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sage,
"Friend of all climes, and pride of
every age!" —Thomas Paine.

Oh slow to smite and swift to spare,
Gentle and Merciful and Just!
Lincoln. —W. C. Bryant.

"It is better to die on your feet than
to live on your knees."
—Zepata.
(Mexican Revolutionist)

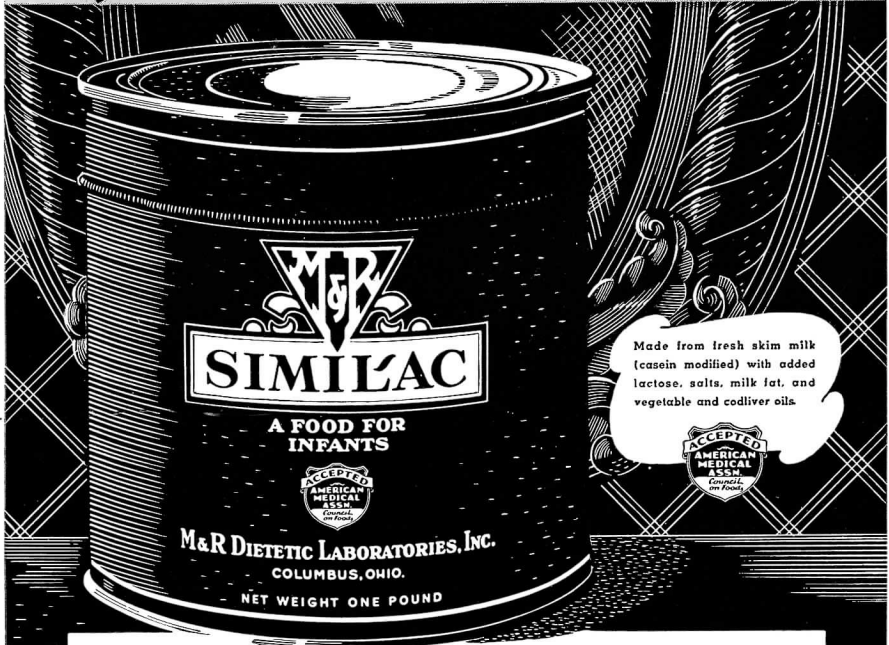
BULLETIN

of the
**Mahoning
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Medical
Society**

Vol. XII No. 2
February 1942

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VOL. XII—No. 2

CONTENTS

FEBRUARY, 1942

ADVERTISER'S LIST	34
PRESIDENT'S PAGE	40
EDITORIALS	41-43
THE VITAMINS	45-50
SYMPOSIUM ON CIVILIAN DEFENSE	50
SCARLET FEVER	51
SECRETARY'S REPORT	51
WAR BULLETIN	52-53
DR. McELHANEY	55
ST. ELIZABETH'S HOSPITAL ANNUAL REPORT	55-56
YOUNGSTOWN HOSPITAL ASSN. ANNUAL REPORT	57
VENEREAL CLINIC ANNUAL REPORT	59

ADVERTISERS' LIST

Patronize them—they make the
"Bulletin" possible

Blair's Dry Cleaning	56
Buck, Dr. Maynard A.....	56
Central Square Garage.....	37
Cross Drug Store.....	35
Endo Products, Inc.....	34
Fair Oaks Villa.....	37
Helen Mantle Foster.....	34
Francis, J. P. Agency.....	60
Gierings	58
Heberding's	35
Humphrey Drug	37
Infant Di-Dee Service.....	58
Isaly	42
Lyons Physician Supply Co.....	38
McKelvey, G. M. Co.....	60
Mead-Johnson & Co.....	Cover
Medical-Dental Bureau	44
Mercer Sanatorium	58
Ortho Products	Cover
Renner's	60
Schmidt, Paul	58
Scott Company	39
Similac	Cover
Strouss-Hirshberg's	39
Thornton	36
Truedley, H. H. & Co.....	60
Valley Drug Co.....	62
White Drug Co.....	56
Yo. Sanitary Milk Co.....	36
Youngstown Printing Co.....	62
Youngstown Winery	62
Zemmer Co.....	36

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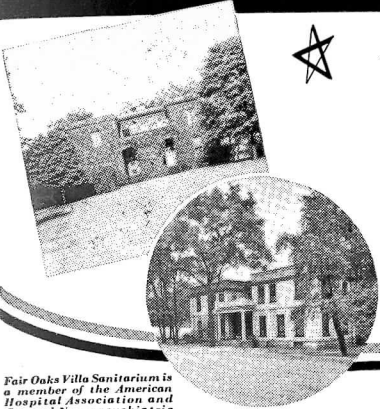
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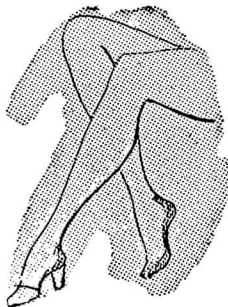
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PRESIDENT'S PAGE

The past presidents have informed me that the fastest days of every month of the year are those between the time you prepare one President's Page and the next one is waiting to go to press. I surely agree. But they did not tell me I would prepare one page only to have it out-moded by war time activity or to have such rapid changes ensue within a few days to make your page inappropriate for publication. Such is my experience thus far.

In writing this page one at least tries to make the information timely. This is quite difficult when your country is at war. Rapid changing events may entirely erase the content of this information but the spirit will still be the same.

The writer does not know any more about the future for the individual member of the Society than each member knows. It is a serious thought to face each day that a practice which has taken years of strenuous work to establish may need be foregone for "The Duration." For each individual physician's family which has borne up so well while you were developing a practice not too well provided for, must now make further, greater sacrifices that you may do your part in total war.

It does seem logical right now for each physician who is not on call to wait until the Procurement and Assignment Committee has furnished and later studied the new questionnaire from each member. After such careful review the Committee should have a fair idea as to age, ability, local need, and war need for placement of physicians in their proper fields to do the most good.

We read the papers. Our fighting spirit is aroused—we wish to rush to the nearest recruiting station to enlist. The spirit is American but remember we are a limited and very necessary group in this war. We must leave it to those who are able to look at the picture in it's entirety, local, national, and foreign to tell us individually where we may be placed to do the greatest good.

In the meantime, there is much to be done in civilian defense. Every physician may play a part. Teachers for Red Cross First aid classes are vitally needed. A physician is the only one who may teach these courses except a few laymen who must submit to a complicated and time consuming training course. Your services volunteered to either of the following committees, Nutrition, Red Cross and Civilian Defense, or Medical Preparedness, would be greatly appreciated.

WALTER KING STEWART, M. D.
President.

Editorial---

(Editorials by different members of the staff will appear during the year. The opinions expressed are in each instance, of course, those of the individual writer.)

HERE AND THERE

By J. PAUL HARVEY, M. D.

Work or starve; that was the philosophy of America at its inception.

