



"Nobly to die were better than to  
save one's life."

—AESCHYLUS.

# BULLETIN

of the  
Mahoning  
County  
Medical  
Society

Vol. XIV      No. 8  
August      1944



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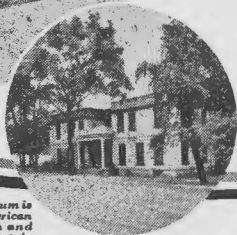


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## PRESIDENT'S PAGE

At this time two major topics of general interest present themselves for our consideration and immediate disposal.

I refer first to the voting at the fall general election of our members in the armed forces and secondly to the inception of legalized medical physicians and otherwise eligible doctors into our fraternity.

To all outward appearance it will be a giant task to get ballots to and returns from our members scattered as they are over the entire face of the earth. This presents itself as a truly global roundup. The legal machinery necessary for absentee voting has been set up and every physician in military service should be given the opportunity to vote in the November election.

Voting by absentee will give him an opportunity at least to help determine the type of medical practice he must return to when this war is history. The results of the November election may be the determining factor deciding whether we are to continue a sane practice of medicine or be regimented into a czaristic, politically dominated, machine controlled, type of medical practice. It behooves us all to vote and elect leaders who will preserve the traditions, and preserve the dignity of our beloved profession.

To procure absentee voting ballots for our doctors in military service will necessitate a great deal of detail and effort. This can be done more effectually if done by an organization with zeal, ambition and determination. I do not know of any organization better fitted with these requisites than our Woman's Auxiliary. We have asked their help and found eager and willing co-operation. Mrs. R. B. Poling as president and her co-workers have graciously accepted our invitation to assist our doctors at home and abroad in the armed forces to get absentee voters ballots. This is a great patriotic undertaking and we know it will be well done.

Our Society has always been solicious of the embriotic physician. He is given every opportunity as intern or resident to attend our scientific and social meetings. While it is comparatively easy to admit them to membership as internes, it is exceedingly difficult to admit them as medical officers scattered as they are in this global war. The Mahoning County Medical Society is ready at all times to consider the welfare of our boys, Interne, Resident and Active War Service. Their applications for membership are solicited and they will receive our courteous consideration.

ELMER H. NAGEL, M. D.,  
*President.*

# BULLETIN *of the* Mahoning County Medical Society

AUGUST

1944

## Editorials---

### Lou Wants Check Up

We recently received from Lou Deitchman a note suggesting that the "Honor Roll," carried in the Bulletin, should be revised. He notes that the record of official promotions is not up-to-date and that the addresses in many instances are incorrect.

Thanks, Lou! We'll do our best. Perhaps the girls of the Auxiliary will help Mary Herald. You realize that it isn't an easy job. Sometimes we just can't find out—and there is a big lot of you fellows. But after all, except for you fellows we don't think the Bulletin would be very important these days. May we suggest that if any of the men in the service will help out, as to yourselves or others, we shall be much obliged!

### Politics, 1944

The conventions of the two great political parties for 1944 have met and the candidates are before us. To some of us "our party's" convention was the quintessence of decorum and statesmanship. But the solemn truth is that to me they were, both of them, blatant, silly, and insincere. The redeeming thing about both of them is that they were serious, determined, and patriotic. What a disgusting and inspiring mess of rosebuds!

If we get what we innocent things are entitled to get, we won't keep our shirts. But, if we get what in our hearts we hope to get and try hard to merit from those who serve us, we shall spend the next four years in peace and clover.

Personally, I hated the "pointing": pointing with pride; nearly as much as I was nauseated by the "viewing": viewing with alarm! Is it to be four years more of "that man"? Or shall we begin eight years of Dewey Dawn?

1944

### K. J. BURNETT NEW BUREAU MANAGER

The Board of Directors has chosen Mr. K. J. Burnett as manager of the Medical-Dental Bureau, Inc. Mr. Burnett assumed office on July 24th.

He is well equipped for this position. He was for several years with the Commercial National Bank. Seven years ago he began service as teller with the Mahoning National Bank, from which position he comes to us. This practical business experience, followed the completion of courses in Banking, Economics and Accounting, with the American Institute of Banking.

Mr. Burnett is a long resident of this valley, having lived here for 40 years. He resides in Hubbard, where he has kept his home since his marriage in 1936.

Every indication points to great success for the Bureau, under the guidance of Mr. Burnett. The Board has studied his record and personality and believe the great forward progress will soon be evident in all the affairs of the organization.

These are not easy times for any of us. If ever before we of both the Medical and Dental groups, owe the moral duty to cooperate fully with Mr. Burnett. The members in the service expect us to keep their agency going and improving. We shall weather all storms and arrive safely at the port.

### New Officers and Board

W. M. Skipp, President; H. E. Patrick, Vice Pres.; E. J. Wenaas, Secretary; F. H. Simmerly, Treasurer; C. B. Norris, E. C. Brown, H. E. McClenahan, A. J. Brandt.



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## THE ACCELERATED PROGRAM IN MEDICINE

(E. M. McEwen, M. D., Dean of Medical School, Iowa State University, via Journal Association of American Medical Colleges, May, 1944)

. . . . One of the tenets of our profession is to look with suspicion on sudden departures from accepted procedure. Medical educators are not an exception to this rule. The struggle to improve the standards of medical education has been too long and costly for us to welcome any change that might jeopardize these gains. The accelerated program, to many physicians, seemed to be such a radical change. Hence, considerable unmerited criticism has been directed at it. In some instances this has come through a misunderstanding of what was being done. Some jumped to the conclusion that we were going to eliminate a year's class work from the curriculum. The accelerated program hastens an event—the graduation of doctors—but this is accomplished by utilizing a part of the long vacation period, traditional in educational circles, not through a reduction of the curriculum.

More than one year before Pearl Harbor, the Association of American Medical Colleges felt that even under the training program of the limited emergency there might be a shortage of doctors for the military services . . . A special meeting of the Executive Council of the Association of American Medical Colleges was held late in May, 1941, at which time the following recommendations were sent to the member colleges:

1. That all colleges that could do so without lowering medical standards, continue the training of the fourth year medical students during the summer of 1941 in order to graduate as many as possible at an earlier date.

2. That all colleges that could do so without lowering standards, admit an additional 10% of students to the freshman class starting in 1941.

It was recognized that a number of schools did not have the facilities

to admit additional students, and that very few, if any, could admit more than 10% additional students without lowering standards.

The continuous clinical session during the summer months was not new; a similar program had been in operation at a few schools for a number of years with no apparent ill effect on the students.

On December 10, 1941, all member schools were requested to hasten plans for complete acceleration. The program was finally adopted in February, 1942, at a special session of the Association of American Medical Colleges. Supporting resolutions were adopted by the Federation of State Boards of Licensure, and by the Council on Medical Education and Hospitals of the American Medical Association.

The program was accepted with many misgivings as a war emergency measure because there was no other method by which the production of doctors could be increased without seriously lowering medical educational standards. Increased admissions were not possible; in fact, the rate at which essential teachers were being called to military duties seriously threatened our ability to maintain pre-war admission levels.

