



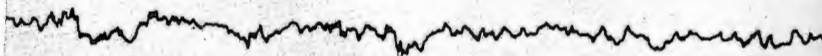
BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

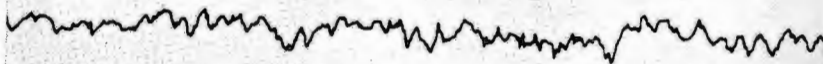
JUNE • 1956
Vol. XXVI • No. 6
Youngstown • Ohio

WHAT IS THE DIFFERENCE BETWEEN A TRANQUILIZER AND A SEDATIVE?

Comparison of the effect of Raudixin (tranquilizer) and a barbiturate (sedative) on the cortical electroencephalogram



No drug.



After Raudixin. E. E. G. not altered.



After barbiturate. Typical "spindling" effect.

Because barbiturates and other sedatives depress the cerebral cortex, the sedation achieved is accompanied by a reduction in mental alertness.

Raudixin acts in the area of the midbrain and diencephalon, and does not depress the cerebral cortex. Consequently, the tranquilizing (ataractic) effect achieved is generally free of loss of alertness.

RAUDIXIN

Squibb Whole Root Rauwolfia Serpentina

DOSEAGE: 100 mg. b.i.d. initially; may be adjusted within a range of 50 mg. to 500 mg. daily. Most patients can be adequately maintained on 100 mg. to 200 mg. per day.

SUPPLY: 50 mg. and 100 mg. tablets; bottles of 100, 1000 and 5000.

SQUIBB



Squibb Quality—the Priceless Ingredient

*RAUDIXIN® IS A SQUIBB TRADEMARK

OFFICERS AND COUNCIL

OFFICERS

G. E. DeCICCO, Pres. 1008 Market Street	S. W. ONDASH, Pres.-Elect 2710½ Mahoning Ave.	A. A. DETESCO, Secy. 2921 Glenwood
A. K. PHILLIPS, Treas. 250 Lincoln Avenue	C. W. STERTZBACH 3610 Market St. Editor of Bulletin	MARY B. HERALD, Exec. Secy. 125 West Commerce Street

Censors

V. L. GOODWIN ('56)
J. D. BROWN ('57)
I. C. SMITH ('58)

Delegates

M. W. NEIDUS ('56)
A. RANDELL ('58)

Alternate Delegates

FRED G. SCHLECHT ('56)
P. J. MAHAR ('56)
H. N. BENNETT ('56)

Representative to the Associated Hospital Service

H. E. PATRICK

TABLE OF CONTENTS

Vol. XXVI—No. 6	June, 1956
President's Page	220
Councilor's Page	222
Pre-Operative Medication	224
Woman's Auxiliary News	228
Safety	230
Proceedings of Council	232
Have You Met	234
News Notes	238
Pearls at Random	241
Health Legislation	254

ADVERTISERS' LIST

Blair's Dry Cleaning	250	O'Linn's Drugs	250
Borcherdt Malt Extract	250	Pfizer	225
Bowman Drugs	240	Renner's	248
Ciba	242	Schering	223, 227
First Cleveland Corp.	239	Scott	244
Harvey, G. F. Co.	252	Squibb	218, Cover
Laeri's Pharmacy	248	Stillson & Donahay	240
Lakeside	231	Thornton Dry Cleaning	248
Lester's Pharmacy	252	Upjohn	229
Lilly, Eli & Co.	255	Yo. Com. for Education on Alcoholics	244
Lyons Physician Supply Co.	242, 246	Youngstown Spievak Limb Co.	248
Mahoning Pharmacy	252	Zemmer Company	252
Medical-Dental Bureau	233		

Our President Speaks

June is here again! Vacation time is at hand and one of the few times that we can spend with our families without frequent interruptions. A physician's daily work schedule leaves little time for other than professional duties. Many of you will take to the highways. Drive with care and enjoy yourselves leaving your problems at home.



During the summer months our Medical Society meetings are suspended. For the past few years the attendance at our meetings has been dwindling. This problem is a serious one. It is not limited to the Mahoning County Medical Society as many societies are afflicted with the same symptoms. What is the etiology? What is the treatment? Many of the groups have limited scientific sessions to about four a year. Some precede the meetings with a dinner — others follow with a buffet lunch. What should we do?

I wish all of you would give this problem serious consideration. Jot down your ideas and give or send them to me. At one time the meetings were very well attended and our Society was considered one of the liveliest in Ohio. We were one of the first to sponsor a Post-Graduate Day. With your help we can again have a real "live-wire" society.

Drive carefully and look out for the other driver. Have an enjoyable vacation but don't over do it. Then come back refreshed and let's start the September meeting with a Bang!

G. E. DeCicco, M.D.

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00



Volume 26

June, 1956

Number 6

Bulletin Staff for 1956

AGEY, WAYNE L.
New Members and
Receiving Hospital

FISHER, JAS. L.
10 and 20 Years Ago

RUTH, PAUL E.
St. Elizabeth Hospital News

STEINBERG, M. H.
50 Year Members and
Special Assignments

ALLEN, HERMAN L.
Society Program and
Youngstown Hospital News

GUSTAFSON, C. A.
6th District News

SCHLECHT, FRED
AMA News Editor

TORNELLO, R. L.
Editor Emeritus

BLOOMBERG, L.
What's New — T.B. San.
Special Assignments

RESCH, FREDK. A.
G.P. News and Activities

WALTER, CLYDE K.
Special Assignments

MRS. L. W. WELLER
Women's Aux. News

EDITORIAL

The Mahoning County Medical Society could and should be one of the most cohesive, enterprising, and influential organizations in the Mahoning Valley.

We are critical of other organizations governed by a minority, but seldom does a quorum attend one of our monthly meetings. Everyone of us demonstrated with our graduation from medical school, that we could survive with the best through eighteen to twenty years of tests, trials, and tribulations. It took a lot of fight and grim determination for most of us. Why our enthusiasm has dwindled, I do not know. However, one thing I feel sure of is that as a group there is a solution and we should find it — the sooner, the better.

Partly for copy, and yet with a goal in mind, I would like your fifty to one hundred word written opinion for the Bulletin with or without your signature, giving your ideas, etc., as to what can be done to revive the enthusiasm in our society.

C. W. S.

COUNCILOR'S PAGE

On April 29th, Postgraduate Committees from all the county societies of the Sixth District met at Congress Lake. This was our first general get-together in preparation for the annual Postgraduate Assembly for 1956. The program this year will be held under the sponsorship of Mahoning and Columbiana Counties, and will be held at the Stambaugh Auditorium in Youngstown on Wednesday, October 24. The banquet in the evening will be held at Hotel Pick-Ohio. Let's all plan to make this meeting better and bigger than ever. Arrange your schedule now, so you will be able to attend.

There is no progress on the Jenkins-Keogh Bill (H.R. 9 and 10). Unless we put on some pressure, there will be no action. That is the bill which would permit physicians to put tax-free money into insurance plans and pay the income on this money when you collect it from the insurance company. As a group, we voted against compulsory social security and in favor of voluntary social security; forty per cent of us didn't vote at all. The government seems, up to this date, to be reluctant to give us voluntary social security. The physicians in industrial work (full time or parttime) are under social security now. Up to the present time I haven't heard of anyone who objected to being included once they are in. There may be some.

Physicians' charges have not increased, in the same proportion as have their office and living expenses. If you are in the average income bracket, you have, at the end of a busy year's work, very little to put away for a rainy day. This is a serious situation and one to which we have been paying too little attention. When we read the financial reports from industry, we realize that they have this situation pretty well solved for their retiring executives. We are certainly entitled to as much, but we can't get their plans or any plans if we don't have concerted action. We ask nothing more than the privilege of saving some of our hard earned money in this highly complicated economic age. We don't want anyone to give us anything; we are entitled to have the right to keep a little more of what we earn.