A rugged people pioneered this land; cleared the forests, made farms, worked in grime, dust and sweat, developed industries. They built railroads, drilled for oil, and dug the mines, all for individual achievement in this the greatest land on earth.

In those days it was an honor for the most part to hold public office. Men who had been successes in private life were elevated to responsibility in political fields. Today how many public offices are polluted by men who are unable to make good anywhere? Leeches and long shots, playing the field on 100-to-1 bets, with the hope that they may be on the poular side, are too plentiful in government.

In early days the rugged individualist was supposed to have exploited the public; crooked financiers were supposed to have robbed the people. What of this day? Is America better politically or safer today than 40 years ago?

For example, we see a levy for a tuberculosis hospital voted by the people, a gesture by the electorate for more care and better provision for tuberculosis cases. Now that the funds are increased, we find the hospital trustees voting themselves a total of \$1800.00 per year for "expenses"! Their position heretofore was honorary — supposedly. They were big men with reserve time and

energy for an evening or two devoted to hearing reports and voting to accept or reject issues for the welfare of the hospital. Recently, salaries for the personnel were increased, notwithstanding that those salaries, like that of the mailman, remained secure through depression as well as during boom times.

The man placed as accountant and purchasing agent by a former regime to safeguard against waste, and mismanagement has been discharged. What does all this mean?

These things were debated and the ramifications realized before the election, but the County Medical Society supported the levy rather than deny the patients needed assistance. Now as citizens we should know all about the distribution of these funds.

This generation has found America soft and self-satisfied in a world of wolves. We have spent vast sums to protect and rehabilitate people and this has kept the nation unmindful of outside dangers.

Government is hamstrung with bureaus. Petty argument, and labor union policies have superseded national safety. If any of us are to survive this war let those in authority drive out un-American groups of money grabbers, group welfare proponents, etc; and place in authority competent Men Who Will Win the War, and talk about methods, profits, wages and the like after the Victory. Will politicians drag us down to defeat under the Yellow Peril, before they



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realize that decisions are one man jobs; jobs for efficient men like Douglas McArthur out on Batan Peninsula?

Will authority order labor to work, and forget grievances now? Will authority order Business to go ahead on war production and quibble about profits afterward?

Go on as we are going and the "Forgotten Man" will be the only one left on earth to propagate the race.

In this land we have a medical profession which though striving hard to promote scientific and humanitarian progress is held up to contumely by many so-called liberal and progressive thinkers. On the other hand, we have a labor federation, while condemning a labor-saving and cost-saving device is cajoled and fondled.

Let us make it mandatory that hyphenated Americans assimilate the ideals, ethics and patriotism of the forefathers of America. Let there be never again a hyphenated American, only "All-Americans."

Since the last war the lame, maimed, ill, and the blind have in a sense been glorified. Special attention has been given the ex-soldier and his disability; the diabetic his hospital; the polio his pool. National energy has been directed toward redeeming the unredeemable and neglecting assurance for America's future existence. Can such philosophy continue and the country live?

Life has been prolonged, some diseases obliterated, the sphere of American Life regulated to protect and guard those who could not protect themselves. In a biological sense, which is as true as that night follows day, the fit in our nation must not be beaten down and smothered under laws and denied survival. This nation, softened through years of family quarrels over unions, lobbies, congressional investigations and other side shows, etc., has a long road to travel, if we are to develop again that rugged system of life which will

build our forces strong enough to lick Hitler and the Japs.

Social security for aged, unemployed, and the ill; compensation and other welfare measures, have dominated our thoughts until the individual has most of his problems and responsibilities under government control.

The latest windfall for some is the increased unemployment insurance. The present report states that the rates will range as high as 24 dollars a week and extend as long as six months.

Now we see a Patriotic Congress voting themselves old age pensions! Would it not be fitting to pass that same privilege on to those of the Medical Profession who might need it? On second thought we might say "no," it would be wrong, that would be "class legislation."

Well, this is war, and what do you think Sherman said of war?

SAUER not SOUR

An avalanche of fun from beginning to end, was Mack Sauer's contribution to our Annual Banquet, Tuesday evening, January 20th, at the Youngstown Club.

This little fellow took his text from Bunker Hill, and took it as far away from it as he could. In fact the only thing left was little bunk, and he debunked that. But he was funny, and could we possibly need anything more than that just now?

The crowd, our gang, simply *has* something these days. Perhaps it is the war. But war doesn't create such a fine "oneness." It is in our hearts, —possibly only released by such crises.

Our District Counsellor, Dr. R. L. Rutledge of Salem, was an honor guest. We were pleased, also, to have many physicians from neighboring Societies, both Pennsylvania and Eastern Ohio. Of the 200 present, everyone had a marvellous time.

President Stewart showed real ability as our presiding officer.

In The Old Days of Henry VIII

The failure of a debtor to pay his debts was treated as a breach of the peace because it was an indirect attack on the revenues of the King, since the barons, who were most often the creditors could not discharge their obligations to the King.

Fortunately such circumstances are not true today **but . . .** if you allow irresponsibility to creep into your accounts receivable you also permit a breach of promise on the part of your patient. An implied promise perhaps, but nevertheless a promise.

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THE VITAMINS

By ROBERT B. POLING, M. D.

That many American diets are deficient in quality, deficient especially in those chemical catalysts, the vitamins, which activate human energies as spark plugs activate machines, is a conclusion based on highly qualified medical advice. That millions of people should live on or below the border line of minimum nutrition is a special danger in time of war. Such persons not only are unable to work effectively, but also they succumb easily to infections and diseases, and offer the breeding ground for such pandemics as the influenza of World War No. 1. Without strong human defenses, military defenses fail.

Entirely apart from the present emergency, the nutrition situation is a cause for grave concern. Some say that our food habits are no worse than they were before we ever heard of vitamins. Actually our food ways for about sixty years have been worse than at any previous time in history. They are worse today than they were in 1914, for the reason that more years have passed since certain detrimental changes were made some sixty years ago in the food habits of our population.

Changes in nutritional environment are badly borne by all organisms from bacteria to mammals. A nutritional environment in the case of vertebrates and other higher animals means changes in the constituents of blood and lymph; adjustments to changes of the "milieu interne" are difficult. Adjustments to changes in the blood and lymph are possible, but require generations for their accomplishment. It might require several thousand years for the human race to learn to live efficiently on a third or a fourth the amount of Vitamin B one which its ancestors got and came to depend on. But in learning, countless individuals would be sacrificed and for a long period succeeding generations would deteriorate.

A changed nutritional environment of major degree is intolerable. There is reason to believe that a relationship exists between the increasing incidences of several of the so-called degenerative diseases and the great change in our food ways which occurred about the year 1880. Some of these are diabetes, arteriosclerosis, arthritis, and some insanities.