The chief criticisms that have been directed against the program are:

1. That medical standards were being lowered.

2. That the war would be over before any appreciable number of doctors would be made available.

3. That the health of the medical students was endangered.

4. That the student would have no time for contemplation and digestion of new material.

### *Medical Standards*

Prior to 1940, the academic year in most medical colleges began about the first of October and ended early



in June of the following year. Although about 36 weeks elapsed between the opening and closing dates, if we deduct the time lost at Christmas, Easter and other holidays, few students normally received more than 32 weeks of instruction in each calendar year. Under the present program the academic year consists of three terms of 12 weeks each in class room, laboratory or on the ward. In other words, the instructional part of the academic year has been lengthened from the 32 weeks of the pre-war program to 36 weeks under the present plan . . .

Under the pre-war schedule the student completed his four academic courses in 128 weeks of instruction. Under the present program, 144 weeks of instruction are required to complete the medical course. This amounts to a total of 16 weeks of additional instruction—a full semester more than under the pre-war program.

These 16 additional weeks make it possible to place extra stress on tropical medicine, shock, traumatic surgery, psychiatry and other subjects grouped under the general title of war medicine, without eliminating any essential subjects from the regular curriculum.

#### *Production of Doctors*

Within the first 18 months following the adoption of the present teaching program, two classes have been graduated. More than 10,000 new physicians have been made available for civilian and military needs. The first class was graduated in the early spring of 1943, saving three or more months' time. Most of these have completed their internships and are now in or available for military services. By the end of the present year more than 16,000 new physicians will have been graduated. This is approximately 6,000 more than would have been available were it not for the war emergency program. In normal times, the number of

graduates annually exceeds the losses in the profession by less than 1,800. War casualties and the increased mortality that is almost sure to occur in civilian practice because of the excessive load being carried by the older physicians will probably cancel much of this normal increase.

It is, therefore, probable that even in the event of an early peace, there will be a serious shortage of civilian doctors. It may be necessary to continue the accelerated program after the war because of a civilian medical emergency.

#### *Student Health*

Sufficient data have been advanced during the past decade by Diehl, Hetherington, Myers and others to make all medical educators aware that a real health hazard faces every student in medicine. The annual increase in the number of reactors to the tuberculin test is very alarming. Certainly, any condition tending to increase this hazard must be avoided. Since the greatest increase of reactors occurs in the clinical years, much of the fault must result from careless habits in the ward, dispensary and post mortem room, because the academic pressure is no greater than during the first two years. The present program has not materially increased academic pressure. On the other hand, much of the non-curricular pressure has been removed for most of our students, since they do not have financial worries. The few additional weeks added to each academic year should not add significantly to the health hazard. It is begging the question to suggest that these long summer vacations were necessary for the health of the student. Most of the students utilized the time to provide funds needed to continue their medical training. This necessity frequently forced them to accept jobs just as hazardous to their health as are the academic courses. In fact, many of them, following their sophomore year, spent the summer



vacation in hospitals, sanatoria, or other eleemosynary institutions, merely a change in the location of their occupation perhaps to less protected contacts . . .

#### *No Time for Contemplation*

Since only a minimal amount of new material has been added to the curriculum, and more than 10% of time has been added to the academic year, there should be just as much time for contemplation as under our former program. Certainly, the long summer vacations spent on paving gangs or at other hard labor were not conducive to serious medical contemplation. Or does this explain why so many road workers under WPA spent so much time leaning on their shovels?

Since the students need not do outside work for self-support, in fact, most of them are not permitted under military regulations to accept remunerative jobs during the school year, they should have more time for the library or other productive efforts. Judging from the epidemic of marriages sweeping our medical campuses during the past year, many students have ample time for one form of contemplation.

It is regrettable that the especially gifted student is unable to interrupt his course to carry on a research project as in the past. The Selective Service Act, not the accelerated program, prevents this.

#### *Summary and Conclusions*

The accelerated program is meeting the condition for which it was adopted. It is definitely adding to the production of doctors. The financial worries of 80% of the students have been solved. Their health should not be endangered more than under pre-war conditions. In fact, there are reasons why it might be improved . . .

Have the standards been maintained? Under war conditions most standards suffer. The students are not an exception. They are restless and uncertain of their future. The

recent change in the internship and resident requirements has not improved this state. No form of program could improve this situation during war times.

In a survey of the medical colleges made by Johnson in 1942 he found that "23 schools reported that the losses of faculty had handicapped teaching minimally, 23 moderately and 10 considerably." If a similar survey were made today, I fear that most of the schools would report a considerable hampering because of additional staff reductions. Any further reduction in the staff will definitely affect the teaching in all schools, seriously lowering the standards in a few of them.

There is no question that the accelerated program adds to the teaching load of these reduced staffs. They are tiring under this extra burden of teaching and under the heavy load of additional clinical work caused by the shortage of civilian doctors. The recent reduction in the number of residents in teaching hospitals is certain to reduce the quality of teaching on the wards and in the outpatient services. However, I believe that we can assure you that the two classes graduated during the past 18 months will average well with the graduates of pre-war days. I wish I could be as sure of the quality of all other classes for the duration. A number of schools report a decided let down in the present upper classes.

Up to the present, all the students admitted to our schools have been selected by the faculties of the respective colleges. With the exception of the present freshman class, all the students have met the regular pre-war admission standards of the particular school he entered. Many of the members of the freshman classes and at least 80% of all new admissions for the duration will present only the reduced emergency premedical training. After January 1, 1945, they will have had only the concentrated military premedical courses.

Many of these courses will be taken in very large classes, with minimal personal instruction and under very difficult study conditions. What effect this regimented program will have on the quality of our future classes only time will tell. The fact that most of these students will not have a choice of schools, and that the schools will not have a direct voice in the selection of their students, may materially change the type of the student body. Whether this change will

be for better or worse remains to be seen.

Despite all these handicaps the faculties of our approved medical colleges will continue to demand quality work from all their students. That a uniform is not a protection against academic failure has been amply demonstrated during the past year. The Association of American Medical Colleges will, as it has for many decades, insist on the maintenance of adequate medical standards by all member colleges.

## OUR WEEK IN THE NORTH SIDE HOSPITAL

By Frank (RG) in Collaboration with Dr. W.

As the engines of our old autos get clogged up with sediment and have to go to the garage for adjustment, so our physical working parts get gummed up, more or less, and have to be checked up and looked after to keep running right.

So Dr. Williams and I came to the conclusion we would go over to the hospital and have them put their various gadgets on our vital organs and look at our tongues to see if old age was grinding down our remaining vitality. We were greeted there with words of welcome from many who had looked after us at other times and were eager to help us now in our distress.

Under the care of our special nurse, we were tucked into our warm white beds as carefully as youngsters in a cradle.

One of Dr. W's complaints was the Rotundity of his girth, for his belt was in its last notch and likely to break out with embarrassing results while mine went twice around me and I was afraid to go out in a breeze for fear of blowing away.

