichen Machte."

In the science of education it has been understood and taught for many years that we do a thing best when the doing of that thing gives us pleasure and satisfaction. It may be that as you go along in your course you will come to feel that your efficiency is increasing steadily because of the pleasure and satisfaction which your work is affording you. If the antithesis of this be true and you discover in the early part of your course that you have no aptitude for medicine, recognize that fact and do not try to do the impossible. You will never be a success in medicine. It will be apparent that it affords you no pleasure and no satisfaction. Charles Darwin, one of the greatest scientists that ever was, in the latter part of his life often regretted his complete inability to appreciate two of the greatest pleasures of mankind, poetry and music. Here we see a genius in one field of activity absolutely without wisdom in another. If medicine is not your field, do not hesitate to change. It is no reflection upon you or your character.

To keep in the proper scholastic brackets required by the faculty, the work of the student must be greater, yes, far greater than anything that he has done in his academic course. All outside time consuming activities must be curtailed. Despite this rigid request, some cultural interests must be retained and a modicum of play kept in the program. A good play, a good concert, a good book and even the detective story has its place in the study of medicine. Your bodies will be subjected to a heavy strain and therefore some regular physical activity should be a part of your life. You may be wondering now how much time you should give to this and how much to that, and how much to exercise and how much to play. My

answer for you is to translate from an old Greek proverb which was written on the temple of Zeus at Olympia, for the people to read when they came to the market place:

"Nothing too much"

In the health program set up by the faculty each student will receive a complete physical examination, a health examination. This will afford you exact knowledge of your physical status at the beginning of your course. The examination is checked each year.

From these scattered remarks about one thing and another there is one thought which I wish to leave with you as the most important; in fact, more important than any other aspect of your medical education. I make this extreme remark with many years of teaching experience behind it. You may be bright, you may be a genius in embryo, but you will never succeed without industry. I plead for industry. I plead for application to your duty at all times. I plead for work. If you so control your volition, if you have a dominating desire to succeed, if you are industrious at all times in your courses, then I will guarantee that victory will be yours and you will be a success in the attainment of medical education.

TREATMENT OF PNEUMONIA AND CHEMOTHERAPY IN PNEUMONIA

By SAMUEL H. SPITZ

(Read at Alumni Day, April 27, 1940, at Polhemus)

Prior to the introduction of specific serum there was no efficient therapy for pneumococcus pneumonia. Such measures as oxygen, antipyretics and maintenance of proper fluid and salt balance were purely palliative in nature. From 1919 to 1937 improved technique in production of serum created widespread use with subsequent lowering of morbidity and mortality rates. About this time, interest in chemotherapy was stimulated by Domagk, who found that certain azo dyes possessed marvelous bacteriostatic properties. And now these drugs of the sulfonamide group have captured the interest of the world by their ability to cure infections heretofore considered serious and hopeless.

The therapeutic use of sulfanilamide and sulfapyridine is extremely widespread and a brief discussion of the pharmacology of these drugs is presented because it offers the most logical background for their clinical use.

Sulfapyridine seems to be less regularly absorbed from the gastrointestinal tract than does sulfanilamide. The absorption of the sulfapyridine, as measured by blood concentration tests, varies considerably in humans. After a single dose, the height of the compound in the blood is reached in 4 to 6 hours and generally declines at a much slower rate than does sulfanilamide. When comparable doses of the two drugs are given the level of blood concentration is much lower with sulfapyridine than with sulfanilamide. Approximately 30 to 70 per cent. of the sulfapyridine administered is absorbed in contrast to 80 to 90 per cent of the sulfanilamide administered.

Both drugs exist in the blood and urine of humans in the unaltered and conjugated forms. Conjugation takes place in the liver by the addition of the acetyl radical to form an insoluble compound. The acetylated salt is devoid of any therapeutic activity. Apparently as much as 60 per cent. of the circulating sulfapyridine is in the conjugated acetylated form. Therapy is, therefore, made difficult because of low absorption and high acetylation values which occur in many cases.

Both forms of sulfapyridine are ex-

creted through the kidneys, more irregularly than sulfanilamide. A small amount of the ingested drugs appears in the stools. The total amount of sulfapyridine excreted amounts to 40 to 70 per cent. in contrast to 70 to 90 per cent. of sulfanilamide.