In Washington, the long fight against disability payments is now in the critical stage. Shortly, the Senate Committee will have made its decision on H.R. 7225, the social security bill. Regardless of committee action, a contest is expected on the floor of the Senate over disability payments. If you are opposed to this federal medical program, *contact your Senators immediately*, so they will know how you stand before they have to vote. Among other actions, the Senate financial committee in considering H.R. 7225, disagreed with the House and voted to continue exclusion of self-employed osteopaths. If this is sustained in conference, it will mean physicians and osteopaths would be the only large groups excluded from coverage. The committee approved House action in extending coverage to lawyers, dentists, veterinarians, naturopaths, chiropractors and optometrists. It also voted to allow farmers to pay social security taxes on their gross rather than net income in years when farm income is low, and to allow certain farm landlords to be covered if they participate in farming operations.

C. A. Gustafson, M. D.

latest reported findings...*

more complete menopausal relief
with minimal hormonal side effects

GYNETONE Repetabs

Schering

- balanced estrogen-androgen
- completely relieved all menopausal symptoms in the majority of patients*
- "...with dosages no greater than one tablet twice a day"*
- minimizing "the principal disadvantage of therapy with estrogens, uterine bleeding..."*

for individualized therapy: two strengths

GYNETONE REPETABS ".02": Ethinyl Estradiol U.S.P. 0.02 mg. plus
5 mg. Methyltestosterone U.S.P.

GYNETONE REPETABS ".04": Ethinyl Estradiol U.S.P. 0.04 mg. plus
10 mg. Methyltestosterone U.S.P.

GYNETONE,® combined estrogen-androgen.

REPETABS,® Repeat Action Tablets.

*Moravec, C. L., and Moravec, M. E.: New York J. Med. 55:2775, 1955.

Schering

CT-J-9-488

PRE-OPERATIVE MEDICATION

It is important that the physician who writes an occasional pre-operative medication follow certain basic principles. The anesthesiologist whose pre-operative visit and medication order is a vital link in the success of any operation has found the principles to be elaborated in this paper give the best results.

The psychological preparation of the patient for surgery is something with which every physician has a part. The referring physician should explain why surgical consultation is necessary. The surgeon should then give a simple description of the procedure to be undertaken. It is sometimes alarming to discover a patient who thinks he is in for an examination, and is completely unaware that he is scheduled for major surgery.

The surgeon should not promise a particular type of anesthesia any more than the anesthesiologist should promise that the surgeon will do a certain type of operation. On occasion, patients have been told that a certain anesthetic would be harmful to them, when in reality it may be the first choice. This tends to undermine the patient's confidence in the operating team.

The anesthesiologist when making rounds, attempts to acquaint the patient with the experience he is about to have. He tells him something of the anesthesia that will be used, and the waking period in the recovery room. He explains to the patient why food and fluids are withheld before surgery. There are times when these factors may loom even larger than the surgical procedure itself.

Many agents may be used in pre-medication. A brief discussion of the more important drugs follows:

SEDATIVES: The sedating action of barbiturates makes them one of the most valuable drugs in pre-medicating patients. The short acting forms are the most commonly used. However, longer acting forms may be used prior to the day of surgery.

Generally, a short acting barbiturate such as nembutal or seconal is given at bedtime and 1½ hours prior to the scheduled surgery. The dose depends on several factors, such as physiologic age, vigor of the patient, and the emotional state. The usual adult dose is 1½ grains by mouth. In children, rectal suppositories may be used and the dose must be considered carefully to prevent an over-sedated and hypoxic child.

Chlorpromazine (Thorazine) has been used as pre-medication; however, because it potentiates analgesics and central depressants, it gives an unpredictable response in the patient under anesthesia. This factor of potentiation, plus certain undesirable side effects, eliminates it for the present from a place in routine pre-medication. If the physician who is writing an order for pre-operative medication should find by history or survey of the chart that the patient is taking chlorpromazine, the dose of sedative and narcotic should be lowered.

In children we have found that Elixir of Diphenhydramine (Elixir of Benadryl), alone, or in combination with other drugs, is an excellent agent. It not only sedates the patient but has a very useful drying effect upon secretions.

Throughout the world



TERRAMYCIN®

BRAND OF OXYTETRACYCLINE

for the treatment of many infectious diseases . . .
after six years of use by thousands of physicians
in millions of cases . . . *a continuing favorite*

A dosage form for every indication for broad-
spectrum antibiotic therapy

Pfizer PFIZER LABORATORIES, Division, Chas. Pfizer & Co., Inc., Brooklyn 6, N. Y.

At the present time there are many new non-barbiturate sedatives appearing on the market, such as, Ethinamate (Valmid) and Methypyrlyon (Noludar). These may have a place in pre-operative sedation in those individuals who, because of emotional lability or advanced age, become excited rather than sedated by the barbiturates. We have used the non-barbiturate Chloral Hytrate $7\frac{1}{2}$ -15 grains on patients over 65 years quite frequently.

In using one of the non-barbiturates in sedating patients for local anesthesia, it must be kept in mind that they do not offer protective action against toxicity of local agents as do the barbiturates.

NARCOTICS: The narcotics are an important part of pre-anesthetic preparation. They decrease anxiety, lessen the excitement stage, lower B.M.R., and make for a smooth and safer induction. The use of narcotics cuts down on the amount of anesthetic needed. They relieve pain when present, and therefore makes the sedatives more effective.

Narcotics produce respiratory depression and therefore, dosage should be given careful consideration, especially in the aged and those patients with reduced vigor. In medicating patients who are to be placed in a sitting or head-up position, the dose of narcotics should be lowered, or omitted, because of severe drops in blood pressure. In patients receiving local anesthesia, this fall in blood pressure may be accompanied by syncope.

The narcotic which is chosen may be by individual preference and any one of several may be adequate.

Meperidine for some time enjoyed the reputation of producing a lesser degree of respiratory depression than comparable doses of Morphine-Sulphate. Clinical investigation has shown that with Meperidine narcosis there is reduced tidal exchange without reduced rate. This results in a reduced minute volume which in itself may be undesirable.

BELLADONNA DRUGS: Belladonna derivatives inhibit the parasympathetic system and therefore eliminate troublesome secretions and obtund dangerous reflexes.

Atropine to the average adult is given $1/150$ or $1/200$ grain. Its maximum action is within $1\frac{1}{2}$ hours and therefore it is given with a narcotic 1 hour pre-operatively. This depresses the salivary glands and secretions of the respiratory tract. Recent investigation has shown that full atropinization ($1/75$ of a grain) produces an increase of 40% in respiratory dead space. Therefore, it is important to weigh the advantages gained with belladonna against the ill effects of added dead space. This is more significant in obstetrical than in surgical anesthesia because of the more prolonged period of sedation. It is no doubt an important factor in fetal depression.

Scopolamine increases minute volume more than atropine, and has greater drying effect upon salivary and respiratory secretions. It produces cerebral depression which normally gives desired amnesia. The above factors make scopolamine the belladonna drug of choice in the normal adult. It is contra-indicated in the aged because the cerebral depression may lead to an excited, belligerent, and irrational patient who is definitely not a candidate for anesthesia. It is because of this excitation in the older patients that we do not administer scopolamine to patients over 60 years of age. Small doses of scopolamine may be used in the pediatric patient to obtain desired amnesia. However, they generally have greater excitement during the recovery period.



simple · safe · sure

control of dandruff

and seborrheic dermatitis

simple · safe · sure

SEBIZON

- rids the scalp of scales
- relieves itching and burning
- combats bacterial infection

Available on prescription only in a convenient 4 oz. plastic squeeze bottle with applicator.

SEBIZON,® antiseborrheic preparation.

Schering

SEBIZON

In pre-medication, more than one pharmacologic action is desired. As it has been pointed out in a previous article,* more than one agent is required for balanced anesthesia, so it is that more than one drug is required for balanced pre-medication.

Charles N. Giering, M. D.
Department of Anesthesiology
Youngstown Hospital Association
Youngstown, Ohio

*Balanced Anesthesia, March '56 Bulletin (Mahoning County Medical Society)

WOMAN'S AUXILIARY NEWS

At the annual May dinner meeting of the Woman's Auxiliary to the Mahoning County Medical Society, Mrs. William H. Evans, president of the Woman's Auxiliary to the Ohio State Medical Association, installed the new officers for the coming year.