There is often a humorous side to many of the dull things of life if one can get his mind away from the physical or mental ailments that cloud the horizon.

Our room was made gay with flowers from Dr. W's garden at

home and the buds were often given to admiring friends. One day the maid who looked after our ice water made a pretty picture of herself by pinning a few roses on her black tresses. Then she tried to improve my appearance by tying a bunch of them on my top-piece, but having no hair on which to tie the flowers, she fastened them on with strips of adhesive tape and I presented a living bouquet as I walked along the corridor till the nurse came along and sent me back to bed again.

Another morning, to relieve the monotony of a dull day, after the nurse had inserted the thermometers under our tongues and left the room on some errand, Dr. W. took his out of his mouth and laid it against the bowl of his pipe that he had been smoking and it went up to 100 degrees. When the nurse returned and read the figures there was consternation and reason for immediate action. But, my loud smile gave the joke away and the crisis ended without any ill effects other than the comment from the patient nurse that we were both bad boys.

So the days rolled rapidly around with improvement to both of us and we said good bye to the numerous friends 'till we have to come again.

*August*

## PENICILLIN: The Indications, Contra-Indications, Mode of Administration and Dosage for Penicillin

From War Production Board, Office of Penicillin Distribution, Chicago, Ill.

Physicians who desire to employ sodium salt of penicillin, in the treatment of conditions hitherto not amenable to or resistant to therapy with sulfonamide drugs or other agents, should be guided by the following summary.

This report has been prepared by Dr. Chester S. Keefer, Chairman of the Committee on Chemotherapy of the National Research Council and Consultant to the Office of Scientific Research and Development. It is based upon a study of over three thousand cases which have been reported to him, covering experience gained by clinical teams and physicians in a number of institutions. This long series of carefully controlled and reported cases has resulted in authoritative data upon which to base recommendations as to indications, contra-indications, mode of administration and dosage for penicillin.

In releasing penicillin for controlled use in the civilian practice of medicine, the War Production Board through the Office of Civilian Penicillin Distribution desires to make penicillin available to the greatest number of patients to whom its administration is justified without wasting precious material. Therefore, it recommends Dr. Keefer's summary as a guide for treatment with penicillin in hospitals and institutions.

The text of the report prepared by Dr. Keefer, representing the recommendation of the Office of Scientific Research and Development and the National Research Council, follows:

Based upon the experience gained in the past year with penicillin therapy, it has been found that penicillin is the best therapeutic agent available for treatment of certain conditions, as follows:

### GROUP I INDICATIONS

1. All staphylococcic infections with and without bacteremia:

Acute osteomyelitis  
Carbuncles—soft tissue abscesses  
Meningitis  
Cavernous or lateral sinus thrombosis

Pneumonia—empyema  
Carbuncle of kidney  
Wound infections

2. All cases of clostridia infections:  
Gas gangrene  
Malignant edema

3. All hemolytic streptococcic infections with bacteremia and all serious local infections:

Cellulitis  
Mastoiditis with intra-cranial complications, i. e., meningitis, sinus thrombosis, etc.

Pneumonia and empyema  
Puerperal sepsis  
Peritonitis

4. All anaerobic streptococcic infections:

Puerperal sepsis

5. All pneumococcic infections of  
Meninges  
Pleura  
Endocardium

All cases of sulfonamide-resistant pneumococci pneumonia

6. All gonococcic infections complicated by

Arthritis  
Ophthalmia  
Endocarditis  
Peritonitis  
Epididymitis

Also all cases of sulfonamide-resistant gonorrhoea

### INDICATIONS IN GROUP II

Penicillin has also been found to be an effective agent in the following diseases but its position has not been definitely defined:

1. Syphilis  
2. Actinomycosis  
3. Bacterial endocarditis

### CONDITIONS IN GROUP III OF QUESTIONABLE VALUE

Penicillin is of questionable value in mixed infections of the peritoneum and liver in which the predominating organism is of the gram negative flora—i. e.

1. Ruptured appendix
2. Liver abscesses
3. Urinary tract infections
4. It is also of questionable value in rat bite fever due to streptobacillus moniliformis

### GROUP IV CONDITIONS CONTRA-INDICATED

Penicillin is contra-indicated in the following cases because it is ineffective:

1. All gram negative bacillary infections:

- Typhoid—Para-typhoid
- Dysentery
- E. Coli
- H. influenza
- B. Proteus
- B. Pyocyaneus
- Br. melitensis (undulant fever)
- Tularemia
- B. Friedlanders
- 2. Tuberculosis
- 3. Toxoplasmosis
- 4. Histoplasmosis
- 5. Acute rheumatic fever
- 6. Lupus erythematosus diffuse
- 7. Infectious mononucleosis
- 8. Pemphigus
- 9. Hodgkin's disease
- 10. Acute and chronic leukemia
- 11. Ulcerative colitis
- 12. Coccidiomycosis
- 13. Malaria
- 14. Poliomyelitis
- 15. Blastomycosis
- 16. Non-specific iritis and uveitis
- 17. Monilliasis
- 18. Virus infections
- 19. Cancer

### TREATMENT OF INFEC- TIONS WITH PENICILLIN

The recommendations put forth in Dr. Keefer's report, based on the wide experience gained under varied

conditions of use and purpose, follow:  
*Method of preparing penicillin for treatment*

Penicillin is supplied in ampoules and vials of 100,000 units each. Inasmuch as penicillin is extremely soluble, it may be dissolved in small amounts of sterile, distilled, pyrogen-free water, or in sterile, normal saline solution. When large unit sizes are being used in hospitals, the contents of the ampoule should be dissolved in water or saline so that the final concentration is 5,000 units per cubic centimeter. This solution should be stored under aseptic precautions in the ice box, and made up freshly every day. Solutions for local or parenteral use may be diluted further depending upon the concentration desired.

#### *A. For intravenous injection*

1. The dry powder may be dissolved in sterile physiological salt solution in concentrations of 1,000-5,000 units per cc. for direct injection through a syringe.

2. The dry powder may be dissolved in sterile saline or 5 per cent glucose solution in lower dilution (25-50 units per cc.) for constant intravenous therapy.

#### *B. For Intramuscular injection*

1. The total volume of individual injections should be small, i. e., 5,000 units per cc. of physiological saline.

#### *C. For topical application*

1. The powdered form of the sodium salt is irritating to wound surfaces and should not be used.

2. Solutions in physiological salt solution with a concentration of 250 units per cc. are satisfactory. For resistant or more intense infections this concentration may be increased to 500 units per cc.

#### *Methods of administration of penicillin*

There are three common methods of administering penicillin—intravenous, intramuscular, and topical. Subcutaneous injections are likely to be painful and should be avoided.

Repeated intramuscular injections may be tolerated less well than repeated or constant intravenous injections. In many cases, however, the intramuscular route may be the one of choice.

In the treatment of meningitis, empyema, and surface burns of limited extent, penicillin should be used topically, that is, injected directly into the subarachnoid space, in the pleural cavity, or applied locally in solution containing 250 units per cc.