The modern methods of milling wheat and refining sugar are of major importance. We did to wheat what China did to rice, i.e., we milled out of it and discarded or fed to swine and cattle much of the good in it. Even worse than this, we replaced about half the wheat our ancestors ate with refined sugar which is poor for nutritional purposes. The average American diet of today—even in families with liberal money expenditures for food, contains only about a third as much thiamine as in Civil War times, and with the thiamine has gone a quota of many other nutritional substances, other vitamins and minerals. The nutritional loss by the use of white flour and sugar has been compensated for to a certain extent by a greater consumption of garden vegetables and milk. But these do not produce Thiamine as generously as does wheat. They are poorer in some other vitamins and minerals and are more costly, and have gone chiefly to families of the upper income group, leaving grave vitamin starvation among our poorer families.

In experiments which induce thiamin deficiency in cheerful, happy, vigorous, industrious young women, these same people become morose, depressed, fearful, irritable, uncooperative and slovenly in personal appearance. They lack the strength to work, and any interest in working. These same persons return to their normal selves when the intake of thiamine again is raised to an adequate level,

but the longer the deficiency continues, the more difficult it is to restore these subjects.

The vitamins are directly responsible in human beings not only for absence of disease but also the efficiency, the spontaneity, the ability to work, the endurance of muscle, the keenness of nerve, and that intangible but highly significant quality we call morale.

The milder degrees of nutritional deficiencies are the hub of the nutritional problem. It has been found that fewer die each year from deficiency disease than one would expect. But with the use of 0.6 mg. of thiamine chloride per day, one can subsist, but he is only half alive. To function efficiently, do the things that must be done now a person needs at least 2 mg. of thiamine chloride daily.

Using sugar as we have done and depending on plain white flour as we have done, the vitamins most likely to be inadequate in the American diet are thiamine, nicotinic acid and riboflavin. Therefore the reason for putting these vitamins into enriched flour and enriched bread. These vitamins are involved in the oxidative changes whereby energy in the body is released from sugar. The more starch the body contains the greater the need for thiamine and nicotinic acid and riboflavin.

Other faults in the American diet are the lack of Vitamin A and Vitamin C. Therefore too little butter and other Vitamin A foods as well as too little fruits are used. Sufficient calcium is lacking many times because of the lack of milk in the diet. White bread and white sugar do not carry the necessary catalysts. Inasmuch as a great deal of the American diet is composed of white flour and white sugar, and the fact is that these are deficient in the essentials of a proper diet, what can be done to correct this deficiency? This is the food way that cannot be changed. The majority of people do not like

to eat whole wheat bread, or to use whole wheat flour in the cooking of other recipes, and they do not like brown sugar, and many do not like to drink milk. The use of wheat and sugar and milk is far reaching throughout the articles of diet. Therefore, their absence weakens the essentials of proper nutrition.

What needs to be done if we are to have good diets everywhere is to make every food carry an appropriate share of some part of the responsibility for an adequate daily supply of all the nutritive essentials. This would provide security in well mixed diets. Now that the food habits cannot be changed—i. e.—people must and will stick to white flour and white sugar, these products must be enriched.

Plain white flours and plain white breads are being enriched with thiamine, nicotinic acid, riboflavin, and iron—according to the recommendations of the committee on Food and Nutrition of the National Research Council. These three vitamins are specifically concerned in the oxidative processes in the body by means of which we liberate the energy in the sugar that comes from starch foods like flour.

The white sugar can remain white for the diet and still be corrected to make it similar to brown sugar. It is an important increment in the American diet, and represents about six hundred or one-fourth of all the calories in the diet, but carries no vitamins and no minerals, and represents a major error. Of all the foods, sugar is the worst, but the public demands its sweetness. Our country is a land flowing with milk and honey, but the milk is largely unconsumed and the honey is in the form of refined sugar. The average daily per capita portion of sugar is five and one-half ounces. Should we combine with this a little over an ounce of skimmed milk solids, the diet would be improved to the extent of a pint of skim milk. This would add to the sugar, water

soluble vitamins, amino acids and minerals. Whey contains all the elements of skim milk except casein which is nearly all discarded.

Milk distribution as practiced today is wasteful. Most of it does not reach the market and many who need milk cannot afford to get it. If skim milk solids could be marketed properly, it would cost only about one-fifth to one-tenth the cost of milk today, and it is imperishable so it would correct the failure for milk nutrition to a great extent.

Were all flour to be enriched, were all edible fats to be fortified with Vitamins A and D, and if a little more than an ounce of the solids of milk or whey could be incorporated in every one's diet, thiamine, nicotinic acid and riboflavin, iron, calcium, Vitamins A and D and amino-acids would be automatically provided. As soon as the millers learn how to mill a white flour which retains all the nutrients of wheat grain, we shall have no need to worry about other factors. They will be found in such flour.

Vitamin C deficiency will remain a problem. Directly or indirectly by predisposing to infections, scurvy has caused more loss of life in past wars than all the engines of war combined. It is said to have contributed to the collapse of Germany in 1918. This time the Germans have built up a huge reserve of synthetic ascorbic acid for this war.

Scientists point out that an absence of given quantities of Vitamin A, B-1, C and D from the diet rapidly affects both the morale and physical conditions of the people. At present it is thought that the French are being systematically deprived of foods containing those highly important vitamins. Therefore France is kept short of fish liver oils which carry vitamins A and D and citrus fruits carrying vitamins C and B.

Ascorbic acid is found in citrus fruits and tomatoes and in potatoes. The latter are cheap. The fruits are

not. It remains a problem of distribution. Now the food habits so difficult to change should interfere not at all. We still would have our white flour, white bread, white sugar, margarine, lard, but these would be good and efficient. Malnutrition in such circumstances would vanish as a public problem and with it undoubtedly would go much other disease.

The day has come when the science of nutrition must be recognized as an instrument of social policy. To put existing knowledge of nutrition to work is a duty now and with willingness on the part of the Government to cooperate with science and industry, enlightened procedure by industry and vigorous leadership by those who have influence on public opinion, this will be done.

Now we shall detail the study of individual vitamins. It will be of interest to note what vitamins are, and what their place is in animal economy. Vitamins have to do with those biochemical mechanisms which are concerned with the transformation of food and energy into the many forms of activities essential to normally functioning organisms.

Knowledge of the vitamins is a comparatively recent development in the field of medicine.

Vitamin A was demonstrated as the activity of carotene in 1929.

The antiberiberi factor of Vitamin B Complex was isolated in 1926 by Jansen and Donath. In 1934 Williams published an improved method for the isolation of this and soon offered a chemical structure for it. Therefore Vitamin B-one is now available on a commercial basis at \$1.00 per gram. During the past five years we have seen the isolation, identification and synthesis of riboflavin, nicotinic acid, pantothenic acid, Vitamin B₆ and Choline.