Those taking office were: Mrs. Paul J. Mahar, president; Mrs. Cary S. Peabody, president-elect; Mrs. Earl H. Young, vice president; Mrs. Sidney Franklin, treasurer; Mrs. Elmer Nagel, corresponding secretary; Mrs. Arthur Rappoport, recording secretary.

Mrs. Edward A. Shorten, program chairman of the evening, introduced three members of the Youngstown Players, Rod McDonald, Wanda Jones, and Jack Sigmund who read scenes from the works of Maxwell Anderson and Oscar Wilde. Mrs. Shorten's co-chairman was Mrs. Frank K. Inui.

Mrs. Earl Young was chairman of the social committee, assisted by Mrs. Frank Morrison, co-chairman; Mrs. Richard R. Goldcamp and Mrs. Milton Kendall.

The first board meeting of the 1956-1957 season of the Woman's Auxiliary to the Mahoning County Medical Society was held at the home of the newly installed president, Mrs. Paul J. Mahar. Plans for the coming year were discussed. Following the business meeting, Mrs. Mahar entertained the members of her board at luncheon.

Mrs. Sam Schwebel

SPRING DINNER DANCE

Over 100 couples attended the Medical Society's Spring Dinner Dance held at the Youngstown Country Club, Saturday, May 12. The guest list included the Members of the Corydon Palmer Dental Society and their wives as well as several out of town guests.

Decorations and favors were in keeping with the season and music was furnished by Fountos-Yarnell Sweet Style Orchestra. A good time was had by all those present.

Congratulations are in order to Dr. David Brody and his committee for making this such an outstanding affair. Serving on the committee were Drs. John Goldcamp, Richard Goldcamp, Sidney Davidow, Walter J. Tims, Lester Gregg and last but not least the Colony Club impresario, Dr. Ray Hall.

C. W. S.

Relax
the nervous,
tense,
emotionally unstable:

Reserpoid (Pure crystalline alkaloid)

TRADEMARK FOR THE UPJOHN BRAND OF RESERPINE

Each tablet contains:

Reserpine 0.1 mg.
or 0.25 mg.
or 1.0 mg.
or 4.0 mg.

The elixir contains:

Reserpine 0.25 mg.
per 5 cc. teaspoonful

Supplied:

Scored tablets

0.1 and 0.25 mg. in bottles of
100 and 500

1.0 and 4.0 mg. in bottles of 100
Elixir in pint bottles

The Upjohn Company, Kalamazoo, Mich.



Upjohn

SAFETY

One way to begin an article on Safety would be to state that during 1955 traffic accidents killed 38,300 persons and injured nearly one and a half million more, an 8% increase over the preceding year. At this rate, within ten years, the traffic death rate will reach 53,000 annually. Last year traffic accidents cost the nation one billion seven hundred and fifty million dollars in property damage with a total economic loss of four billion seven hundred million dollars and this figure does not include lost wages. Ohio had a total of 142,680 accidents which killed 2067 persons and injured 70,848.

Bear in mind that these figures represent only "traffic" accidents. Total accidents of all types took 90,000 lives in 1954 and injured 9,050,000. Accidents are the seventh leading cause of death under one year of age; number 1 cause of death between ages of 1 and 4; number 1 cause of death between 5 and 14; number 1 cause of death between 15 and 24; number 2 cause of death between 25 and 44; and from the age 45 upward accidents represent the 4th leading cause of all deaths.

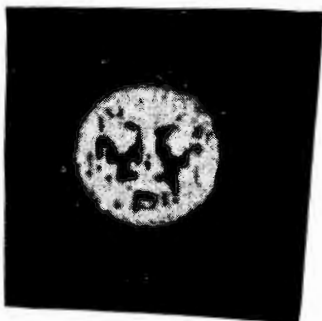
So much for the statistical picture of "accidents." There are many more data available which would make a clear and precise picture of the situation as it exists today not only nationwide but locally also. However, we are chiefly concerned here with new pathways toward correction.

There are 87 separate and large "safety" organizations in this nation. The largest and most progressive and helpful is, of course, the National Safety Council in Chicago. The approach recommended by these experts is consideration of the famous three E's — Education, Engineering and Enforcement. Yet, we in the field, know that this approach is failing to meet the problem with satisfactory results. As our efforts increase so do the accidents — and this is true in those areas outside automobile traffic also. Something is missing in our efforts and understanding. By using different methods of evaluation we sometimes are able to show a "reduction" in our accident experience but in all honesty we must admit this is an illusion. It is as though this whole problem is a jig saw puzzle and we are missing some of the key pieces.

The writer has been engaged in police effort and public safety for the past 26 years and he has always been impressed with the emotional factors pertinent to the "accident" victim. He has participated in extensive and interesting research in this direction and he believes that more answers will be found in this field than in any other during the next ten years. The following concept is intended to represent a challenge to the Medical Profession and impetus will be given to it by virtue of the scientific Medical Authority resulting from research done by Flanders Dunbar, M.D.

At the risk of being sued I shall quote freely from a Copyrighted work of hers entitled, "Mind and Body: Psychosomatic Medicine," published in New York by Random House Inc.

(Continued on page 247)



relieves peptic ulcer



day after day after day.....

CHOLINOLYTIC

PIPTAL®

.....week after week after week

- normacid gastric action
- normalizes G.I. tonus and motility
- prolongs remissions, curbs recurrences
- virtually free from "anticholinergic" side effects

1 tablet t.i.d. before meals and 1 or 2 tablets at bedtime. PIPTAL is the only brand of N-ethyl-3-piperidyl-benzilate methobromide.

L LAKESIDE

3333

PROCEEDINGS OF COUNCIL

The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the offices of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio, on Monday, May 14, 1956.

The following doctors were present: G. E. DeCicco, President, presiding; M. W. Neidus, S. W. Ondash, H. N. Bennett, C. W. Stertzbach, F. G. Schlecht, I. C. Smith, A. K. Phillips, A. A. Detesco, V. L. Goodwin, and A. Randell comprising the Council, also Dr. H. P. McGregor, Chairman of the Canfield Fair Committee.

Dr. DeCicco read a letter from the Department of Health of the Public Schools of Youngstown concerning the requirement of annual chest X-Rays for continued employment of personnel as recommended by the American Medical Association and the National Education Association. Council directed a reply stating that the Society is in concurrence with the program and recommends its continuance on a permanent basis. Council also recommended the referral of any abnormal findings to a physician of the patient's choice.

The appointment of Dr. Gustafson as Chairman of the Legislative Committee, and Dr. H. Smith as Chairman of the A.M.A. Education Committee, in replacement of the late Dr. W. M. Skipp was announced by Dr. DeCicco.

Attention was called to the availability of the Tuberculosis Sanitarium for indigent patients. The matter was referred to the Indigent Relief Committee for study.

Society membership in the Youngstown Chamber of Commerce was discussed. Council recommended presenting the matter to the membership at the June meeting.

Dr. McGregor presented to Council his views concerning the forthcoming Canfield Fair.

The following resolution adopted by the Polio Committee was read: "We unanimously recommend that the "polio" vaccine not be given in the schools, rather that it be made available for use by the private physician. Of the amount allocated the private physician by the City Board of Health, preference be given by the physician to the children of kindergarten, first and fourth school grade age. Since this vaccine is available to physicians free, that an office call charge be made. If it is agreeable to the Council, it is recommended that an effort be made on the part of the City Board of Health to gain information as to which of those in kindergarten, first and fourth grades that have not had a "polio" injection and that the parents of these children be especially notified of the availability of the vaccine to the family physician." Dr. DeCicco stated he would contact the Health Commissioner and report to Council.

The following applications were presented by the Censors:

INTERNE

J. A. Quinn, Youngstown Hospital Association, Youngstown, Ohio
J. R. Haynes, Youngstown Hospital Association, Youngstown, Ohio
Stanley Grosshandler, Youngstown Hospital Association, Youngstown, Ohio

Unless objection is filed in writing with the Secretary within 15 days, the above become members of the Society.

A. A. Detesco, M. D.
Secretary

YOUR *Bureau* PRESENTS . .