#### *Dosage*

The dosage of penicillin will vary from one patient to another depending on the type and severity of infection. In our experience recovery has followed in many serious infections following 40,000 to 50,000 Oxford units a day, in others 100,000 to 120,000 or even more is necessary. The objective in every case is to bring the infection under control as quickly as possible. The following recommendations are made at the present time with a full realization that revisions may be necessary as experience accumulates.

It is well to remember that penicillin is excreted rapidly in the urine so that following a single injection it is often impossible to detect it in the blood for a period longer than 2 to 4 hours. It is well, therefore, to use repeated intramuscular or intravenous injections every 3 or 4 hours, or to administer it as a continuous infusion.

*A. In serious infections with or without bacteremia* an initial dose of 15,000 or 20,000 Oxford units with continuing dosage as

1. Constant intravenous injection of normal saline solution containing penicillin so that 2,000 to 5,000 Oxford units are delivered every hour, making a total of 48,000 to 120,000 units in a 24-hour period. One half the total daily dose may be dissolved in a liter of normal saline solution and allowed to drip at the rate of

30 to 40 drops per minute.

2. If continuous intravenous drip is undesirable, then 10,000 to 20,000 units may be injected intramuscularly every 3 or 4 hours.

3. After the temperature has returned to normal the penicillin may be stopped and the course of the disease followed carefully.

*B. In chronically infected compound injuries, osteomyelitis, etc.,* the dosage scheduled should be 5,000 units every two hours or 10,000 units every four hours parenterally with local treatment as indicated. This dosage schedule may have to be increased, depending upon the seriousness of the infection, and response to treatment.

#### *C. Sulfonamide-resistant gonorrhea*

1. 10,000 units every 3 hours intramuscularly or intravenously for 10 doses. It is not likely that the same effect may be obtained with 20,000 units every 3 hours for 5 doses. The minimum dosage has not been worked out completely. The results of treatment should be controlled by culture of exudate.

#### *D. Empyema*

1. Penicillin in normal physiological saline solution should be injected directly into the empyema cavity after aspiration of pus or fluid. This should be done once or twice daily, using 30,000 or 40,000 units depending upon the size of the cavity, type of infection and number of organisms. Penicillin solutions should not be used for irrigation. It requires at least 6 to 8 hours for a maximum effect of penicillin.

#### *E. Meningitis*

1. Penicillin does not penetrate the subarachnoid space in appreciable amounts, so that it is necessary to inject penicillin into the subarachnoid space or intracisternally in order to produce the desired effect. Ten thousand units diluted in physiological saline solution in a concentration of

(Continued on Page 240)



## Honor Roll



- Capt. C. M. Askue, 0545102, A.P.O. 5541, c/o Postmaster, N. Y. City.  
 Lt. W. H. Atkinson, Jr., M.C., Ft. Huachuka, Arizona.  
 Capt. O. A. Axelson, 01693329, Med. Det., Div. Hq. Co., A.P.O. 253, c/o Postmaster, New York City.  
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 Capt. Joseph Colla, M. C., Post Surgeon & Comm. Officer, 2542 S. U., P. O. Box 1142, Alexandria, Va.  
 Major Fred S. Coombs, M. C., Truax Field, Madison, Wis. (Res. 2142 Rowley Ave.)  
 Lt. C. H. Cronick, Station Hospital, Maxwell Field, Montgomery, Ala.  
 Lt. Comm. A. R. Cukerbaum, M.C., U.S. Nav. Hosp., Great Lakes, Ill.  
 Capt. S. L. Davidow, M. C., Camp Bowie, Texas.  
 Capt. G. E. DeCicco, 0-169334, 532nd Rgt. Med. Det., APO 322, c/o Postmaster, San Francisco, Cal.  
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 Capt. Samuel Epstein, M.C., (0-342038) 31st Field Hosp., A.P.O. 956, c/o P. M., San Francisco, Cal.  
 Lt. Comm. W. H. Evans, U.S.S. Rixey, c/o Fleet P.O., San Francisco, Cal.  
 Capt. B. I. Firestone, M.C., 6th Gen. Disp., A.P.O. No. 600, c/o P. M., N. Y. City.  
 Lt. Comm. J. L. Fisher, U.S.N.R., Camp Endicott, Davisville, R. I.  
 Lieut. J. M. Gledhill, 0-296900, 1st Med. Squad. Grp. B, A.P.O. 201, c/o Postmaster, San Francisco, Cal.  
 Major S. D. Goldberg, M.C., 0-347772, 135th Gen. Hosp., APO 515, c/o Postmaster, N. Y. City.  
 Capt. John S. Goldcamp, 0-316784, 44th Gen. Hospital, A.P.O. 4759, c/o Postmaster, San Francisco, Cal.  
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 Capt. Raymond Hall, Sta. Hospital, Camp Knox, Ky.  
 Major H. E. Hathhorn, 0-228588, 83rd Gen. Hosp., APO 209, c/o Postmaster, N. Y. City.  
 Capt. Malcolm H. Hawk, M.C., 0-406615, 44th Gen. Hospital, A.P.O. 4759, c/o Postmaster, San Francisco, Cal.  
 Major Herman H. Ipp, Sta. Hosp., Army Air Forces Navigation School, San Marcos Army Air Field, San Marcos, Texas.  
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 Capt. M. M. Kendall, M.C., (0-1693337) 395th Ser. Squadron, 85th Ser. Group, A.P.O. 637, c/o Postmaster, N. Y. City.  
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 Lt. Col. J. E. L. Keyes, A.S.F.T.C., Ft. Lewis, Washington.  
 Capt. S. J. Klatman, M. C., 0-466195, 522nd Med. Hospital, Ship Plat. (Sep.) P.O.E., Charleston, S.C.  
 Capt. Herman A. Kling, Sta. Hosp., Camp Reynolds, Greenville, Pa.