Vitamin C was isolated in 1927 but it was not until 1932 that it was synthetically developed commercial-

(Continued on page 50)

FEBRUARY MEETING

J. M. ROGOFF, M. D.

Professor of Endocrinology,
School of Medicine, University of Pittsburgh

Subject:

The Adrenal Glands in Relation to Hypertension and Diabetes

Dr. Rogoff has done fine work on problems of physiology. He has given careful attention particularly to the functions of the endocrines. In fact, from his facile pen we have many valuable contributions in this field. Including his papers on various other phases of experimental medicine, his articles number more than one hundred fifty. He prepared the chapter on the Adrenal Medulla in *Glandular Physiology and therapy* in the treatise issued by the A.M.A. In *Adair's Obstetrics and Gynecology*, he wrote the chapter on the Physiology of Reproduction. He wrote, also, for *Cowdy's Special Cytology* the chapter on the Adrenals.

Dr. Rogoff is the discoverer of the indispensable hormone of the Adrenal Cortex. Further, he originated the modern treatment of Addison's Disease, using extract of Adrenal Cortex and Saline.

In addition to his M. D. degree, Dr. Rogoff, is a Ph. G., and an honorary Doctor of Science. His memberships and fellowships show his affiliation with about all the special Societies having to do with investigative medicine. Among these are the American Association for the Advancement of Science (Fellow), American Physiological Society, Society for the Study of Internal Secretions, and many more. Besides, he is a fellow of the A.M.A. and a member of the Cleveland and Pittsburgh local Medical Societies.

His subject is one of very great importance and the speaker is certain to give us a most worth-while discussion of it.

YOUNGSTOWN CLUB

Tuesday, February 17th

8:30 P. M. (W. T.)

March

Brings no "ill wind" to our Scientific Program—

DR. ROY W. SCOTT

Professor Clinical Medicine
Western Reserve University Medical School

Dr. Scott is one of those rare men of great eminence who is as "easy as an old shoe"! Youngstown Medical know him and appreciate him. We are lucky and pleased that he is bringing to us the benefits of his long and scholarly experience as a leading expert in chest diseases, particularly of the Cardio-Vascular system.

April

POST GRADUATE DAY

A Group from Northwestern University, Chicago.



In Military Service

Raymond S. Cafaro

Sidney L. Davidow

Samuel Epstein

S. D. Goldberg

J. S. Goldcamp

Joseph P. Keogh

Herman H. Ipp

O. M. Lawton

Stanley A. Myers

Thomas E. Patton

Asher Randell

J. A. Renner

Henry Sisek



Recently Returned from Military Service

Ivan C. Smith

Myron H. Steinberg

J. J. Wasilko

The Vitamins

(Continued from page 47)

ly. It was the first vitamin to become available in synthetic form.

Vitamin D was the first one to be given serious chemical consideration. It was shown by Steenbach and Black in 1925 that crude cholesterol could be activated by ultraviolet light. Soon

the complete structure of sterols was elucidated.

Vitamin E was produced in crystalline form in 1938, particularly by P. Karrer.

Vitamin K was discovered in 1929 by Henrik Dam when he discovered accidentally that his experimental chicks regularly had subcutaneous hemorrhages.

(To Be Concluded Next Month)

SYMPOSIUM ON CIVILIAN DEFENSE

Thursday Noon—February 12

Beginning long before the entrance of the United States into the War, there has been an increasing interest in National Defense. This movement at first concerned itself with the production of arms for Britain and Russia and the raising and equipping of an armed force within our own borders. Now that this country is actively participating in the conflict, the problem has become one of offense as well as defense by armed forces; for it is pretty well realized that wars are won by active offensive tactics and not by vigorous defense alone.

Modern warfare involves the entire population of a nation. No longer are wars waged on the field of battle by opposing armies (like opposing teams in a sporting event) until a decision is reached and the game is over. In this war saboteurs and flying forces range far beyond the combat areas, aiming at the destruction of civilian morale and the disruption of the production of vital equipment.

Youngstown is an important center of production and as such is liable to attack, not only by air but by fifth column activity. Stoppage of production of steel in this and other centers would be a vital blow against our war effort, and attacks aimed at our

plants and civilian population must be expected and preparation made for them. Such preparations are being made now under the direction of Lt. Colonel Donald Lynn who is in charge of Civilian Defense in this area. In this important task the doctors must necessarily have a prominent part. Organization of the physicians for the handling of civilian casualties is in charge of Dr. O. J. Walker. The dental profession is expected to co-operate with the medical men under the direction of Dr. W. J. McCarthy.

In order to bring a clearer understanding of the part they are expected to play in civilian defense, the Medical-Dental Bureau is sponsoring a Symposium on Civilian Defense at the monthly luncheon in the Piccadilly Room of the Tod Hotel at noon on February twelfth for all physicians and dentists of this city. The speakers at the Symposium will be Lt. Colonel Donald Lynn, Dr. O. J. Walker and Dr. W. J. McCarthy. All dentists and physicians of this vicinity are cordially invited to attend as guests of the Bureau to hear the details of the organization. Reservations should be made by calling the Bureau.

J.L.F.

February

Information for Physicians in the Handling of Communicable Diseases**SCARLET FEVER**

By R. G. MOSSMAN, M. D.
Youngstown Commissioner of Health

Scarlet fever is a communicable disease spread through direct contact with nose, throat, or other secretion of a person who has the disease or from articles or hands freshly soiled with such discharges. Milk or ice cream may carry the disease if handled by an infected person.

It takes three to seven days (usually four) from the time a person is exposed until he shows signs of having the disease.

Scarlet fever is communicable from the onset of symptoms until all abnormal discharges have ceased.

Desquamation or peeling begins eight to ten days from onset.

To prevent spread of scarlet fever the person affected must be kept completely away from every other person until recovery is complete or all abnormal conditions of nose, throat and ear have disappeared.

Only one responsible person, who has been instructed in preventative measures should care for the person sick with scarlet fever. No other person should come within the room.

Discharges from mouth, nose, throat, or any open sores should be collected in paper napkins or clean cloths, wrapped in newspaper and burned at once.

Waste food from plate or tray should be wrapped in newspaper and burned at once. Liquid waste should be emptied into toilet.

Dishes should be boiled twenty minutes immediately upon removal from sick room.

Linens should be put into a bucket of water in sick room, boiled twenty minutes and then washed as usual.

Hands should be soaked in anti-septic solution—lysol— $\frac{1}{2}$ teaspoon to two quarts of water, before leaving sick room, then washed thoroughly with soap and water, everytime anything is touched about the patient or in the sick room.

When card is removed by health officer, patient should be given cleansing bath, hair washed and all clean clothes put on. Thoroughly clean sick room, furniture and bed with soap and water. Burn all books and toys that cannot be washed thoroughly in hot soap water. Expose mattress and pillows to sun for six hours.