The exact mechanism through which both sulfanilamide and sulfapyridine exert their beneficial action is not clearly understood. Animal and laboratory experiments have shown that both drugs inhibit the growth of bacteria. Investigators presume that the therapeutic effects of these drugs on bacteria are brought about through interference with the usual oxidation reduction mechanism of the organism. Others believe that bacteriostasis is due in part to impairment of the nutrition of the bacterial cell through inhibition of its enzymes.

The pneumococcus can be adapted to growth in increasing concentrations of sulfapyridine until it finally multiplies freely in the presence of the drug. Thus a state of "drug-fastness" is induced. At the present time, the existence of naturally resistant strains of pneumococci is unknown. It is probable that acquired fastness may play a part in the failure of drug treatment in certain cases. It is also possible that the "fast" strain induced by therapy may remain resistant in its passage through a series of carriers or patients with pneumonia.

The consensus of opinion at the present time is that, after first establishing the diagnosis of pneumonia and obtaining a blood culture and a specimen of sputum for typing, the patient should be started immediately upon sulfapyridine by mouth. After 18 to 48 hours of adequate therapy, if no improvement is noted in the clinical course of the patient and if the sputum typing is obtainable, specific anti-pneumococcic serum should be administered.

There are no hard and fast rules with regard to the total amount of the drug to be administered. However, in order to achieve an adequate concentration of the drug in the blood and body fluids as early as possible, an initial large dose of sulfapyridine should be given by mouth. Generally, depending upon the severity of the illness, the patient is given 2 to 8 grams, followed every 4 hours by 1 gram. According to this scheme, an effective blood level of 3 to 6 mgm. per 100 c.c. of blood will be reached in a few hours. Periodic administration is continued, if effective, for 24 hours after the temperature has reached normal and is then tapered off. The total case dosage averages 16 to 25 grams. The average amount necessary to precipitate a crises ranges from 6 to 10 grams. Blood sulfapyridine determinations should be made at least once daily.

In patients who do not respond properly to the oral form of therapy and who, because of a deficient absorption or high percentage of acetylation, fail to show satisfactory blood concentration, the intravenous injection of the sodium salt is indicated. When vomiting is so severe that fluids and medications cannot be retained it is imperative that this method of administration be utilized in order to obtain rapidly the proper therapeutic blood level. The individual dose of sodium sulfapyridine is based on .06 grams per kilogram of body weight. A blood level of 4 to 5 mg. per 100 c.c. will be reached in a few moments. The solution is prepared by the addition of the required amount of the salt to enough sterile, distilled water to make a 5 per cent. solution. The solution should not be mixed with glucose or saline. Extremely alkaline intravenous medications, such as sodium sulfapyridine, are highly irritating to tissues, therefore extreme precautions are necessary to avoid infiltration outside the veins.

Whereas, sulfapyridine was at first given by rectum, its inconstant absorption has mitigated against its use.

The use of sulfathiazol and allied compounds in the treatment of pneumococcus pneumonia is still in the experimental stage and interesting results are being accumulated at this time. Its use is justified if serum is not available and sulfapyridine is ineffective. Good

were 67 deaths or 13.4 per cent.

Age is an important factor in influencing the course of the illness. There are 1,417 cases of the above which can be classified as to age. Of 1,030, 49 years of age or under, 3.1 per cent died; of 387 fifty years of age or over, 18.8 per cent. died. This more unfavorable outlook in the older age group may be ascribed to a lowered resistance and greater tendency toward generalized infection. For this reason, serum should be used with sulfapyridine in the therapy of this age group.

Blood cultures were taken in only 491 reported cases. There were 187 cases with bacteremia, with a mortality rate of 25.6 per cent. whereas in 304 cases without bacteremia only 3.3 per cent. died. Again, here is a complication of pneumonia that is certainly best treated with specific serum in addition to sulfapyridine.

In a group of 1,520 cases of pneumococcus pneumonia of known types which had been treated with sulfapyridine, death occurred in 7.8 per cent.

Results with this chemical in the treatment of pneumococcus pneumonia appear to be favorable with all types. However, in only 3 types, namely type I, II, and III, is the number of cases sufficient to draw any conclusions.

In a treated group of 420 type I cases, there were 26 deaths or 6.2 per cent mortality rate. The expected rate in this type would be 30 per cent. Among 178, type II cases, there were 11 deaths, a fatality rate of 6.2 per cent., as compared with an expected untreated rate of 40 per cent; of 270, type III cases, 10.4 per cent died while the expected range is around 40 per cent.