## Honor Roll



- Capt. J. B. Kupec, M.C., Sta. Hosp., Army Air Base, Alamogordo, N. Mex.  
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 Maj. A. C. Marinelli, M.C., Camp Surg., Camp Plauche, New Orleans 12, La.  
 Capt. H. D. Maxwell, M. C., Camp Ripley, Minn.  
 Major P. R. McConnell, Mayo Gen. Hosp., Galesburg, Ill.  
 Lt. Col. W. D. McElroy, M.C., 0-481929, 32nd Sta. Hosp., APO 364,  
 c/o Postmaster, N. Y. City.  
 Capt. R. H. Middleton, M. C., 1570th Ser. Unit, Med. Detachment, Camp  
 Breckenridge, Morganfield, Ky.  
 Passed Ass't Surgeon, (r) A. W. Miglets, U. S. Marine Hosp., Chicago, Ill.  
 Lt. Comm. Stanley A. Myers, M.C., U.S.N.R., Camp Sampson, N. Y.  
 Capt. M. W. Neidus, M.C., Hq. A.G.F., R.D. 1, Ft. George Meade, Md.  
 Major G. G. Nelson, M.C., 0230600, 182nd Sta. Hosp., A.P.O. 382,  
 c/o Postmaster, N. Y. City.  
 Lt. Col. John Noll, Jr., M.C., Sta. Hosp., Mitchell Field, N. Y.  
 Major R. E. Odum, M.C., 0-494870, 821st M.A.E.T. Squad., A.P.O.  
 5179, c/o Postmaster, N. Y. City.  
 Maj. T. E. Patton, Med. Dept. Replace. Train. Center, Camp Grant, Ill.  
 Lt. Robert L. Piercy, M.C., 0543543, Sta. Hosp., Camp Callan, San  
 Diego 14, Cal.  
 Capt. Asher Randall, 1560th Ser. Unit, Camp Atterbury, Indiana.  
 Capt. Clara Raven, M.C., Newton D. Baker Gen. Hosp., Martinsburg, W.Va.  
 Major L. K. Reed, M.C., Sta. Hosp., Army Air Base, Muroc Field, Cal.  
 P. Ass't Sur. (R) H. J. Reese, Apt. 2006-D N. Portier Ct., Mobile, Ala.  
 Lt. Comm. John A. Renner, U. S. Naval Hosp., Quarters K, Great Lakes, Ill.  
 Capt. John A. Rogers, M.C., 0449653, 262nd Sta. Hosp., A.P.O. 782,  
 c/o Postmaster, New York City.  
 Capt. M. S. Rosenblum, M.C., 01693517 A.R.D., APO 851, c/o  
 Postmaster, Miami, Fla.  
 Capt. J. M. Russell, M.C., U.S.N.R., Naval Repair Base, Main Dispensary,  
 San Diego, Cal.  
 Lieut. Samuel Schwebel, M.C., U.S.N., U.S.S. Kankakee, c/o Fleet Post  
 Office, San Francisco, Cal.  
 Major C. W. Sears, M.C., (0-295896), 313th Sta. Hospital, A.P.O. 553,  
 c/o P.M., N. Y. City.  
 Capt. J. L. Scarnechia, M.C., 01693543, 38th M.R. and R. Sq. 326  
 Serv. Group, A.P.O. 149, c/o Postmaster, N. Y. City  
 Lt. L. S. Shensa, M.C., Lawson Gen. Hospital, Chief, Fever Therapy Dept.,  
 Atlanta, Ga.  
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 Postmaster, San Francisco, Cal.  
 Maj. Ivan C. Smith, 0-234333, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.  
 Lt. (j.g.) Wm. E. Sovik, M.C., U. (g) U.S.N.R., 292 U.S.L.S.T.,  
 c/o Fleet P. O., N. Y. City.  
 M. M. Szucs, U.S.P.H.S. (R) Passed Ass't Sur., U. S. Public Health  
 Hospital, Manhattan Beach, Brooklyn, N. Y.  
 Capt. Samuel Tamarkin, M. C., A. A. B., Columbia, S. C.  
 Capt. Densmore Thomas, M.C., 01693343, A.P.O. 38, Co. B 113th Med.  
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 c/o Postmaster, San Francisco, Calif.  
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 Capt. L. W. Weller, M.C., Champ Chaffee, Ft. Smith, Ala.  
 Capt. John A. Welter, 0-1693346, 437th Med. Coll. Co. (Sep.), A.P.O.  
 403, c/o Postmaster, New York City.  
 Lieut. Com. H. S. Zeve, M.C., (USNR), U. S. Naval Hospital, Navy 117,  
 Box H, c/o Fleet P. O., N. Y. City.



# Honor Roll



## Youngstown Hospitals' Internes

- Lt. W. Frederick Bartz (A prisoner of the Japs).
- Capt. David E. Beynon, 903rd AAA AW Bt'n, A.P.O. 827, c/o Postmaster, New Orleans, La.
- Capt. Kenneth E. Camp, M.C., (01693332) Co. B., 113th Med. Bn., A.P.O. 38, c/o P. M., San Francisco, Cal.
- Capt. Louis D. Chapin, M.C., 0447640, 82nd Gen. Hosp., A.P.O. 515, c/o Postmaster, N. Y. City.
- Lt. Walter V. Edwards, Jr., Ft. Hayes, Columbus, Ohio.
- Lt. Howard R. Elliott, Ft. Benjamin Harrison, Indiana.
- Lt. William E. Goodman, Co. B., 83rd Medical Battalion, 13th Armored Division, A.P.O. 263, Camp Beale, California.
- Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, A.P.O. 43, c/o Postmaster, San Francisco, Cal.
- Lt. James Hamilton, M.C., U.S. Navy, A.P.O. 661, c/o Postmaster, New Orleans, La.
- Capt. Woodrow S. Hazel, Station Hospital, Lowry Field, Colorado.
- Lt. R. J. Heaver, 0-435472, 104th Gen. Hosp., APO 5444, c/o Postmaster, N. Y. City.
- Lt. Joseph M. Herbert, Ft. Sam Houston, Texas.
- Capt. Herbert Hutt, 0444445, A.P.O. 7684, c/o Postmaster, N. Y. City.
- Richard P. Jahn, (Address Wanted)
- Major Louis R. Kent, M. C., (0379847) Med. Det., 506th Parachute Inf. Reg., A.P.O. 472, c/o Postmaster, New York City.
- Capt. Sydney Keyes, A. P. Hill Military Reservation, Virginia.
- Passed Ass't Surgeon R. S. McClintock, U.S.S. Wakefield, c/o Fleet P.O., New York City.
- Major Donald A. Miller, M.C., (0-471307), 30th Station Hospital, A.P.O. 690, c/o P. M., N. Y. City.
- Capt. Albert M. Mogg, Co. C, 329th Medical Bat., Army P.O. 104, Camp Adair, Oregon.
- Lt. Wilbur V. Moyer, (Address Wanted)
- Lt. Melton E. Nugent, Aberdeen, S. Dakota.
- Lt. Raymond M. Neemann, Algoma, Wisconsin.
- Capt. Howard E. Prosser, Jr., 0-352554, 509 M.P. Bn., A.P.O. 230, c/o P. O. New York City.
- Capt. Louis G. Ralston, A.S.N.-O-47972, 533rd Sqd., 381st Bomb G. P., A.P.O. 634, c/o Postmaster, New York City, N. Y.
- Capt. Frederick L. Schellhase, M.C., 0-490063, Fifth Air Force Hq. Advan., APO 713, Unit 1, c/o Postmaster, San Francisco, Cal.
- Major Charles R. Sokol, M.C., 15th Fighter Group, A.P.O. 959, c/o Postmaster, San Francisco, Cal.
- Capt. Frederick R. Tingwald, M.C., 60th Field Artillery Battalion, A.P.O. 9, c/o Postmaster, New York City.
- Lt. Nevin R. Trimbur, 2nd Ech., Cub 9, c/o Fleet P.O., San Francisco, Cal.
- Capt. Richard W. Trotter, Hq. 151st Med. Bn., A.P.O. 689, c/o Postmaster, New York City.
- Robt. E. Tschantz, Home address, 740 Seventh St., N. W., Canton, Ohio.
- Lt. Clyde K. Walter, 0-529601, 124th Gen. Hosp., APO 5568, c/o Postmaster, N. Y. City.
- Walter B. Webb, Ass't. Sur. (R) Federal Penitentiary, Lewisburg, Pa.