The state law says that all cases of scarlet fever shall be quarantined for at least twenty-one days from beginning of last case of disease or until recovery is complete. All persons living on the premises shall remain within quarantine except adults who do not go within patient's room or come in contact with articles from the patient. Such adults may go to work within the following limitations: that they do not ride street car, bus or public conveyance, that they do not handle food, milk, meat, or other edible things, that they do not work within doors among groups of people, or have contact with other people. Children who have had scarlet fever (determined by a health department record) may be removed to another house where there are no other susceptible children, and there quarantined for a period of seven days from date of last exposure to the disease. If no symptoms then appear they may be released providing they do not return to quarantined house until quarantine is lifted.

◆

Secretary's Report

The regular January Council meeting was held at the office of the Secretary, 101 Lincoln Avenue, Monday, January 12, 1942.

The Annual Banquet was held at the Youngstown Club, January 20th. The attendance numbered about 200. Mr. Mack Sauer was the guest speaker and the music was furnished by Ditmansen's Musical Clowns.

G. M. McKELVEY, M. D., Secretary.

WAR BULLETIN

(Intended to have been read at the Annual Meeting, Youngstown Club, January 20th)

Here's the latest Official Information on Procurement and Assignment of Physicians; New Enrollment Blank to be issued; all Physicians to be given opportunity to volunteer for some kind of service

By Chas. S. Nelson, Executive Secretary, Ohio State Medical Association

In view of new and urgent demands of the Army and Navy for additional medical personnel the Procurement and Assignment Service is preparing and will have in circulation very soon a NEW ENROLLMENT BLANK for use of all members of the medical profession, according to official information just received from Washington.

The new enrollment blank will be a SUBSTITUTE for the enrollment blank issued by the Procurement and Assignment Service on December 18 and which was published in the December 27 and January 3 issues of The Journal of the American Medical Association.

Complete details regarding the new blank and procedure, if available in time, will be published in the forthcoming February 1 issue of The Ohio State Medical Journal. However, here are a few high lights of the present situation and the contemplated plans of the Procurement and Assignment Service:

1. When the first enrollment blank which was authorized on December 18 and has been in circulation for the past several weeks, was prepared, the Army was in need of approximately 1,500 physicians to bring its medical personnel to war strength.
2. The purpose of the first enrollment blank was to obtain the services of at least that number of physicians, *preferably those under the age of 36 years*. Only those ready to volunteer for IMMEDIATE SERVICE were wanted by the Army at that time. In other words, *the Procurement and Assignment Service has assumed that those who signed that blank were prepared to report at once for active military service.*
3. Records of physicians who signed the blank authorized on December 18 on file with the American Medical Association have been checked and those meeting specified qualifications *are being notified to report to the nearest Corps Area headquarters to file an application for a commission in the Medical Corps.*
4. During the past few weeks, *the situation has changed materially.* The War Department has announced plans for mobilizing an army of 3,600,000 men as soon as possible. A big increase in the personnel of the Navy has been authorized. *This means that many more physicians will be needed for the armed forces.* The War Department conservatively calculates that it needs six medical officers per 1,000 men, excluding medical officers needed for administrative duties at posts and establishments under the jurisdiction of the War Department. An army of 3,600,000 men therefore will require at least 21,600 medical officers. No figures can be released as to the size of the Army at present but the Procurement and Assignment Service has stated that a substantial shortage of medical officers exists. This does not take into consideration the present and anticipated needs of the Navy.

Thus as time goes on *every physician is likely to find that his services*

February

in some capacity will be required to win the war. Physicians under 36 years of age who can qualify are especially wanted at this time by the Army and Navy. If the need for medical officers is not met from the physicians in that age bracket, physicians under 45 years of age will be called. *All physicians under 45 years of age are subject to call under the amended Selective Service Act,* but it is the hope of the Army and Navy that their medical needs will be met through volunteers. *Physicians over 45 years of age,* except in special instances and where an older physician has some outstanding qualification for active service, will be expected to man the "home defenses"—serving the civilian population, examining for Selective Service Boards, working in Civilian Defense programs, public health, industrial practice, etc.

6. Moreover, physicians in the older age brackets and younger physicians who cannot meet the Army and Navy physical requirements, *will be given an opportunity to volunteer for assignments to various governmental departments where medical personnel is required.* All medical reserve officers in governmental departments and agencies have been notified that they are now considered available for active military duty. If these men are assigned to active service with the Army and Navy, vacancies will have to be filled by physicians now in civilian practice.

7. *Therefore, the primary purpose of the new enrollment blank which will be issued soon by the Procurement and Assignment Service will be to give every physician an opportunity to volunteer for some kind of service in the winning of the war.*

8. Present plans of the Procurement and Assignment Service with respect to the new blank are as follows: *Each physician will be asked to state (1) that he will volunteer his services in the interest of the national emergency; (2) to state his first, second, third, and fourth choice of the agencies in which he will be willing to serve for the duration of the war (a list of every military, governmental, industrial and civil agency requiring the services of physicians will be furnished with the blank.)* In addition, each physician will be provided with the physical requirements for service with the various agencies and he will be asked to make a physical evaluation of himself so that he may determine for himself with which agency he is physically qualified to serve.

9. Each physician who enrolls in some capacity with the Procurement and Assignment Service *will be provided with a numbered button, certifying that he has offered his services in the interests of national defense.* "Thus," as the Procurement and Assignment Service has stated, "those who remain at home in an essential capacity will derive the satisfaction of knowing that they have offered their utmost to the national emergency and that this offer has been formally recognized by the Procurement and Assignment Service."

When local Committees on Medical Preparedness recommend new physicians for service with draft boards in examining registrants, it would be advisable for them to suggest the names of physicians more than 45 years of age who will *not* be subject to the Selective Service Law, or those physicians who cannot qualify physically under the draft law. If this is done, when younger physicians enter active service replacements among draft board examiners can be kept at a minimum.

It has been reported that the physicians in several counties of moderate size are contemplating the formation of volunteer hospital units for service

with the Army or Navy. THIS SHOULD NOT BE DONE AT THIS TIME. Some of the metropolitan areas are able to spare the number of physicians necessary for such units but most of the counties can not form such a unit without stripping the community of necessary medical personnel. When and if additional evacuation or base hospital units are needed the Army and Navy will handle the matter in a way which will not jeopardize the medical and health needs of any community.

Every possible effort is being made by the Committee on Medical Preparedness of the State Association to keep the profession generally adequately informed on the role of the profession in the war. However, there are so many new developments from day to day that it is almost impossible to keep up to date on all matters. We will supplement articles in *The Journal* with special bulletins, relying on Medical Preparedness Chairmen and local Secretaries to disseminate the information locally. For this reason, it is very important for each local Committee on Medical Preparedness to be on the alert. Please see that as many members of your society as possible promptly get the information contained in special bulletins.

SINCE LAST MONTH

Nurses Elect New Officers

The local Nursing Organizations have elected officers for 1942 as follows:

Ohio State Nurses Association District No. 3—President, Mrs. Edna Viets; Vice President, Miss Golda Kilpatrick; Secretary, Mrs. Jean Smith; and Treasurer, Mrs. Anne Schetz.