ANSWERING SERVICE

in the

STERLING EXCHANGE

We have secured the newest telephone equipment to serve our Sterling subscribers at a telephone company mileage cost of only

50¢

per month

Call the "Bureau" and a representative will come to your office at your convenience to let you know how you too can enjoy

24 HOUR SERVICE

IN YOUR OFFICE IN YOUR HOME

Riverside 4-4513

Member: Associated Telephone Exchange, Inc. for over 10 years

HAVE YOU MET . . .

EVELYN MEADOWS BELLAIRE, who joins the Society as a junior active member? Doctor Bellaire was born in Hinton, West Virginia in 1912. She received her pre-medical education and the first two years of medicine at West Virginia University. In 1938, she transferred to the Medical College of Virginia in Richmond and was graduated in 1940 with the degree of M. D. Her internship was obtained at Peoples Hospital in Akron and she finished in 1941. Since her internship, she has spent several years in residencies in tuberculosis hospitals in Rhode Island, West Virginia, and Pennsylvania. She came to the Mahoning County Tuberculosis Sanatorium as a resident physician in April, 1953 and became a member of the staff of the same institution on January 1, 1956. Doctor Bellaire's hobbies are bowling and golf. Her address is 4880 Kirk Road, Youngstown, Ohio.



ROBERT V. BRUCHS, who is coming into the Society as an active member? Doctor Bruchs practices obstetrics and gynecology at 413 Dollar Bank Building, in association with Doctor A. J. Brandt. He was born November 27, 1921 in the State of Wisconsin and received his pre-medical education at the University of Wisconsin and Marquette University. He graduated from Marquette University in 1946, with the degree of Doctor of Medicine. His internship was served at the Jersey City Medical Center, Jersey City, New Jersey, where he spent a total of fifteen months. He had a one year surgical residency at St. Elizabeth Hospital in Youngstown and also served two years in obstetrics and gynecology at St. Elizabeth Hospital in Youngstown. An additional year of obstetrics and gynecology was spent at the Altman Hospital in Canton. Doctor Bruchs married the former Ruth K. Enright of Bergenfield, New Jersey and they have three children: John, James and Robert.

JUNE MEETING

TIME

8:30 P.M.-- June 19, 1956

PLACE

**YOUNGSTOWN UNIVERSITY
LIBRARY**

PROGRAM

The program will consist of four papers presented by members of the House Staffs of St. Elizabeth Hospital and Youngstown Hospital Association.

SPEAKERS:

From Youngstown Hospital:

Dr. Peter Cibula

Dr. A. S. Weekley

From St. Elizabeth Hospital:

Dr. John Burke

Dr. James R. Ball

Mahoning Society



County Medical Dinner Formal



NEWS NOTES

Dr. and Mrs. Lewis K. Reed were in Los Angeles last month where Dr. Reed attended the American College of Physicians meeting.

Dr. and Mrs. J. L. (10 and 20 years ago) Fisher also spent some time in Los Angeles as well as in La Jolla where they visited their daughter and son-in-law and their family.

In April Dr. and Mrs. Herman Ipp traveled to Baltimore where Dr. Ipp attended courses at Johns Hopkins Hospital in the more recent advances in clinical medicine.

Mrs. P. J. McOwen was in North Side Hospital recovering from injuries she received in an auto accident in early May. I'm sure we all wish Eleanor a speedy recovery.

Drs. Frances Miller, Ben Berg and Ben Brown were in Columbus in May to attend the Ohio State Radiological Meeting which was held at the Deshler-Hilton Hotel.

Dr. and Mrs. E. J. Wenaas broke most existing records getting to Pittsburgh one day in early May to see their first grandchild, Jon Raymond Love III, born May 7th to their daughter Nancy and Jon R. Love II. Jon just recently graduated from the University of Pittsburgh Medical School and is now interning in the Lankenaw Hospital in Philadelphia, Pa.

Dr. Fred Resch, at this writing is recuperating in North Side Hospital. We all hope the end result is satisfactory enough to have discarded the extra cushion by now.

Dr. Robert E. Carr recently attended the annual meeting of the American Association of Thoracic Surgery, and the Meeting of the Florida Chapter of the American College of Chest Physicians which were held in Miami.

Dr. and Mrs. W. O. Mermis are off again. This time to Europe where most of the time will be spent touring Spain and the Scandinavian Countries. If they aren't already, they are rapidly becoming, our society's most widely traveled couple.

Dr. and Mrs. Frank Morrison are the proud parents of a baby boy, born May 17th.

Many Doctors and their wives were in the audience May 17th at Jayne's Dance Recital at Rayen Auditorium as many of her pupils are the children of our members. Two of the most outstanding dancers to participate were Ann and Alice Ruth Reed, daughters of Dr. and Mrs. Lewis K. Reed. Both girls now are attending the summer Interlochen Music Camp in Michigan.

Seven of our Western Reserve University graduates attended the 83rd Annual Banquet of the Alumni Association on Wednesday May 23rd at the Carter Hotel. Dr. Fred Coombs '33 was there and the following had their five year reunions, Dr. O. Lawton, '26; Dr. Ray Hall and Dr. Howard Mathay, '31; Dr. Clyde Walters, Dr. E. R. McNeal, and yours truly, '41 and Dr. Paul Ruth, 1946.

Dr. W. E. Sovik and Dr. J. M. Benko announce the association of Dr. James J. Sofranec in the practice of Ophthalmology and Otolaryngology.

PROFITS FOR YOU

From Today's

ALADDIN'S LAMP

The world's fastest growing industry — **ELECTRONICS** — offers unusual potentials for investors. Write, phone, or stop in for free information regarding such leading companies as Sperry-Rand Corp., Bendix Aviation, Radio Corp. (RCA), Sylvania, and many others important in this field.

The First Cleveland Corporation

**Underwriters, Dealers and Distributors in Government Bonds,
Municipal Bonds, Corporate Bonds and Stocks**

ROBERT E. BULKLEY

809 Mahoning Bank Bldg.

RI 7-7058

MRS. MARY ELLEN MOORE APULI

60 Lyon Blvd.

PL 5-4220

Enjoy the protection of Mahoning County Medical Society
Group Sickness, Accident and Hospitalization Insurance.

Exceptionally broad benefits and
coverage at unusual low cost.

More than \$70,000.00 in Accident and Sickness benefits
have been paid to your Society members since 1947.

Administrator

Stillson & Donahay Agency, Inc.

Rown Bldg.

2400 Market Street

ST-2-8109

Youngstown, Ohio

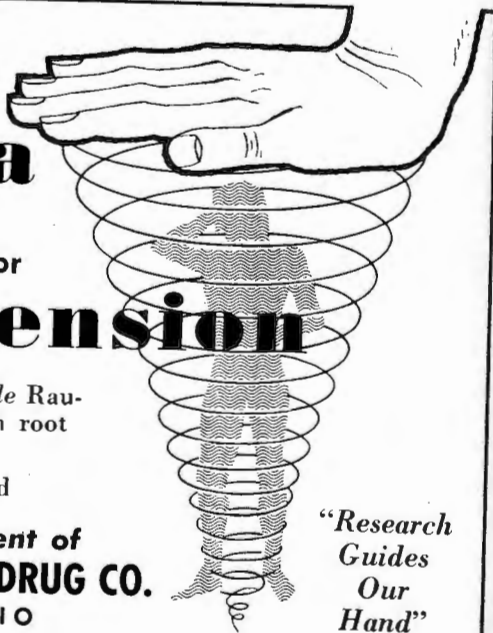
hiwolfia
BOWMAN

the drug of choice for

hypertension

- ▼ Compounded of the *whole* Rauwolfia Serpentina Benth root
- ▼ Chemically Standardized
- ▼ Biologically Standardized

another development of
THE BOWMAN BROS. DRUG CO.
CANTON, OHIO



*"Research
Guides
Our
Hand"*

Dr. Leonard Caccamo attended the Postgraduate Seminar on Diseases of the Heart which was sponsored by the American Heart Association and held at the Armed Forces Institute of Pathology, Washington, D. C. Approximately 250 civilian and military physicians in the fields of cardiology and pathology carried out a joint seminar from May 14 to May 17 at the Walter Reed Medical Center, Washington.