Sulfapyridine apparently has little or no effect upon the suppurative complications of pneumococcus pneumonia, when therapy is begun after the appearance of such complications. However, when the drug is started before the formation of pus, its appearance may be prevented. The incidence of endocarditis, lung abscess, and meningitis is not lowered by the use of the drug.

There has been considerable discussion in medical literature of the toxic reactions of sulfanilamide and all allied compounds, and it is well known that this has produced a hesitancy on the part of many physicians to use these drugs. This fear has served an admirable function in preventing their indiscriminate use. However, in some localities it has been carried to the extreme and many patients who may have been benefited by these chemicals have been deprived of their use.

It must be emphasized that, while minor reactions are frequent, few fatalities have actually been attributed to the drugs, and the severity of these reactions are diminished if proper care is observed in following the patient. As has been noted before, both sulfanilamide and sulfapyridine are fairly rapidly excreted in the urine and in the presence of toxic symptoms this may be enhanced by an abundant intake of fluids.

During the course of therapy, the patient should be carefully watched for the development of headache, weakness, hyperpnea, chills, fever, jaundice or sore throat. Cyanosis is one of the minor toxic symptoms noted in varying degrees in the majority of patients treated by any of these chemicals. Its appearance generally may be disregarded. A complete urinalysis and blood count should be done each day during active therapy.

Nausea and vomiting are the most frequent side effects of sulfapyridine administration, approximately 50 per cent. of patients exhibiting nausea and at least 40 per cent. of them vomiting. The latter reaction is of central origin and can only be controlled by sedatives and replacement of the lost fluids. Sulfathiazol produces far less nausea and vomiting than does sulfapyridine.

Drug fever, developing in 10 per cent. of patients, may appear as early as 2 hours and as late as 22 days. This probably is the most important warning sign in the development of one of the more

serious toxic manifestations; therefore, on its appearance the causative agent should be stopped immediately. The differential diagnosis of drug fever is at times difficult but on review of the case, the cause of the fever should become apparent. Morbilliform rashes have been noted during the course of chemotherapy. These generally appear on exposed portions of the body (due to their photosensitivity) and are sometimes accompanied by fever. Occasional cases of exfoliative dermatitis have been reported. Apparently there is no difference in the incidence of toxic dermatitis following the use of sulfanilamide, sulfathiazol or sulfapyridine.

Vertigo, headache, malaise, mental depression and occasional states of excitement are toxic manifestations referable to the central nervous system. As a rule, mental disturbances disappear promptly on the discontinuance of the drug.

On the appearance of neutropenia, the drug should be stopped immediately and active therapy instituted to produce its rapid elimination. The various bone marrow stimulations should be tried, if necessary. Transfusions are of some value. The depression of the bone marrow is not dependent on the amount of the drug used, therefore it is extremely important to study the peripheral blood daily in order to ascertain the earliest sign of this reaction. However, one should not avoid using either of these drugs in the presence of a leucopenia incidental to a bacteremia, provided the proper precautionary measures are taken in following the case.

An acute hemolytic anemia following chemotherapy is not unusual and is extremely insidious in its appearance. This, however, is a rarely fatal reaction and may be fairly easily controlled by ordinary means or if severe enough by repeated transfusions.

Jaundice, not associated with an acute hemolytic anemia, is indicative of liver damage which fortunately is a rare complication. On its appearance the drug should be withdrawn and active supportive therapy of glucose and fluids instituted. The pathological lesion resembles that of an acute yellow atrophy with widespread destruction of liver cells.

Insofar as the excretion of these drugs occurs through the kidney, precipitation of the relatively insoluble conjugated forms must produce serious traumatic and mechanical effects. Hematuria, with or without calculi, renal colic, and nitrogen retention have been recorded in both humans and experimental animals and death may occur. The kidneys at autopsy reveal widespread tubular degeneration, acetyl-sulfapyridine crystals and red blood cell casts. It has been suggested that in order to minimize the danger, the urine should be alkalinized and fluids forced. Acetylated sulfathiazol is more soluble than the corresponding sulfapyridine salts, hence with its care complications should be less.

Both sulfanilamide and sulfapyridine are known to produce a peripheral neuritis but the new drug, sulfamethylthiazol, has a greater tendency to do this than either of the aforementioned chemicals.