Youngstown Hospital Nurses Alumnae Association — President, Miss Novello Scott; Vice President, Miss Ann Thomas; Secretary, Miss Edna Gordon; and Treasurer, Miss Irma Kreuzweiser.

St. Elizabeth's Hospital Nurses Alumnae Association — President, Mrs. Mary McCabe; Vice President, Mrs. Catherine Knirk; Secretary, Miss Therese Strouss; and Treasurer, Mrs. Helen McCauley.

With the A. E. F.

Four District nurses have landed in Northern Ireland with the A. E. F.: Lieut. Agnes Kean, Second Lieut. Dorothy Dibble and Second Lieut.

Freda Thiel, graduates of the Youngstown Hospital School of Nursing and Lieut. Florence McBride of Youngstown.

When the nurses of No. 4, General Hospital Western Reserve University Unit left Cleveland, January 19th to join the Medical Staff, Miss Elizabeth Boyer was among the nursing unit in the capacity of anaesthetist. Miss Boyer is a graduate of Youngstown Hospital School of Nursing.

Dr. B. S. Goldstein has returned from a vacation at Miami Beach, Fla.

Dr. and Mrs. O. J. Walker spent the holiday season with their son, Jack, who is in the Medical Training Corps at Camp Lee.

Dr. Wilfred I. Carney, son of Mr. and Mrs. J. Carney, 115 Park Ave., was appointed captain recently at Camp Wheeler, Macon, Ga., where he is stationed in a medical unit.

Dr. and Mrs. J. L. Scarnecchia announce the birth of a daughter January 26, at St. Elizabeth's Hospital.

Bertram B. McElhaney, M. D.

Born October, 1872

Died January, 1942

Dr. B. B. McElhaney was born in Sharon, Pa., October, 1872. He resided during his early life in Sharon, Girard, and Canfield. Thus he spent practically his entire life in this community. He graduated in Medicine from the Western Reserve University of Cleveland in 1900. He was a close friend of Dr. Sollman, Dean of the School of Medicine, and received his course in anatomy from the late Dr. C. U. Hamann whom he greatly admired and who gave him an average of 99% for his three year course in anatomy. Of this he was justly very fond. He served his Internship at Youngstown Hospital and practiced general Medicine and Surgery in Youngstown until 1928. In 1928 after special training in Orthopedic Surgery in Boston, he limited his practice to Orthopedics. He was a member of the attending Surgical staff at St. Elizabeth Hospital until 1937 when he became a member of the consulting staff.

Dr. McElhaney was a man of ster-

ling integrity with the interest of his patients always foremost in his mind. He loved out-door life, was fond of hunting, fishing, golf, and tennis. He never forgot that he had helped himself through medical school by teaching athletics to fellow students.

Socially he was a member of the Elks, the Y.M.C.A., and Kiwanis. He was a member of Trinity Methodist church.

In his relations to his patients and the profession at large he was strictly ethical. He was a skillful surgeon whose technique was excellent.

Dr. McElhaney will be missed and mourned by the entire profession. His death, the result of an automobile accident sustained while crossing the street within a few feet from his home, brings to a close the life of a respected citizen and valuable member of the Medical Profession. His memory will linger always with those who knew him best.

CHARLES D. HAUSER, M. D.

ST. ELIZABETH'S HOSPITAL ANNUAL REPORT—1941

By SISTER M. GERMAINE

In our report for the year 1940, the bed capacity of the hospital was shown as 305, including 50 bassinets. Today we have 335 beds, including 50 bassinets, with twenty additional bassinets in reserve for a peak load in our maternity department. The additional beds we secured by converting some private rooms into semi-private rooms and adding fifteen beds to the second floor in the South Wing. We have now only sixty-eight private rooms in our institution. We constantly run a shortage in this accommodation.

Hospitalization continues to be on the increase. During the year 1941,

there were 11,379 patients admitted, an increase of 1249 over the year 1940. There were 95,031 days' care rendered with an average stay of 8.3 days for each patient. Of the total number admitted, there were 1855 babies born in the hospital. This number includes nineteen pairs of twins. About 45.6% of the patients entering the hospital had some form of hospital insurance. The daily average census was 261.

Accident Rooms

There were 3397 patients treated in the accident rooms.

Out-Patient Department

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ported 3666 clinic visits.

Surgery

Total of 4330 operations.

Clinical Laboratory

50,023 laboratory tests made.

Physiotherapy

6264 treatments given.

Dietary Department

Average of 1327 meals served every day.

Women's Auxiliary

During the year, the Surgical Dressing Unit of the Women's Auxiliary packaged approximately 85 cases of gauze or about 60,000 small packages. The Auxiliary also raised funds for the renovation of the Maternity Department. At this time we wish to express our gratitude to the

Auxiliary for their splendid spirit and service rendered to the hospital.

Sewing Room

The report from the Sewing Room shows the following:

New Sewing—Donated Service—

Women from various parishes . . . 4,358

N. Y. A. Girls 9,685

Mended—Donated Service—

N. Y. A. Girls 16,400

Marked—Donated Service—

N. Y. A. Girls 24,528

Cut—Donated Service—

N. Y. A. Girls 5,255

We wish to express to the women who so willingly spent their time in the Sewing Room our appreciation for their able assistance. We also wish to express to the N. Y. A. our appreciation of their cooperation and assistance during the past year.

THE YOUNGSTOWN HOSPITAL ASSOC. REPORT—1941

By MR. D. A. ENDRES

The number of patients admitted to the hospital during 1941 totaled 16,251, representing an increase of 19% over the year 1940. This increase is practically the same increase that 1940 showed over 1939, being within 1%. During the year 1941 the capacity of the hospital was increased from 503 to 567 beds by the use of D ward and the re-arranging of the capacity of some of the other floors, and also by the use of the physiotherapy room and additional semi-private rooms at North Unit. Included in these figures are 69 Basinetts, 10 at South Unit and 59 at North Unit. The highest number of patients in the hospital at any one time during 1941 was 519 and the lowest number 321 which occurred on the day before Christmas and which reflects the usual exodus from the hospital on that date. The average number of patients per day was 436, an increase of 52 patients per day over 1940. Again we record a drop in the average length of stay of the patient in the hospital, representing .7 of a day at South Side and .2 of a day at North Side. The average length of stay was 10 days at South

Side and 9½ days at North Side.

The total number of in-patient days for the year was 159,204. When we examine the work done by the three major departments of the hospital, namely, Medicine, Surgery and Obstetrics, we find that Medical Work increased 10%, Surgery 8½% and Obstetrics 30%. In fact 2,020 babies were born in the hospital during 1941. It might be interesting to note the comparison of the increase of these three departments over 1940 as compared with the increase of 1940 over 1939. The Surgical department increased 3% in 1940 over 1939 as against 8½% increase in 1941 over 1940. The Medical department increased 24% in 1940 over 1939 while 1941 only increased 10% over 1940 yet the Obstetrical department while it increased 20% in 1940 over 1939, increased 30% in 1941 over 1940.