Dr. Sidney Franklin, LL.B. addressed the staff of East Liverpool City Hospital recently, on the subject of "Legal Implications of Medical and Hospital Practice". The meeting was preceded by dinner at the home of Dr. William L. Gilmore of East Liverpool.

C. W. S.

PEARLS AT RANDOM

(L. Bloomberg)

Ansolyzen used in conjunction with Reserpine has proved a valuable adjunct in the treatment of moderate to severe hypertension, particularly when other drugs have failed. One may begin with 100 to 150 mgm. of Ansolyzen a day in divided doses, together with 0.75 mgm. of Serpsil — gradually increasing the Ansolyzen to a maximum of 600 mgm. a day. Serious constipation may be prevented by adding 15 to 30 mgm. of neostigmine daily.

Jack Schreiber, M. D.

During the past year I have been using Abbot's Blutene in some cases of bleeding from the urinary tract. It is a purified toluidine blue and is used for some cases of idiopathic uterine bleeding where there is an increase of heparin-like substances in the blood. I first used it in desperation on a man with aplastic anemia in whom a transurethral prostatectomy had been necessary. Since then it has been helpful in stopping oozing after prostatectomy and in certain cases of tumors of the bladder.

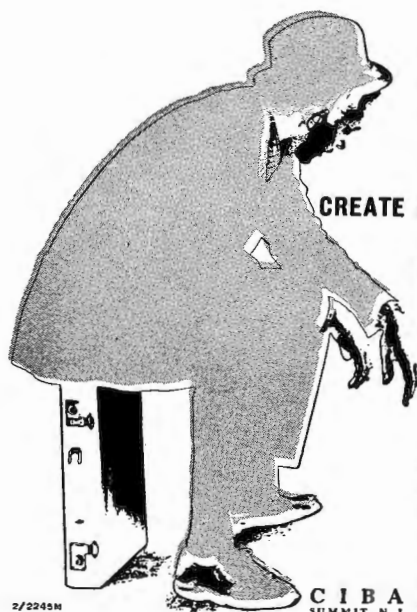
Edward M. Thomas, M. D.

When the antihistamine drugs were first introduced a few years back in the treatment of allergic manifestations, my clinical experience with these drugs, proved that they were useless in the treatment of asthma, and often were harmful. I cautioned against their use, when early reports were glowing in their praise for controlling asthma. Further use proved, that the "drying up" tendency of the drugs, counter-acted nature's attempt to wash out the mucus in the bronchial tract. Most allergists now limit their use to urticaria and hay fever.

Antihistamines in hay fever treatment should be used sparingly. Often these drugs will effectively reduce the nasal discharge, but, in doing so, will block up the nasal passages so that the pollen is inhaled into the bronchial tract. This will ultimately cause sensitization and then asthma.

Over the years, I have gained a wholesome respect for all the drugs, and especially the steroids. The steroids, which have so profound an effect on the human physiology should be used only in emergencies. My plea is for detailed study and care in use of all drugs in the treatment of allergic manifestations.

S. R. Zoss, M.D., F.A.C.A.



2/2245N

C I B A
SUMMIT, N. J.

*Don't
overstimulate
the
depressed
patient...*



CREATE A HAPPY MEDIUM
with *NEW*

Ritalin®

... a mild cortical stimulant which gently lifts the patient out of fatigue and depression without swings of reaction caused by most stimulants. Ritalin counteracts the over sedation of barbiturates, chlorpromazine, rauwolfia, antihistamines... yet has no appreciable effect on blood pressure, pulse rate or appetite.

Supplied: Tablets, 5 mg. (yellow), 10 mg. (blue) and 20 mg. (peach-colored).
Dosage: 5 to 20 mg. b.i.d. or t.i.d., adjusted to the individual.
RITALIN® hydrochloride (methylphenidylacetate hydrochloride CIBA)

Your POSTNATAL and POSTOPERATIVE PATIENTS...



They will receive prompt and sympathetic attention from our competent Camp-trained fitters whom you may depend upon to follow your instructions implicitly.

CAMP ANATOMICAL SUPPORTS also available for prenatal, pendulous abdomen, visceroptosis, nephroptosis, orthopedic conditions, hernia and mammary gland.

Authorized **CAMP** *Service*

Mrs. Catherine Schaefer, Registered Fitter
LYONS PHYSICIAN SUPPLY CO.

32-34 Fifth Avenue

Mahoning Valley Sick Room Supply Center

Phone RI 6-8861

Youngstown 3, Ohio

ST. ELIZABETH'S DEDICATION

The expansion program at St. Elizabeth's Hospital is nearly complete, and all new units are now in full operation. The dedication is planned for Saturday, June 30th, and Sunday, July 1st will be open house for the public.

The added wing gives the following new accommodations, 195 beds, 70 bassinets, Emergency Room, Orthopedic Department, Physical Medicine Department, Library, Staff Conference Room with a seating capacity of 200, 10 Operating Rooms — (4 major, 3 minor, 2 cystoscopic and 1 orthopedic) a 10 patient recovery room, Anaesthesia Department, Dietary Department, Central Supply, Cafeteria, Kitchen, and Laundry. The Lobby is all new and there is a Chapel with accommodations for 220.

Paul Ruth, M.D.

PHYSICIANS' SOCIAL SECURITY — A NEW SLANT ON EARLY OR LATE RETIREMENT

Dr. Harold Swanberg, long-time editor of the MISSISSIPPI VALLEY MEDICAL JOURNAL (Quincy, Ill.) has an interesting article in the May issue of that publication entitled SOCIAL SECURITY—A NEW SLANT ON EARLY OR LATE RETIREMENT. It has a number of new "wrinkles", which if adopted should especially appeal to all self-employed professional groups.

With the Swanberg 8-12% Social Security Plan those who retire before age 65 would receive 8 per cent less than the present age 65 Social Security benefits for each year before age 65, down to age 60; those who retire after age 65 would receive 12 per cent more than the present age 65 social security benefits for each year after age 65, up to age 72.

"The great advantage of the suggested plan is the flexible arrangement of the retirement age. If conditions arise that make early retirement necessary or desirable, the worker can retire as early as age 60. On the other hand, the worker at age 65, who wishes to continue work a few more years, receives some award for his industry. The whole social security program is a debatable one but the idea appears firmly established. If so, let us try to make it more equitable and not penalize but reward the worker who wishes to continue his contributions to our economy for a few years beyond age 65. Physicians should have the opportunity to voluntarily decide whether or not they wish to be included in the social security program. Certainly it would be economically sound for physicians 45 to 65 years of age to seek social security inclusion at this time; if the suggested 8-12% plan was adopted physicians of any age should be eager to be covered."

Swanberg believes the politicians, labor, and low income groups especially want social security and there is no chance of abandoning social security. He feels that nothing is gained by butting your head against a stone wall. He believes physicians should be realistic concerning the problem and realize that social security is here to stay. If such be the case then it is our duty to endeavor to secure the best plan we can for ourselves, provided it is economically sound.

Mississippi Valley Medical Journal

Straws for Men.

by Knox and Ecquadorian

New Dark Browns, Greys and Blacks—in narrow brims. Natural Shades also, in wider brims.

\$5.00 to \$20.

THE SCOTT CO.

32 N. PHELPS ST.

• PATRONIZE OUR ADVERTISERS AND MENTION THE BULLETIN •

The Lincoln Avenue Alcoholic Clinic

138 LINCOLN AVENUE



Owned and Operated by

**The Youngstown Committee for
Education on Alcoholism**

A Non-Profit Corporation

Riverside 3-2693

PFIZER GOLF MEET

About 140 physicians and guests of the Pfizer Laboratories attended the Golf Meet and Dinner on Thursday, May 24th, at the Youngstown Country Club. Winners of Low Gross were Doctors: Wiltsie (Trophy) 79, Zoss (Shirt) 83, Phillips (Golf Umbrella) 90, Burke (Windbreaker) 90, Wansack (Orlon sweater) 91, Owen (Golfclub headcovers) 91, Goodwin (Golf balls) 92, Davidow (Golf balls) 92. A Blind Bogey of 79 was pulled and the winners were Doctors: Yarmy, Hoprich, Chevlin, Sam Tamarkin, and Peter Ross. A good time was had by all, and we express our gratitude to Ray Gill, Pfizer representative, who took care of everything, and served as host.