# Honor Roll



## St. Elizabeth's Internes

- Capt. Adanto D'Amore, Med. Corp. U. S., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
- Maj. Geo. L. Armbrrecht, M.C., (0357508) Med. Det. 8th Inf., A.P.O. 4, c/o Postmaster, New York City.
- Capt. Nathan D. Belinky, M.C., American Prisoner of War, Interned in Philippine Islands, c/o Japanese Red Cross, Tokyo, Japan, Via New York, N. Y.
- Dr. Donald J. Burmingham (P.H.S.) 210 Domer Ave., Takoma Park, Md.
- Major David D. Colluci, 0-380761, 131st Gen. Hosp., APO 5541, c/o Postmaster, N. Y. City.
- Lt. C. J. Duby, M.C., 62 Lawson Gen. Hospital, Atlanta, Georgia.
- Maj. E. F. Hardman, Station Hosp., Morris Field, Charlotte, N.C.
- Lt. Morris I. Heller (Address Wanted).
- Lt. V. G. Herman, Public Health Dispensary, 4th and D. Street, Washington, D. C.
- Capt. Sanford Kronenberg, M.C. (01693635) 118th Station Hospital, A.P.O. 464, New York, N. Y.
- Capt. H. C. Marsico, M.C., Co. B 48th Med. Bn., A.P.O. 252, c/o Postmaster, New York City.
- Maj. Stephen W. Ondash, M.C., 4th Aux. Surg. Group, Lawson General Hospital, Atlanta, Georgia.
- Capt. A. K. Phillips, Patterson Field, Fairfield, Ohio.
- Lt. C. E. Pichette, 185 Otsega, Ilion, N. Y.
- Capt. Joseph Sofranec, (0489202) 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.
- Lt. L. J. Thill, c/o U.S.S. Bibb, Fleet Post Office, New York, N. Y.
- Lt. John Veit, Southwest Pacific. (Correct address wanted).

## Corydon Palmer Dental Society

S. R. Abrams	R. C. Harwood	J. A. Parillo
M. Alpern	P. B. Hodes	F. K. Phillips
N. J. Alterio	J. J. Hoffrichter	A. E. Plahy
	J. J. Hurray	W. S. Port
G. R. Backus		R. W. Price
M. W. Baker	F. D. Irwin	E. W. Reed
V. P. Balmenti	W. T. James	P. P. Ross
F. C. Beaumont	P. P. Jesik	W. R. Salinsky
T. L. Blair	T. K. Jones	J. F. Schmid
E. L. Boye	H. E. Kerr	R. A. Senseman
R. V. C. Carr	A. S. Lasky	J. E. Shafer
J. D. Chessrown		J. J. Sirotnik
F. E. Elder	A. Malkoff	P. W. Suitor
	J. L. Maxwell	J. M. Thornhill
C. F. Fester	W. J. McCarthy	R. E. Wales
A. E. Frank	W. V. Moyer	D. J. Welsh
L. Galvin	A. G. Nicolette	W. T. Willis



# Honor Roll



## St. Elizabeth's Hospital Nurses

Regina Aleksiejezyk	Virginia Frame	Shirley O'Horo
Rita Bahen	Hilda Gherasin	Alma Pepper
Ruth Billock	Mary Grace Gabig	Marie Perfett
Bettijane Binsley	Irene Griffin	Congetta Pietra
Roselyn Block	Ann Hassage	Ann Pintar
Clara Bossa	Ann Heiser	Teresa Schlecht
Margaret Brnsko	Margaret M. Hogan	Margaret Somplack
Ursula Burke	Catherine Holway	Anna Sullivan
Betty Lou Butler	Mary L. Kelley	Susan Vanish
Eleanor Cassidy	*Mary Klaser (Deceased)	Rose Vertucci
Ann Chmura	Helen Kral	Irene Vassey
Mildred Clarke	Laura Kuclyeski	Ann Walko
Louise Cox	Mary Lubonovic	Beverly Walton
Catherine Crogan	Mildred Lymburner	Mary Louise Yamber
Virginia De Paul	Mary McCambridge	Ethel Yavorsky
Helene Dlubos	Clara McNeish	Mildred Yavorsky
Ann Dorsey	Eileen Magill	Margaret Yerman
Catherine Doyle	Theresa Magyar	Helen Zamary.
Mary Rita Duffey	Margaret Maletic	Helen Zerovitch
Mildred Engel	Josephine Malito	Mary Ziroff
Mary Fehrenbaugh	Matilda Margison	
Cecilia Flannery	Annabelle Mouskey	

## Youngstown Hospital Nurses

Mabel Anderson	Mary Ann Herzick	Mary Petransky
Ellen Andre	Gertrude Hitchcock	Edna May Ramsey
Ethel Baksa	Rosemary Hogan	Lucille Reapsummer
Dorothy Barner	Frances Bulla Holden	Mary Resti
Mary Berkowitz	Mary Hovanec	Ruth Rider
Vera Best	Elizabeth Hudock	Marie Rolla
Suzanne Boehm	Irene Janceski	Rose Rufener
Stella Book	Agnes Keane	Margaret Scarnecchia
Jane Bowles	Kathleen Kemerer	M. Schnurrenberger
Betty Boyer	Katherine Keshock	Mary Margaret Shore
Florence Brooks	Eugenia Kish	Ruth Simmons
Dorothy Buckles	Lois Knopp	Mary Louise Smith
Ruth Burrage	Irma Kreuzweiser	Mary Stanko
Marjorie Bush	Jessie Lane	Donna Stavich
Victoria Dastoli	Marietta Leidy	Virginia E. Stewart
Margaret Davis	Vivian Lewis	Stella Sylak
Dorothy Dibble	Virginia Lickner	Mary Taddei
Marietta Dressel	Olive Long	Julia Takach
Mary Dudzinsky	Ruby Lundquist	Freda Theil
Rita Duffy	Jean Marsh	Ursula Thomas
Nellie Duignan	Elizabeth McBride	Rebecca Ulansky
Clara Esterhay	Pauline McCoy	Anna Vanusek
Margaret Fajak	Jeannette McQuiston	Madaline Vranichich
Ruth Friedman	Delma Moore	Agnes Welsh
Sally Friedman	Hilda E. Mort	Eleanor Whan
Ethel Gonda	Frances Moyer	Edna Williams
Alice Gosnell	Helen Ornin	Pearl Yanus
Dorothy Graves	Dorothy Oswald	Mildred Yocum
Evelyn Louise Hahlen	Anglynne Paulchell	Jennie Zhuck
Elizabeth Heaslip	Ruth Peters	

## DID YOU KNOW THIS?

From State Headquarters Selective Service System

Subject: Political Activity

Dear Colonel Goble:

In view of the coming political campaigns and elections, the attention of all State Directors is invited to the prohibitions contained in the Civil Service Act and Rules, the Executive Order of 1873, as amended by the Executive Order of August 27, 1933, the so-called "Hatch Act" of August 2, 1939, (53 Stat. 1148) against political activity on the part of officers and employees of the Federal Government, and the amendment of section 9(a) of the Hatch Act by the Second War Powers Act of 1942 exempting part-time officers or part-time employees without compensation or with nominal compensation serving in connection with the existing war effort, other than in any capacity relating to the procurement or manufacture of war material, from the prohibition against taking any active part in political management or in political campaigns.