The X-Ray department served 18,421 persons. The Laboratory examinations totalled 73,916. The Emergency department took care of 7,326 individuals and the out-patient department had 8,010 visits during the year which was 1,135 visits less than 1940.

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VENEREAL CLINIC REPORT 1941

Dr. R. G. Mossman, Commissioner of Health,
City of Youngstown.

Dear Doctor Mossman:

We submit herewith a report of the work of the Venereal Clinic for 1941. For purposes of comparison we show in a parallel column the figures for 1940.

Respectfully submitted,

CLAUDE B. NORRIS, M. D., Chief of Clinic and of Syphilis
HENRI SCHMID, M. D., Chief of Urology

	1941	1940		1941	1940
No. of Syphilis cases treated..	578	450	Other tests. Specify,		
No. of Syphilis cases—New..	189	165	Micro Exams	321	388
No. of Blood tests taken.....	987	1022	Darkfield tests.....	15	13
No. of Blood tests—Positive..	377	427	Public Lectures.....	25	47
No. of Blood tests—Negative..	610	595	Field visits.....	493	621
No. of Spinal Punctures taken	31	54	Other service		
No. of Spinal Punctures—			Eye Exams.....	80	55
Positive	3	17	Heart Exams.....	100	100
No. of Spinal Punctures—			Chest Exams.....	100	100
Negative	28	37	No. of cases of Syphilis re-		
No. of Syphilis cases			leased as cured or arrested	23	42
Hospitalized	2	7	No. of cases of G. C. released		
No. of Syphilis cases			as cured or arrested.....	32	42
referred to Pvt. M. D.....	60	78	Total Clinic Visits.....	8360	8985
No. of Syphilis clinic visits..	6909	6495	Total Cases.....	1244	1055
No. of Arsenicals given.....	2770	2308			
No. of Arsenical reactions....	1	1	Personnel—Regular		
No. of Bismuth given.....	3216	2360	Physicians	2	2
No. of cases of G. C. treated	268	258	Nurse	1	1
No. of G. C. cases—New.....	60	121	Clerk	1	1
No. of Smears, examined			Laboratory	1	1
wet and stained.....	321	253	Orderly	1	1
No. of stained smears—			Janitress	1	1
Positive for G. C.....	55	86	Total	7	7
No. of stained smears—					
Negative for G. C.....	72	167	Rotating Service		
No. of G. C. Cases			Physicians	4	4
Hospitalized	1	0	Nurses	2	2
No. of G. C. Cases			Consulting Physicians	2	2
referred to Pvt. M. D.....	6	28	Total	8	8
No. of Complications.....	1	4			
Total G. C. Clinic visits.....	1451	1945	◆		
No. of cases of Chancroid			NOTICE		
treated	1	2	To those whose 1942 dues		
No. of cases of Chancroid			are not paid		
—New	1	2			
Total Chancroid Clinic visits	15	30	The March issue of the Ohio State		
No. of cases referred to			Medical Journal will be mailed only		
Pvt. M. D.	0	0	to those whose dues are received at		
No. of cases hospitalized....	0	0	Columbus on or before February		
No. of urine tests made.....	203	301	16th. To be sure of receiving the		
No. of urines tested for Sugar	203	301	Journal continuously and to be sure		
No. of urines Positive for			of receiving membership benefits and		
Sugar	46	21	services at all times, every physician		
No. of urines Negative for			should make an effort to meet the		
Sugar	157	280	February 16th, deadline.		
No. of urines tested for					
Albumin	203	301			
No. of urines Positive for					
Albumin	3	18			
No. of urines Negative for					
Albumin	200	283			

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(Infants' Department—Second Floor—McKelvey's)



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Tears

The ways are dark and still no daybreak nears:
 The lust for power has made itself supreme;
 Swift flying death prevails, continents seem
 Like homes for scavengers; truth disappears;
 Unreasoned hatred prompts the hidden fears
 To greedy conquest, violence extreme,
 Till terror, outrage, anguish make us deem
 This orb had fast become a world of tears.
 Yes, once there was an age when reptiles flew;
 As well, a time of dinosaur and shark;
 Of pachyderms and beasts without a chin;
 Of predatory things with brains that grew
 Too near the tail for tears. It still is dark;
 But there are tears, and these make us akin.

WARREN DEWEESE COY, M. D.

RECOMMENDATIONS TO ALL PHYSICIANS

With Reference To The National Emergency

(From Pittsburgh Medical Bulletin)

Inasmuch as this material represents one of the most important responsibilities of the medical profession at the present time, it is the opinion of the Assignment and Procurement Service that it deserves the most prominent place in your Journal it can be given. It is of equal importance to doctors themselves since it clarifies quite largely the demands which will be made upon the medical profession.

Frank H. Lahey, M. D., President
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 Sam F. Seeley, M. D., Executive
 Officer.

Recommendations To All Physicians Under 45

All male physicians in this category are liable for military service and those who do not hold commissions are subject to induction under

the Selective Service Acts. In order that their service may be utilized in a professional capacity as medical officers, they should be made available for service when needed. Wherever possible, their present positions in civil life should be filled or provisions made for filling their positions, by those who are (a) over 45, (b) physicians under 45 who are physically disqualified for military service, (c) women physicians, and (d) instructors and those engaged in research who do not possess an M. D. degree whose utilization would make available a physician for military service.

Every physician in this age group will be asked to enroll at an early date with the Procurement and Assignment Service. He will be certified for a position commensurate with his professional training and experience as requisitions are placed with the Procurement and Assign

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ment Service by military, governmental, industrial or civil agencies requiring the assistance of those who must be dislocated for the duration of the national emergency.

Recommendations To All Physicians Over 45

All physicians over 45 will be asked to enroll with the Procurement and Assignment Service at an early date. Those who are essential in their present capacities will be retained and those who are available for assignment to military, governmental, industrial or civil agencies may be asked by the Procurement and Assignment Service to serve those Agencies.

The maximal age for original appointment in the Army of the United States is 55. The maximal age for original appointment in the Naval Reserve is 50.

Recommendations To Hospital Staff Members

Internes with more than 12 months of internship, assistant residents, fellows, residents, junior staff members, and staff members under the age of 45, fall within the provisions of the Selective Service Acts which provide that all men between the ages of 20 and 45 are liable for military service. All such men holding Army commissions are subject to call at any time and only temporary deferment is possible, upon approval of the application made by the institution to the Adjutant General of the United States Army certifying that the individual is temporarily indispensable. All such men holding Naval Reserve commissions are subject to call at any time at the discretion of the Secretary of the Navy. Temporary deferments may be granted only upon approval of applications made to the Surgeon General of the Navy.

All men in this category who do not hold commissions should enroll

with the Procurement and Assignment Service, which under the Executive Order of the President is charged with the proper distribution of medical personnel for military, governmental, industrial, and civil agencies of the entire country. All those so enrolled whose services have not been established as essential in their present capacities will be certified as available to the Army, Navy, governmental, industrial, or civil agencies requiring their services for the duration of the war.