FORD FOUNDATION ANNOUNCES MATCHING GRANT PROGRAM

Physicians who have diligently worked for the American Medical Education Foundation will be interested in the April 15 announcement by H. Rowan Gaither, Jr., president of the Ford Foundation, of a ten million dollar program of matching grants to the National Fund for Medical Education. Ford Foundation grants will be made on a matching basis over a five-ten year period with a maximum limit in any one year of two million dollars.

Last year the National Fund — which distributes monies raised by the AMEF along with contributions from industry and the general public — received \$2,147,000 in un earmarked funds for distribution to the nation's medical schools. Of this amount, \$422,812 came from the medical profession through the AMEF. Under the Ford Foundation formula, if these receipts are of equal magnitude in 1956, a Ford grant totaling 70 percent of this amount or \$1,503,486 would be made. All contributions in excess of the 1955 total would be matched dollar for dollar, subject to the annual maximum of two million dollars.

Grants will be paid to the National Fund on a sliding scale in a program that could last up to ten years but might be accelerated to completion in five years depending upon the rate at which additional contributions are developed.

A.M.A. News Notes

For Rent — Poland — Former doctor's offices on first floor. Will remodel to suit tenant.

Optional — Second Floor Apartment — 5 rooms and bath. Re-decorated. Ample parking space. PLaza 5-3104.

Two and Two

I was summoned to examine a patient with pernicious vomiting of pregnancy. Since other medication had proved of little value, I told the ward nurse — a recently licensed practical — to bring me a hypodermic with one cc. of vitamin B₆.

Ten minutes later, the girl fidgeted into the room.

"Doctor," she confessed, "we have no vitamin B₆ . . . How about half a cc. of B₁₂?"

—Edward R. Morton, M.D.

LYONS

Presents

TABLETS NIATRUM S.C. ORANGE TRIANGULAR

REPRESENTS IN EACH TABLET:

Veratrum Viride Powd. Root	25 mg.
<i>(Equiv. to 1 mg. Total Alkaloids)</i>	
Mannitol Hexanitrate	16 mg.
Butabarbital Sodium	8 mg.

**A DEPENDABLE HYPOTENSOR—
RAPID ALLEVIATION OF SYMPTOMS—
AN EFFECTIVE ADJUNCT TO ATARACTICS—**

ASK YOUR LYONS REPRESENTATIVE

LYONS PHYSICIAN SUPPLY CO.

YOUNGSTOWN 3, OHIO

DID YOU KNOW - - -

That Dr. Dwight Murray, 1956-57 President of the A.M.A., is the first general practitioner to hold the job in more than eighty years?

That orange groves in Florida sell for 3,000 dollars per acre and it takes ten acres to net \$3600.00 per year?

That the Federal Trade Commission has charged some forty insurance companies with false advertising of their health policies?

That synthetic straw hats will be all the rage this year?

That "spray on" anti-biotics and iodine will soon be available?

That thermometers have to be seasoned for four months before they can be calibrated since glass, like wood, changes with age?

That a new thermometer is on the market that registers the temperature in seconds? It is a thermistor mechanism and sells for slightly under \$70.00.

That radar brakes, convertible hard-tops and motors sans carburetors will be new car features shortly?

That we haven't had a quorum at one of our monthly Society meetings for a "coon's age"?

C. W. S.

JUNE

(Continued from page 230)

"Broken bones and hearts have two things in common. First, they are so frequently misunderstood that one is called an accident and the other an impossibility. Second, psychosomatic studies reveal that both are diseases in which emotional conflicts play an important role. People hurt themselves more often than they are hurt by others or by fate or by the impersonal failure of machines. The disease of the broken bone habit has no name in the medical dictionaries but it might be handy to coin one and call it "accidentitis." It covers a definite personality type whose sound bodies get damaged in mishaps brought on in the course of a state of mind which is far from strong, altho not at all what we usually mean by "unsound." **AT LEAST 80% OF THE MILLIONS OF MAJOR ACCIDENTS WHICH HAPPEN EVERY YEAR ARE DUE TO THIS AILMENT."**

"This does not mean that you have it necessarily if you sprain an ankle or burn a finger. Nor is it another way of saying "clumsy." Graceful people are just as susceptible to it as awkward ones. There are a good many incorrigibly inept individuals who can not hammer a nail in straight but do not smash their fingers, who trip over their own feet but break no bones. They tumble down stairs, fall off docks, bump into stone walls, slip on the ice and scrape the fenders of their cars without damage to themselves or anyone else, altho their friends sometimes wonder how they remain in one piece. The fact is that for all their clumsiness they do not have the accident HABIT. On the other hand, some deft, seemingly well balanced men and women turn up repeatedly in the accident wards of our hospitals. They think they are victims of pure bad luck or divine punishment. In reality they have been struck down by their own emotional conflicts."

Safety campaigns and safety devices multiply to deal with this situation, but so do the accidents. Commentators are inclined to blame carelessness and the perversity of human nature in refusing to obey the elementary dictates of caution. The close student of human behavior and human emotions discovers a pattern in the confusion and instead of "accidents" he finds "accidentitis." Accidents, not being popularly considered a disease, are generally overlooked in considering the factors which enter into public health, yet they are a major cause of human pain, suffering, disability and death.

The risks of the so-called peaceful world in which we live are shown by the fact that a citizen who falls down by accident in the course of his normal routine at home or at work is six times as likely to be permanently damaged as a soldier wounded in battle.

"The studies of a good many authorities in recent years have established the conclusion that only about 10 to 20% of all these injuries, fatal or otherwise, are caused by really accidental accidents. The rest are linked to the personality of the victim."

We have not the time or space here to catalog the research which has been done to produce the above conclusion but the research data are available and they are most interesting and provocative. Indeed, this new concept enabled us to understand a little better why the accidents increase in spite of increased effort along the standard lines of the famous three E's. Apparently we are devoting 100% of our effort toward the correction of 20% of the problem. At this rate we can't win.



Summer's Here At Last!
You'll enjoy it more
with lots of

Golden Amber BEER in store.

Better take home a Case —
or several Six-packs, today!

THORNTON'S

QUALITY LAUNDRY ★ DRY CLEANING
AND
FUR STORAGE

234 Belmont Avenue

Riverside 4-0155

"Does it matter who fills the prescription?"
"Ah Doctor, does it matter who writes the prescription?"

LAERI APOTHECARY

Home Savings & Loan Bldg.—2nd Floor

Riverside 7-9636

PROSTHESIS

by

YOUNGSTOWN-SPIEVAK-LIMB COMPANY

1611 Market St., Youngstown, Ohio

Telephone: RIVERSIDE 4-2782

Serving the amputees for 37 years

FOUR CERTIFIED FITTERS

LEGS --- ARMS

A German named Marbe was the first to note publicly the existence of "accident prone-ness" or the "accident habit." In 1926 he proved statistically that the person who has had one accident is more likely to have another than the individual who has never had any. Adler suggested that an unknown factor in the human personality was responsible for the curious repetition of injuries to those who are prone to accidents.

Here, then, is a vast field ready for exploration. It will cost much time, money and personnel. Who will do it? Certainly no one person or group. Governmental agencies, Industry, Safety Organizations, Legislators, Courts, Colleges, Psychologists, Psychiatrists and by no mean last — Medical men.

As if the doctors were not busy enough! Yet, if this basic concept is scientifically sound, then the Medical man certainly would be in a key position to accumulate and contribute a wealth of knowledge to the tremendous research which must be done. It would seem that the actual circumstances which precede most accidents, and, in the opinion of the patients, cause them, are often the most valuable clue to the hidden conflict which creates emotional forces driving that particular individual into the accident habit. The many factors involved add up to enough variations that it will be difficult to set down rules which will apply to all cases of "accidentitis." But this is true of any other disease for which understanding and treatment demand a psychological approach. After the long, hard job of building the bridge to span the chasm between the physical and the psychic worlds, I am sure we shall honor the "Medical Man" as the "Foreman on the job" — God bless 'em.