In conclusion, therefore, we have seen that while sulfapyridine is highly effective in early cases of pneumococcus pneumonia, its efficiency is not so striking in those cases in which complications exist. The need for additional specific therapy is often necessary to achieve successful conclusion of the individual case. Daily, new chemicals are being tried; some effective, others not; sulfathiazol is one of these. Serum as an active therapeutic agent is only indicated in complicated cases or in those in which chemotherapy was not effective.

NEWS AND RUMORS

Dean Curran in his welcoming talk at the opening of the college year stated that the Freshman class numbers 99, represents 46 colleges and universities, and hails from 7 states and from Alaska.

* * * *

We counted some fifteen young lady students (maybe there are more), and from where we sat they looked to be an intelligent, wholesome and pretty group. We have been convinced for a long time that we were born twenty-five years too soon, and now we are sure of it. When the day is dark and one is blue because things have gone haywire what is more comforting than in pouring your troubles into the sympathetic ear of one with the mother instinct who sits across the aisle. In my day some homo needing a shave would listen a while, yawn and suggest you needed a drink.

* * * *

While we're on strictly college topics let us throw out a hint or two concerning young folk who apply for admission to the college. Of course a good college record, a presentable appearance and a few other attributes are necessary to get in . . . and upon these we will not dwell. We'll tell you how to kill most chances of being accepted . . . Never get a written recommendation from anyone holding public office. Most of the time these public servants do not know the applicant personally, but, on the drop of a hat, they'll write a five hundred word letter. Should the person holding public office be close to the applicant and truly knows him then the usual letter is in order. Some years ago a lad's father knew the man who managed the radio campaign of a nationally known individual running for office. The man was elected. His wife when appealed to by the radio campaign manager wrote a long letter for the son of the radio man's son whom she wouldn't know from Adam. The whole thing is silly. Then, again, an applicant gets his application indorsed by a physician who is known as one of the original forty thieves. This is sure to kill any chances of acceptance. We speak from personal experience: any young man who has the stuff and in the committee's opinion will make the grade does not need pull and influence to be accepted. However, when twelve or fourteen hundred apply and from this number a class of ninety-five will be selected many a good man is doomed to disappointment. Some times high quality fellows are passed up and poorer material selected . . . which is unfortunate . . . but, as yet, no one has devised a method of picking only the best who present themselves.

COMMENCEMENT ADDRESS

By CASSIUS HINDS WATSON, M.D.
Long Island College of Medicine, June 6, 1940

(Continued from July-August—Conclusion)

Adequate sickness payments, diagnostic costs and most of the associated and indispensable bounty which the industrial public hope to garner from their industrial environment can only be produced under mutual premium contributions impossible, as yet, even in this wealthy land of America. Group medical service, though regulated through proper commissions may be confined to economic groups with particular needs.

In the days of the guilds the individual worked for excellence of the product and as we understand it, pay was estimated by time and by unit of production. Artists worked for excellence plus a theoretical appeal which experience and artistic pedagogy taught them would

increase the demand for their product. As we think of the artisan, the artist, and also the physican, the compensation feature, we trust, may have added to it the element of pride in the product. In the case of the physician, only too often pride constitutes his sole reward.

Interested social welfare groups as well as certain medical sources have planned for prepayment of medical costs through some form of pooling of interest and funds. There has been a natural evolutionary transition from the limited medical group practice found so widely throughout the West, to larger participating groups both professional as well as of the potential clientele. If it is possible for members of the medical profession to have centralized clerical services, rent, technical and laboratory equipment, it should likewise be possible for local community groups to buy medical services from such sources. Mutuality is the answer, the feature of expectancy to be interpreted economically. We see certain of the larger industries providing various types of medical facilities, grading from the emergency care of sickness and accident together with preemployment examination and diagnostic service following sickness and injury, all the way to full medical care of industrial personnel and their families. There has also occurred a gradual amalgamation of such medical care problems into graded groups particularly in the case of industrial accident and occupational disease situations, with medical emergency service purchased from cooperative medical groups. I mention these to indicate that in many important areas, densely populated or with a multiplicity of industrial activities, there has for years been a trend toward some method to lessen the costs of medical care, industrial or private, and this will be continued and pursued with greater intensity as time goes on in spite of opposition by organized or unorganized medical or legislative groups. This is a biological activity inevitable as the mass of the people come to recognize that the private health as well as the public health are one and the same, and hence, of mass interest. By and large, we will ultimately find that the cost is paid, more often than not, by those who have not been privileged to avail themselves of the opportunities and that through the avenues of the tax-machine, industrial payroll, the insurance premium, there has taken place an increase of the mutual interdependence of the sick and the well of the community.