Local board and other offices of the Selective Service System shall not be used for the purpose of holding political meetings of any kind, nor shall they be used as a place for political discussions or for planning political activities of any description.

While section 9(A) of the Hatch Act, as amended, does not bar the uncompensated personnel of the Selective Service System from engaging in political management or political campaigns, such personnel who engage in political management or campaigns shall so conduct their activities as not to bring criticism or discredit upon the Selective Service System. Under no circumstances should they use their official position for political purposes, or influencing an election or affecting the results thereof, nor should they permit politics to affect their official acts as

members of the Selective Service System.

The Hatch Act, the Civil Service Act of 1883, as amended, and the Rules and Regulations of the United States Civil Service Commission contain prohibitions against political activity on the part of civilian employees of the Federal Government, which affect all of the compensated employees of the Selective Service System. Among the many prohibited activities on the part of officers and employees of the Federal Government are the following:

1. The solicitation or receipt of political contributions by one officer or employee from another;

2. The giving or handing over of a political contribution by one officer or employee to another;

3. The solicitation or receipt of any thing of value, either for personal reward or as a political contribution, in return for the promise, to use, or the use of, influence to secure an appointive office under the United States;

4. The payment or the offer of payment for the use of influence in securing an appointive under the United States;

5. Becoming a candidate for any elective office under Federal, State, county, or municipal governments;

6. Betting or wagering upon the results of primary or general elections;

7. Organizing a political parade, being an officer, leader, or marching in such a parade;

8. Distributing campaign literature, badges or buttons;

9. Becoming prominently identified with any political movement, party or faction, or with the success or failure of any candidate for election to public office;

10. Serving on any political committee or similar organization;

## September Meeting

**Speaker:**

**FREDERICK R. MAUTZ, M. D.**

Assistant Professor of surgery, Western Reserve University School of Medicine and Associate Surgeon, University Hospitals of Cleveland.

**Subject:**

**"CLINICAL ASPECTS OF BIOCHEMICAL  
DISTURBANCES IN SURGICAL PATIENTS"**

**Something about Dr. Mautz:**

B. S., Physics, Case School of Applied Science, 1929; M. D., Western Reserve School of Medicine, 1933; Hospital training in surgery at University Hospitals of Cleveland; Also Crile Fellow in Surgical Research, Western Reserve School of Medicine. Present titles: Assistant Professor of Surgery, Western Reserve University School of Medicine and Associate Surgeon, University Hospitals of Cleveland.

**YOUNGSTOWN CLUB**

**Tuesday, September 19th, 1944—8:30**

11. Being active in organizing a political club, being an officer in such a club, serving as a member or officer of its committees, or to address such a club;

12. Service in preparing for, organizing, or conducting a political meeting or rally, addressing such a meeting, or taking any part therein, except as a spectator;

13. The solicitation of votes, assisting in counting votes, acting as an accredited checker, watcher, or challenger of any party or faction, or engaging in any activity at the polls except the marking and depositing of his own ballot;

14. Serving as a judge of election, inspector, checker, teller, or as election officer of any kind.

There are many other political activities in which Federal Government officers and employees may not become engaged. It is the duty and responsibility of all such officers and employees to familiarize themselves with the laws and regulations governing such matters.

Under separate cover there is being sent to each State Director a limited supply of Civil Service Form 1236, Political Activity and Political Assessments of Federal Office Holders and Employees, and of the Warning Poster covering political activity of Federal Employees, Civil Service Form 1982. An additional supply of these forms has been ordered from the Government Printing Office for distribution to the State Directors at a later date.

You are requested to bring the contents of this letter and of Civil Service Form 1236 to the attention of all Selective Service System officers and employees, including the uncompensated personnel. The U. S. Civil Service Commission requests also that two copies of the Warning Poster, Civil Service Form 1982, be displayed at each local board office, one copy to be displayed on the bulletin board where it will be avail-

able to the general public, and the second copy to be posted in a conspicuous place where it will be seen by all local board employees.

Sincerely yours,

LEWIS B. HERSHEY, Director.

Civil Service Form 1236, Political Activity and Political Assessments and copy of Warning Poster, Civil Service Form 1982, will be distributed to all units of the Ohio Selective Service System as soon as they are received in this Headquarters.

C. W. GOBLE,  
Colonel, F. D.

State Director of Selective Service.

### The DT's Meeting

The Annual Golf Tournament of the D's—Docs, Dentists and Druggists had a good time together on Thursday afternoon, August 3rd. They met at the Youngstown Country Club. Prizes, golf and door, were awarded to several lucky winners!

Dr. George M. McKelvey won first for the medics, Wenaas second and Harvey third.

A large number of our Dental Colleagues and fellow workers, the Druggists, joined with us in the party. It is to them that a big part of the success of the day is due.

Everybody had a good time. The fellows never for one moment forgot our gallant service men, nor their loved ones here at home. We realize that the anxiety and toil, and the personal sorrow of our own, are very real. We had all these in mind, but we know that our burdened fellows would have us try to relax. They may be sure that they in our hearts play right along with us.

### SOCIAL ERROR

A man and wife, hiking in the woods, suddenly realized they had lost their way. Said the husband: "I wish Emily Post were here with us—I think we took the wrong fork."

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## FROM OUR DOCTORS IN THE SERVICE

Doctors are earnestly requested to write the Bulletin of their activities and by all means CHANGE OF ADDRESS. Let's help keep the good work up.

May 25, 1944

Received March Bulletin. Wish to notify of change of address, which is now 5th A. F. Hq. Advan, APO 713, Unit 1, c/o P. M., San Francisco, Calif.

Have been for the past 7 months Hq. and Hq. Squadron Surgeon, 5th A. F. Hq., Advanced Echelon. Now have 2800 men under my care. Most of my practice consists of Dermatology, because that's what we have most of over here. A good proportion of the skin lesions is made up of a condition known locally as the "Guinea Crud," there being no other recognized name for it. Etiology of this condition is unknown, and treatment is unsatisfactory. Every doctor has his favorite remedy, which runs the gamut from plain lard to the more theoretical forms of dermatological treatments. I have mine, too, which is subject to change at the slightest provocation.

Just returned from 5 weeks on the Australian mainland. Was on temporary duty in Brisbane for 2 weeks, followed by 15 days leave in Sidney and Melbourne. Inadvertently spent one day in Canberra, the nation's capital, where we were forced down by icing winds. Enjoyed leave, except for Australian winter, which is too cold for blood like mine that has been thinned out by almost a year in the tropics.

Am now on new assignment. Am to travel about in the forward areas among 5th A. F. units, organizing lectures and training programs in treatment of gas casualties, for the benefit of the unit surgeons.