Recommendations To Twelve Months Internes

All internes should apply for a commission as First Lieutenant, Medical Corps, Army of the United States, or as Lieutenant (J. G.), United States Navy or Navy Reserve. Upon completion of 12 months' internship, except in rare instances where the necessity of continuation as a member of the staff or as a resident can be defended by the institution, all who are physically fit may be required to enter military service. Those commissioned may then expect to enter military service in their professional capacity as medical officers; those who failed to apply for commission are liable for military service under the Selective Service Acts.

Recommendations To Recent Graduates

Upon successful completion of the medical college course, every individual holding commission as a Second Lieutenant, Medical Administrative Corps, Army of the United States, should make immediate application to the Adjutant General, United States Army, Washington, D. C., for appointment as First Lieutenant, Medical Corps, Army of the United States. Every individual holding commission as Ensign H. V. (P) U. S. Navy Reserve, should make immediate application to the Commandant of his Naval District for commission as Lieutenant (J. G.) Medical

Corps Reserve, U. S. Navy. If appointment is desired in the grade of Lieutenant (J. G.) in the regular Medical Corps of the U. S. Navy, application should be made to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

Graduates who have failed to obtain a Medical Administrative Corps or Ensign Commission run the risk of being inducted into the military service as enlisted men under the provisions of the Selective Service Act.

Recommendations To Medical Students

A. All students holding letters of acceptance from the Dean for admission to medical colleges and freshmen and sophomores of good academic standing in medical colleges should present letters or have letters presented for them by their deans to their local boards of the Selective Service System. This step is necessary in order to be considered for deferment in Class II-A, as a medical student. If local boards classify such students in Class I-A, they should immediately notify their deans and if necessary exercise their rights of appeal to the Board of Appeals. If, after exhausting such rights of appeal, further consideration is necessary, request for further appeal may be made to the State Director and if necessary to the National Director of the Selective Service System. These officers have the power to take appeals to the President.

B. Those junior and senior students who are disqualified physically for commissions are to be recommended for deferment to local boards by their deans. These students should enroll with the Procurement and Assignment Service for other assignments.

C. All junior and senior students in good standing in medical schools, who have not done so, should apply

immediately for commission in the Army or the Navy. This commission is in the grade of Second Lieutenant, Medical Administrative Corps of the Army of the United States, or Ensign H. V. (P) of the United States Navy Reserve, the choice as to Army or Navy being entirely voluntary. Applications for commission in the Army should be made to the Corps Area Surgeon of the Corps Area in which the applicant resides and applications for commission in the Navy should be made to the Commandant of the Naval District in which the applicant resides. Medical R. O. T. C. students should continue as before with a view of obtaining commissions as First Lieutenants, Medical Corps, upon graduation. Students who hold commissions, while the commissions are in force, come under the jurisdiction of the Army and Navy authorities and are not subject to induction under the Selective Service Act. The Army and Navy authorities will defer calling these officers to active duty until they have completed their medical education and at least 12 months of internship.

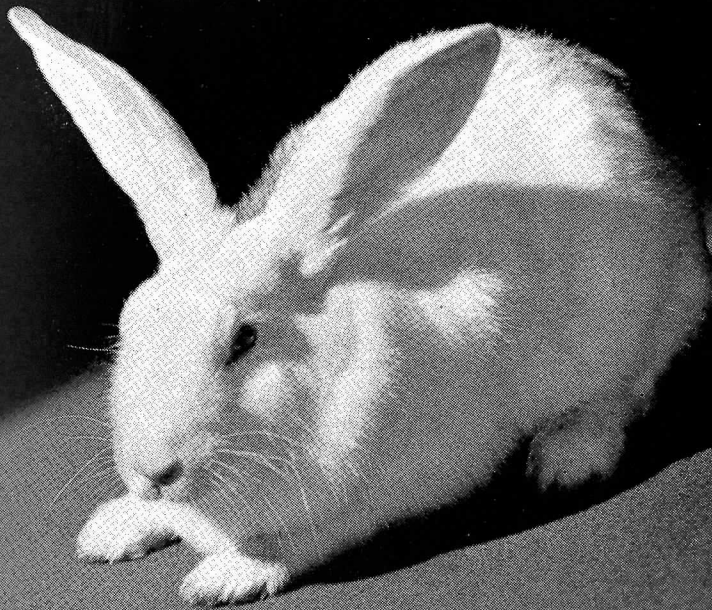
(From Chicago Medical Bulletin)

"A man should learn to detect and watch that gleam of light which flashes across his mind from within, more than the lustre of the firmament of bards and sages. Yet he dismisses without notice his thought, because it is his. In every work of genius we recognize our own rejected thoughts: they come back to us with a certain alienated majesty. Great works of art have no more affecting lesson for us than this. They teach us to abide by our spontaneous impression with good-humored inflexibility then most when the whole cry of voices is on the other side. Else, to-morrow a stranger will say with masterly good sense precisely what we have thought and felt all the time, and we shall be forced to take with shame our own opinion from another."

—Emerson.

Rabbit #146-B3

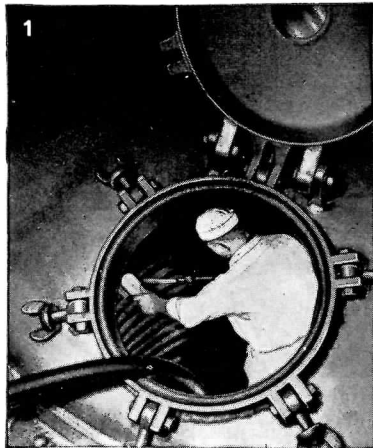
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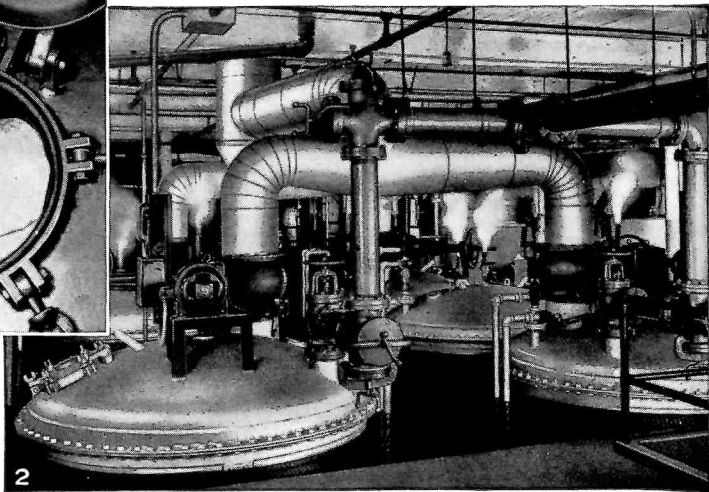
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