Insurance carriers, medical groups alone or with lay cooperation, in various states, have produced plans whereby individuals may purchase protection in the event of illness similar to plans for the purchase of hospital care. Certain of these have orginated in the form of medical expense indemnity insurance. A few of them have been approved by state insurance commissions and are already in operation and competition in the course of time, will eliminate the unfit.

I believe that in time, it will be possible for any person to obtain this sort of vital protection, always with the adequacy query, and perhaps regulated according to limitations imposed by the income factor. Class distinction in this America of ours is bound to be progressively resented. Adequate medical care should be equally available to rich and poor alike and this should be common knowledge. The objectives of the medical profession, while tempered by motives highly egotistical, nevertheless, bear also the impress of the most profound altruism.

I believe, then, that in time the graduate groups coming from our schools of medicine and finally emerging from their hospital internships will have a comprehension of financial return and source of payment for services more in accord with that machinery of our newer social standards which we trust will evolve a moral as well as a physical technocracy in accordance with the rights of man as exemplified in the Constitution.

SUCCESS

Without Service

. . . . . is an impossibility today, and today gone to make up the past 114 years that we have is no different than any of the days that have been serving the Medical Profession.

Many of your instruments are bound through use to become impaired—if not in efficiency, perhaps in appearance and from the patient's point of view this last is most important. Nobody likes a rust pitted or ill adjusted instrument.

Wrap up those old friends and send them to us—they will be back in your hands before you know it as good as new and at a cost that will surprise you.

Remember Doctor, 114 years of doing is your guarantee that we know how.

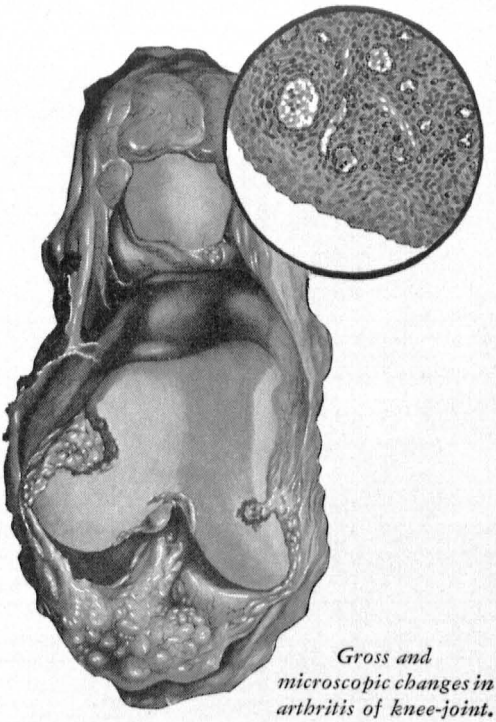
GEORGE TIEMANN & CO. 107 East 28th St., New York

ESTABLISHED OVER A CENTURY

In RHEUMATIC *and allied conditions*

the application of prolonged moist heat, by means of Antiphlogistine, is a routine measure of treatment in many hospitals and sanatoria, as well as by many leading clinicians.

Supplementing its heat therapy is the medication of its ingredients, which is an additional aid in encouraging relief of the pain, in stimulating the local circulation and in promoting absorption of the inflammatory deposits.