Paul H. Cress
Chief of Police

LAWYER TELLS PHYSICIANS HOW TO FIGHT MALPRACTICE THREATS

Do you know what to do when a patient claims malpractice?

Some doctors don't. They either talk too much, or they talk too little.

While "there's no foolproof system for avoiding a malpractice action," concedes J. Joseph Herbert, chief legal counsel for the Michigan State Medical Society, in an article appearing in the May issue of MEDICAL ECONOMICS, ". . . there are several steps the physician can take to protect himself from the moment any patient indicates dissatisfaction."

1. "If your patient so much as hints he thinks something's wrong, immediately raise your guard and treat him with polite but noncommittal formality," advises Herbert.

"Remember that malpractice is defined as a breach of duty on the physician's part. A bad result is not proof it itself of a breach of duty. Above all, don't gratuitously assume the blame for a bad result," the lawyer warns. "Speak in carefully chosen phrases."

2. "At the first hint of a malpractice claim, notify your insurance company," counsels the lawyer. "Don't wait until the word 'lawsuit' is mentioned. Phone your carrier as soon as you think the patient might ultimately take action. The company's representative will be glad to advise you what to do."

(Continued on page 251)

COMPLETE PROTECTION
WITH
CERTIFIED COLD STORAGE

Furs

Fur Trimmed Coats

Cloth Coats

Winter Garments

THIS SUMMER,
STORE THEM AT

BLAIR'S

Cleaners Furriers

STerling 2-8181

Nine Stores



For **HARD, DRY
STOOLS OF
CONSTIPATED
BABIES**

A gentle laxative modifier of milk. One or two tablespoonfuls in day's formula—or in water for breast fed babies—produce marked change in stool. Send for samples.

BORCHERDT MALT EXTRACT CO.
217 N. Wolcott Ave. Chicago 12, Ill.



Borchardt MALT SOUP Extract

GOOD FOR
GRANDMA, TOO!

New Dietary Management



For **CONSTIPATED
ELDERLY**

Send for
Sample

1-2 Tablespoonfuls AM and PM

BORCHERDT MALT EXTRACT CO.
217 N. Wolcott Ave. Chicago 12, Ill.



Borchardt MALT SOUP Extract

O'LINN'S

Prescription Laboratory, Inc.

Reliable and Prompt
Prescription Service

Phone RIVERSIDE 6-2435

Hours:

8:30 A.M. to 10 P.M.

30 Bus Arcade at Com-
merce St. Entrance
Youngstown, Ohio



**RELIEVES PAINFUL
URINATION**

Especially Useful for
OLDER PATIENTS

- Clears infected urine
- Soothes inflamed bladder

Urolitia is particularly valuable in cases of cystocele and hypertrophied prostate for prompt relief and prevention of reinfection due to residual urine.

Provides soothing action of triticum and zeo. Permits high methenamine dosage—up to 120 grains per day—to maintain bacteriostasis. Promptly effective against the most common urinary tract invaders—E. coli, S. albus and S. aureus. May be taken over long periods of time without toxicity, drug fastness or side effects.

DOSE: 1 Tbs. in 1/2 cup warm water q.i.d., 1/2 hr. a.c. and h.s. Decrease dose after second day.

Send for sample and literature

BORCHERDT MALT EXTRACT CO.
217 N. Wolcott Ave. • Chicago 12, Ill.

UROLITIA®

SOOTHING
URINARY
ANTISEPTIC

(Continued from page 247)

3. "If suit seems possible, immediately review your office records. Then go to the hospital and examine all relevant records there."

Full preparation has save cases for many a doctor, Herbert points out. But, he quickly adds, "if any lawyer other than your own asks to see your records, refuse."

4. "Always be completely frank with your own lawyer and with your insurance company's lawyers. It's their job to help you," Herbert tells MEDICAL ECONOMICS readers. "They can help you best only if they know all the facts—even the ones you may think unimportant."

"Don't be embarrassed at telling them the whole story . . . They may be able to help you decide whether to settle or to fight," he points out. "And they may be able to testify for you, if that should prove necessary."

—Medical Economics

Effervescent Therapy

One day when I was out of town, a man phoned my office to say that his daughter was covered with mosquito bites. What should he do?

My nurse suggested he try some soda on the bites until I could see the child in person.

Next day a glum father and a still-itching daughter appeared at my office.

"She ain't no better at all," he told me. "I used soda like the nurse said; but it just didn't do no good."

Suddenly he brightened with an inspiration: "Maybe, instead of orange soda, I could try Coco-Cola—huh?"

—Martin Asch, M.D.

DOCTOR CALLS FOR BETTER NUTRITION IN AGED

Better nutrition in old age—as well as in earlier years—will help "add life to years, not just years to life," a Massachusetts physician said today.

Good nutrition will slow the aging process, making it possible to live longer and grow old more comfortably, Dr. Max Millman, Springfield, Mass., said in the current (May) Today's Health, published by the American Medical Association.

Malnutrition, present in a "significant segment" of the population, is detrimental to people in all ages, but especially to those above middle age when resistance to disease is lowest, he said.

The most common reason for malnutrition in the aged is the "rigidity of their eating habits," Dr. Millman said. Many older persons fail to eat enough meat, vegetables and milk, because they never have.

Decayed or missing teeth or ill-fitting dentures also contribute to the problem by forcing oldsters to exclude all solids from their menus. Habit again may take over and doom these people to diets of soft, mushy and soupy food. The remedy, he said, is quite simple: correction of the dental problems by a dentist.

Another factor is money. The aged who have to get along on shrunken budgets often feel that meat, fruits and vegetables are too expensive, so they eat starches which are cheaper and easier to obtain, prepare and eat. A better knowledge of food values and cost coupled with proper marketing and budgeting can insure an adequate diet on a modest or even meager income, he said.

(Continued on page 353)

For Ethical Prescription Service

For Physicians Supplies

We are pleased to serve you and your patients

LESTER'S

Prescription Pharmacy

264 W. Federal
RI. 4-4111

318 Fifth Ave.
RI. 7-7141

CIRIN

Enteric Coated Pink Tablets

Aspirin	0.3 Gm. (5 gr.)
Ascorbic Acid	50 mg. (3/4 gr.)

Analgesic, Antipyretic, Antirheumatic

These tablets are Enteric Coated and are intended for use when massive doses of salicylates are indicated, and for those who can not tolerate plain Aspirin. Also useful in the treatment of rheumatic disorders, symptomatic relief of headache, neuralgia, and muscular aches and pains.

Administration: Adults, up to 70 grains daily may be prescribed.

Supplied in bottles of 1000, 500 and 100

THE ZEMMER COMPANY

Pittsburgh, 13, Pa.



— First Thought in Rheumatoid Arthritis —

A-C-K Tablets (G. F. Harvey Co.)

Each tablet contains:

Acetylsalicylic Acid	333. mg. (5 grs.)
Menadione	0.33 mg. (1/200 gr.)
Ascorbic Acid	33.3 mg (1/2 gr.)

Harold E. Galliher - - -

your Harvey representative

Phone: STerling 8-1052

First with the Newest in Prescription Drugs

MAHONING PHARMACY

MYRON (Mike) FISH—owners—CECIL SHRYOCK

- New Enlarged Prescription Department
- Open Seven Days a Week
- Three Pharmacists to Serve You
- Injectables — Biologicals

1625 Mahoning Ave.

SW 9-3017

Malnutrition usually suggests underweight, but sometimes it is masked by overweight. Obesity in the aged often proves disabling, in addition to predisposing its victims to diabetes, high blood pressure, and heart disease, all especially dangerous to the aged. Reducing is more difficult for the aged, not because their fat is "glued" on more firmly, but because their eating habits are rigid. Thus weight reduction should be begun as early in life as possible, he said.

The diet needs of the normal oldster are almost, but not quite, the same as those of a younger person. The elderly need fewer calories because advancing age lowers metabolism and diminishes physical activity.

According to the Food and Nutrition Board of the National Research Council, a man at 65 requires 600 calories a day less than the 2,400 to 3,000 required at 25. In women the difference is 500 calories, or 1,500 to 1,900 daily.