Aside from my medical practice, have also been doing veterinary medicine, taking care of dog mascots that don't do well in this climate either. Also castrated a native goat that was suffering from priapism. I mean, a native's goat.

Noted you wanted Howard Possner's address. Had a letter from him recently. He is now in England, also wondering about the second front. His address: Capt. H. E. Possner, 0-352554; 509 M.P. Bn.; APO 230, N.Y.C.

Will soon be finishing one year in New Guinea. Hope to be home before another year. Might be, if we can keep the Nips as Bomb-happy as they are right now. Tojo will soon be wishing that he hadn't made Uncle Sam mad.

Thanks for the Bulletin.

Capt. F. L. Schellhase, M. C.

July 14, 1944

This is one duty I feel we all owe the Bulletin, and the least we can do, let you know of change of address.

My new address is Capt. Samuel Klatman, M.C., 0-455195, 522nd Med. Hospital Ship PL. (Sep) P. O. E., Charleston, S.C.

Capt. Samuel Klatman

\*

July 2, 1944

I have received several issues of the Mahoning County Bulletin and wish to thank you for faithfully trailing my address all over the map.

I believe that in another few weeks it will change again, as they have placed me on general service. That, of course, presages some exposure to a dark blue substance that tastes quite salty. If I am as lucky in the future as I have been in the past, I will still be doing nose and throat work with well trained men, I might even say gentlemen, and I will enjoy it.

Since I saw you last the Army gave me time off to go to New York for a few days on an examination with the American Board of Otorhinolaryngology. I am very happy to say they saw fit to accept me, so I am now "to be known as an official diplomate." This tickles me no end, and I think Dad is pretty pleased also.

While writing I wanted to say I appreciated your selection of notes about social medicine. I believe at least 90% of Army Medics are against any form of centralized medical control. Those who are for it are either fresh out of school, or else were not content in civilian life. You might be interested to know that the first objection seems to be to the possible direction from above as to the treatment and disposition of patients. Rather an inside look into the average man, isn't it? Well, let us hope that instead of a new deal we get a new deck of cards pretty soon.

Lt. Robert L. Piercy

### Sidney Keyes Promoted

Dr. Keyes has been promoted to captain in the medical corps at A. P. Hill Military Reservation, Va. Capt. Keyes enlisted in the army last July as a first lieutenant after completing his internship at Youngstown Hospital.

The Society mourns with Dr. and Mrs. F. J. Bierkamp in the death of their son, who was recently reported lost in action in France. Words are so inadequate, but we do grieve in deepest sympathy.

### Penicillin

(Continued from Page 227)

1,000 units per cc. should be injected once or twice daily, depending upon the clinical course and the presence of organisms.

#### Conclusion

In the many cases studied by accredited investigators, the above schedule has proved to be adequate. The The Office of Civilian Penicillin Distribution, War Production Board, requests medical practitioners, employing penicillin to carefully observe the recommendations stated above as to indications, contra-indications, modes of administration and dosage in order to gain the maximum value from the limited supply of penicillin.

#### Dr. Shorten Married

Dr. E. Arthur Shorten and Miss Mary Virginia Williams were married at St. Andrew's Episcopal Church, July 8th. The bride is a dietitian at South Side Unit, Youngstown Hospital, where her husband is serving his internship.

Dr. A. J. Brandt has been on the sick list but is back on duty again.

### SINCE LAST MONTH—

Dr. and Mrs. W. E. Ranz are visiting in Youngstown for the summer. Their home is in McAllen, Texas.

Major C. W. Sears spent several days with his family early this month.

Dr. and Mrs. W. E. Maine are the parents of a son, their third child, born at St. Elizabeth's Hospital, July 17th.

Dr. and Mrs. Wm. M. Skipp have been notified that their son, Bill, is to report for army service August 18, 1944. He graduated from Carson Long Military Institute as a Cadet Major.

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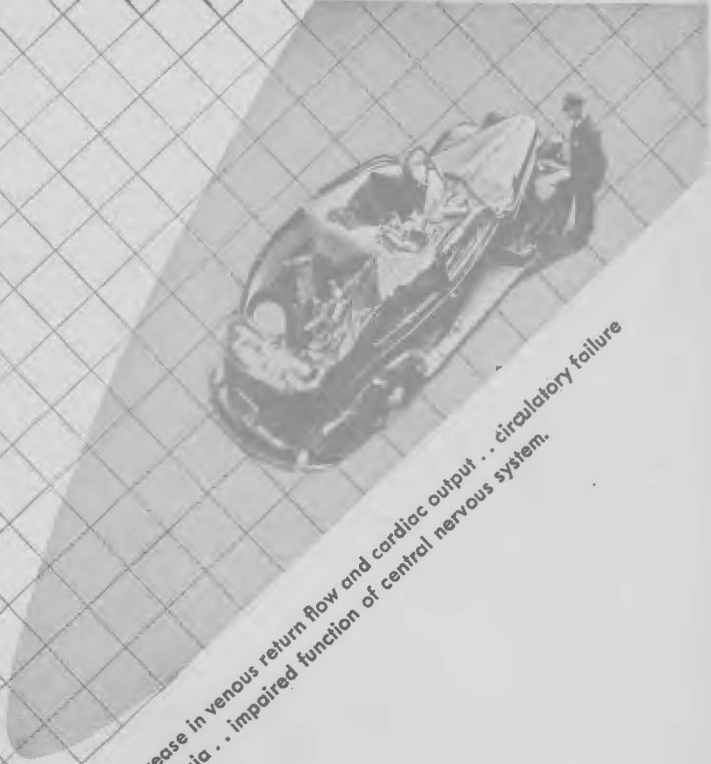
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# *During Food Shortages...*

It is well to bear in mind that dried brewers yeast, weight for weight, is the richest food source of the Vitamin B Complex. For example, as little as 1 level teaspoonful (2.5 Gm.) Mead's Brewers Yeast Powder supplies:

45% of the average adult daily thiamine allowance  
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— in addition to the other factors that occur naturally in yeast such as pyridoxine, pantothenic acid, etc. Following are suggestions for palatably mixing 1 level teaspoonful Mead's Brewers Yeast Powder:

- (1) Shake in cocktail shaker with 4 ounces of milk (with or without 1 level teaspoonful sugar and cocoa).
- (2) Stir with fork into  $\frac{3}{4}$  ounce of ketchup or chili sauce. Optional, add a few drops of lemon juice.
- (3) Stir with fork into 3 ounces of soup (preferably thick soups such as bean, pea, oxtail, beef, etc.).
- (4) Spread on bread with 2 to 3 times the amount of peanut butter.
- (5) Add 1 level tablespoonful (and a little extra salt) to 2 cups of meat stock gravy. 



Mead's Brewers Yeast is supplied in 6-oz. bottles, economically. At the rate of even 2 level teaspoonfuls per day, per adult, a bottle should last over a month. Also supplied in 6-grain tablets: 250 and 1000 tablets per bottle. All Mead Products are advertised only to the medical profession.

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