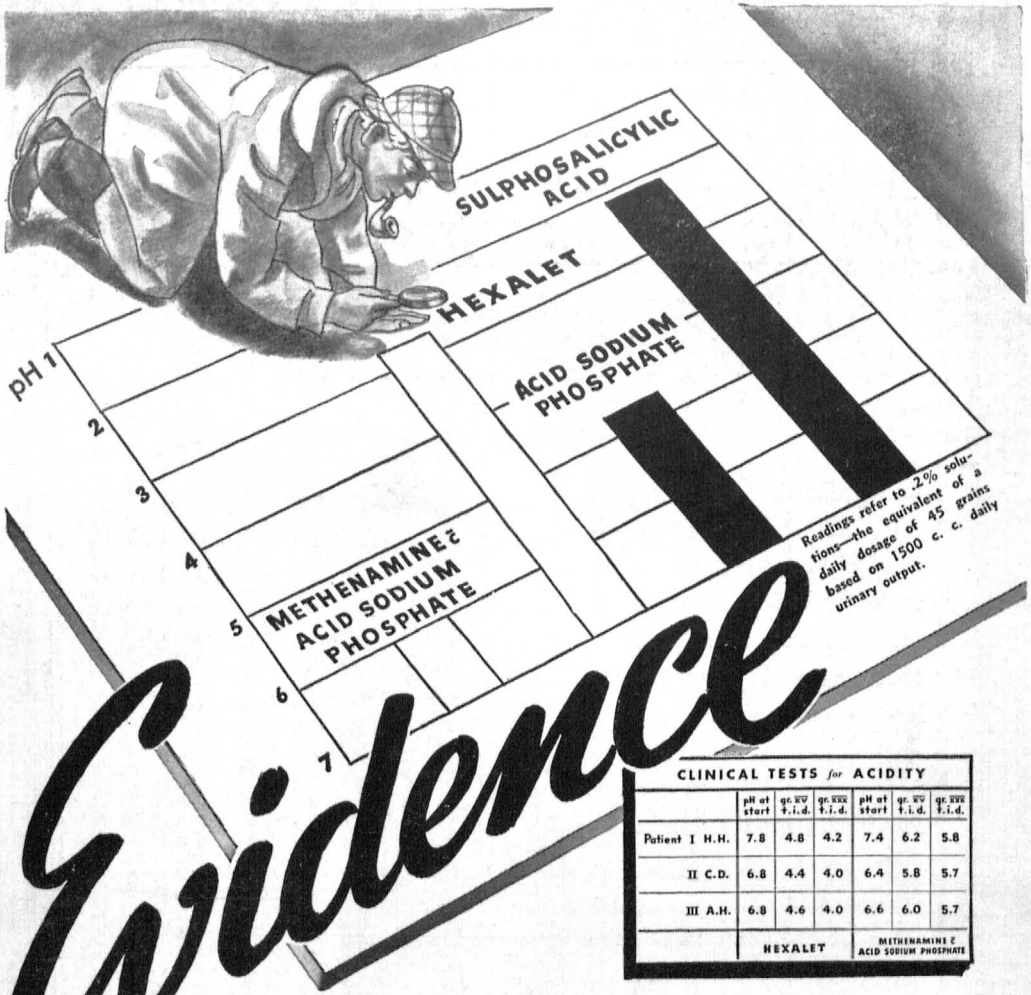
Gross and microscopic changes in arthritis of knee-joint.

Sample and literature on request

Antiphlogistine

THE DENVER CHEMICAL MFG. CO.

163 Varick Street . . . . New York City



Evidence

CLINICAL TESTS *for* ACIDITY

	HEXALET			METHENAMINE & ACID SODIUM PHOSPHATE		
	pH at start	gr. xv t.i.d.	gr. xxx t.i.d.	pH at start	gr. xv t.i.d.	gr. xxx t.i.d.
Patient I H.H.	7.8	4.8	4.2	7.4	6.2	5.8
II C.D.	6.8	4.4	4.0	6.4	5.8	5.7
III A.H.	6.8	4.6	4.0	6.6	6.0	5.7

LABORATORY AND CLINICAL TESTS ESTABLISH SUPERIOR ACIDIFYING POWERS OF HEXALET "Riedel"

Recent tests afford convincing evidence that sulphosalicylic acid is a more effective urinary acidifier than is acid sodium phosphate—and that HEXALET "Riedel" (a chemical combination of sulphosalicylic acid 60.9% and methenamine 39.1%) will lower the urinary *p*H more than will acid sodium phosphate with methenamine. The tests were conducted not only in vitro (see chart above), but also in vivo (see chart at right).

The greater urinary acidity induced by Hexalet has a two-fold action: (1) it insures complete release in the urinary tract of formaldehyde from the methenamine and (2) increase in the antiseptic effect as a direct result of the low *p*H. Not only is Hexalet more effective, but it is palatable, readily soluble and well borne by stomach and kidneys.

Indications: Pyelitis, pyelonephritis, ureteritis, cystitis, prostatitis, urethritis, surgery, instrumentation. **Dosage:** Two tablets, dissolved in water, three to six times daily.

RIEDEL & CO., INC., Brooklyn, N. Y.

HEXALET "Riedel"