Dr. Millman suggested that the daily diet of the aged person include one pint of milk; butter or margarine fortified with vitamin A; peanut butter or other vitamin rich fats; and one serving each of oranges, grapefruits or tomatoes; green or yellow vegetables; potatoes or other vegetable or fruit; whole grain cereal; eggs; meat, poultry or sea food, and enriched or whole grain bread.

The diet should contain ample protein, which the aged often find difficult to retain in their systems. Less than the usual amount of fat and oil seems advisable because the percentage of body fat in the elderly is greater than in the young.

AMA News Letter

CANFIELD FAIR

On Friday, May 18, Dr. H. P. McGregor, Chairman of the Canfield Fair Committee, called a meeting of exhibitors for the forthcoming event. The meeting was held at the Youngstown Club, with the majority of the organizations being present. From all indications, the Medical Health Exhibit Tent will be the best yet.

VACATION TIME

When you are making those final arrangements for your much deserved vacation, don't forget one of the most important items on your list is to call the "Bureau," and inform them as to when you will be leaving, when you will return, and to whom your calls are to be referred. It will only take a few seconds, and will eliminate considerable time and contacts.

STATUS OF PENDING HEALTH LEGISLATION, 84th CONGRESS

As of May 17, 1956

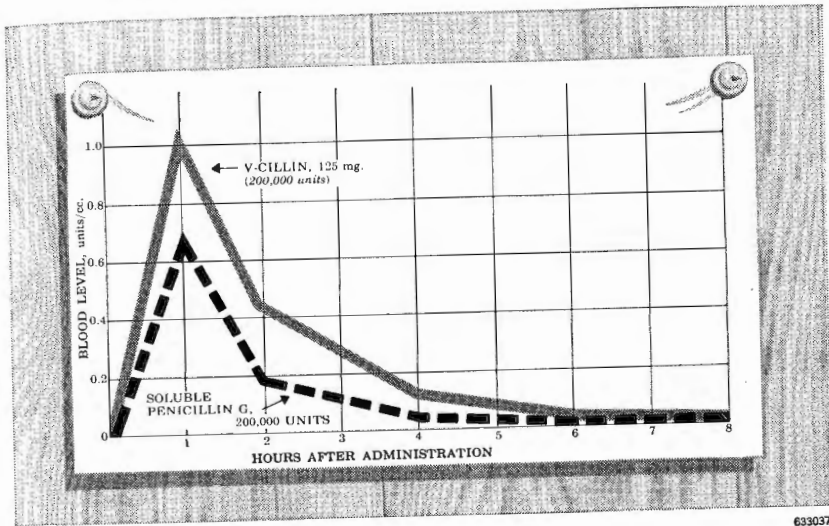
The following table is an up-to-date compilation of the status of the more important health bills in the 84th Congress. Bills already enacted and those on which there has been no significant action are listed at the bottom of the table. The number in parentheses after the bill number refers to the AMA WASHINGTON LETTER in which the bill was reported. When developments warrant, the table will be revised again.

SUBJECT	BiLL NO.	HOUSE	SENATE
Disability Payments	H.R. 7225 (28)	Passed 7/18/55	Hearings Held*
Mental Health Grants	H.R. 3458 (7) S. 886 (7)	Hearings Held	Hearings Held
Mental Health Study Grants	H.R. 9048 (59) S. 3138 (59)	Reported 5/2/56	
Medical School Construction	H.R. 4743 (11) S. 1323 (11)	Hearings Held	Hearings Held
Lab. Research Grants	H.R. 3459 (7) S. 849 (7)	Ordered Rept'd	Passed 7/18/55
Med. School & Lab. Const. (Administration Bill)	H.R. 9013 (59) S. 3252 (59)		
Aid to Practical Nursing	S. 886 (7) S. 929 (9)		Hearings Held Hearings Held
Water Pollution Control	S. 890 (11) H.R. 9540 (63)	Subc. Rept'd	Passed 6/17/55
Bricker Amendment	S. J. Res. 1 (3)		Reported 3/27/56
Military Depend. Care	H. R. 9429 (61)	Passed 3/2/56	Passed 5/14/56
Med. Payments Under Pub. Assistance	H.R. 9120 (59) S. 3139 (59)	Hearings Held	
Sickness Survey	S. 3076 (58) H.R. 8913 (58)	Reported 5/3/56	Passed 3/29/56
Commissioning Osteopaths	H.R. 483 (5)	Passed 7/18/55	Reported 4/26/56
Alaska Mental Health	H.R. 6376 (22)	Passed 1/18/56	Ordered Rept'd
Narcotic Control	S. 3760 (72)		Reported 5/14/56
Natl. Library of Medicine	S. 3430 (64)		Hearings Held
Child-Health & Welfare	H.R. 10283 (67)	Hearings Held	

Enacted into law—Doctor draft extension H.R. 3005 (P.L. 118); Salk vaccine grants extension S. 2990 (P.L. 411); PHS military status (P.L. 492); Military career incentives (P.L. 497); Mental health survey H.J. Res. 256 (P.L. 182); Senate narcotics hearings authorized S. Res. 67; Air Pollution control S. 928 (P.L. 159). P.L. 411, 492 and 497 enacted this year; others last year at first session of 84th Congress.

No Progress on following—Jenkins-Keogh (H.R. 9 & 10); Hill-Burton extension (H.R. 8912, S. 3075); Federal Employees Health Insurance (H.R. 10436); Amending biologics law (H.R. 6207); Health reinsurance (H.R. 3458, S. 886); Mortgage loan guarantees (H.R. 3458, S. 886); Military medical scholarships (H.R. 4645, S. 1444); PHS grants revision (H.R. 3458, S. 886); Nursing Commission H.J. Res. 485, S. J. Res. 158); Graduate nurse traineeship grants (S. 886, H.R. 5648); Aid to public health schools (S. 1859, H.R. 8859).

*H.R. 7225 due to be reported out officially 5/22/56, with disability payments section deleted.



633037

more dependable oral penicillin

V-CILLIN

(PENICILLIN V, LILLY)

'V-Cillin' was developed by the Lilly Research Laboratories to fulfill the need for an acid-resistant penicillin—for a more dependable and effective oral penicillin.

Gastric acidity does not significantly affect the potency of 'V-Cillin' ('V-Cillin' is an acid). In contrast, 50 percent of the potency of potassium penicillin G may be destroyed by gastric acids, in ten to thirty minutes. Thus, 'V-Cillin' eliminates a major variable in oral penicillin therapy, produces 50 to 100 percent higher blood levels, and makes the oral use of penicillin much more feasible.

In the duodenum, absorption of 'V-Cillin' begins immediately.

DOSAGE: 125 or 250 mg. t.i.d. May be administered without regard to mealtimes.

SUPPLIED: Pulvules—125 and 250 mg. Pediatric suspension—125 mg. per 5-cc. teaspoonful. Also, Tablets 'V-Cillin-Sulfa' (Penicillin V with Triple Sulfas, Lilly)—125 mg. 'V-Cillin' plus 0.5 Gm. triple sulfas.



Now there are two forms of

THERAGRAN

NEW:

THERAGRAN LIQUID

Squibb Therapeutic Formula Vitamin Liquid

1 teaspoonful of Theragran
Liquid is equivalent to
1 Theragran Capsule.

For patients of all ages who
prefer liquid vitamin therapy.

THERAGRAN CAPSULES

Squibb Therapeutic Formula Vitamin Capsules

The six vitamins almost
invariably associated
with chronic vitamin
deficiency states.

Each Theragran Capsule, or 5 cc. teaspoonful of Theragran Liquid, supplies:

Vitamin A (synthetic)	25,000 U.S.P. Units
Vitamin D	1,000 U.S.P. Units
Thiamine	10 mg.
Riboflavin	10 mg.
Niacinamide	150 mg.
Ascorbic acid	150 mg.

Usual Dosage: 1 or 2 capsules or teaspoonfuls daily. Infants: Not more than 1 teaspoonful daily.

THERAGRAN CAPSULES: bottles of 30, 60, 100 and 1000.

THERAGRAN LIQUID: bottles of 4 ounces.

SQUIBB



Squibb Quality—the Priceless Ingredient

THERAGRAN IS A SQUIBB TRADEMARK