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(This will never be old fashioned;
should never have been forgotten.)

BULLETIN

of the
Mahoning
County
Medical
Society

Vol. XIV No. 12
December 1944



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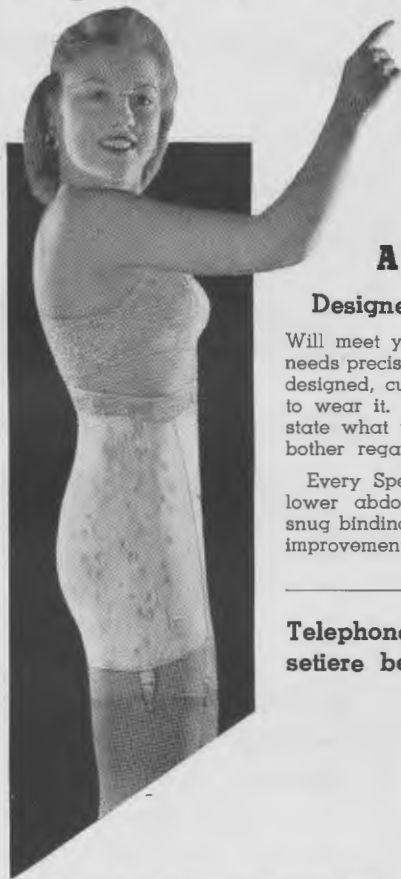
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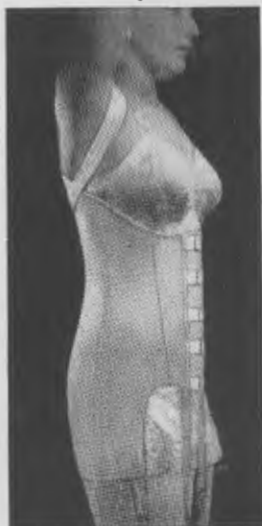
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PRESIDENT'S PAGE

Time marches on and the Medical Society year is drawing to a close. With the exception of our Annual Banquet and Fall Lecture Course, our activities have pretty nearly approached normal. Willing and efficient committee men have been on the alert with the result that practically all of the routine programs were maintained. My thanks and appreciation for their admirable cooperation and invaluable service. Would that I could thank each member of the Society personally for their individual efforts in bringing the past year to a successful conclusion.

All the committees had important duties to perform. Lack of space does not permit due comment.

The program committee operated under difficulties due to varying circumstances. We enjoyed a brilliant array of talent due to their efforts.

The Medical Economics Committee and Sub-Committees enjoyed a very busy year. A Model Medical Service Plan formulated was one of the many results of their concerted efforts.

Efforts expended on promoting the Receiving Hospital for mental cases will soon be rewarded. The institution will become a reality in the near future. A milestone, indeed, in the history of Youngstown and a worthy haven for those broken in mind and body.

Our Postgraduate Day was a huge success. Visiting speakers and local talent brought us new thoughts to keep us abreast of the times.

Again our Bulletin came through a very trying year. Through its pages it has brought us messages of education and learning. It has continuously apprized the members of the doings of the Society. Its travels are global in extent and must be a source of cheer and gratification to our war weary colleagues in the armed forces.

The Council of the Society has always been thoughtful and helpful. Their keen interest in problems that were for our common good was always manifest. Their assistance has been invaluable.

May I thank each committee member and each member of the Society for his or her valuable aid and support. May I wish the officers for 1945 a successful year and to each and every one of you may I extend the "Greetings of the Season" a Very Merry Christmas and a Happy New Year.

ELMER H. NAGEL, M. D.,

President.

Editorials---**To All A****MERRY, HOPEFUL CHRISTMAS!**

May Divine Providence protect all our Beloved wherever duty finds them on this Holy Day.

It beats all how time gets away! It was in December, 1933, that Lou Deitchman passed over to me the job of Editor of the Bulletin. Drs. Patrick and Brown broke the monotony since then, but for the last five straight years I have plugged away at it. A "Job" all right, but, thanks to everybody, I've enjoyed it "heap-much" nearly all the time.

The last two years have been grand—not so much as to quality of output, but because it gives a real thrill to be able to tell our "cream of the crop" in the Services of our country, in these days of danger, that we keep them all the time in our affections and gratitude. May they come home—home to stay—long before another Christmas—all safe, all victorious,—all "rarin' to go"!

Of course, I expect and wish the Society to go right on promoting successfully the best in good medicine. I imagine we'll continue to have both wise and idiotic discussion and action. But we'll be in there fighting until the last whistle.

Dr. Nagel soon will enter that "oblivion" into which so many of us have passed, the "past-Presidency." He has been a dandy President. This is recognized and appreciated. He gave me all possible help. To work with him has been a pleasant privilege.

Our Executive Secretary, Mary Herald, also deserves our gratitude,—and especially mine, and this I gladly give personally. She spares

herself no hard work and no trouble to do all possible for the good of the Bulletin and the Society.

That's all, Folks!

CLAUDE B. NORRIS.

Dr. Wetzel

On Tuesday evening, November 21st, 1944, Dr. Norman C. Wetzel, of Cleveland, delivered before this society an address which will be remembered as the work of a pioneer. The subject is not a new one. We all realize that growth failure in children is a costly matter and that the consequences extend very far indeed. But, Dr. Wetzel's approach to the whole was as interesting and new as it was very practical. Everyone present seemed to feel a gradual crescendo of attention as the Doctor explained his thesis. So that by the time the address was concluded the attention of the audience became gradually completely absorbed.

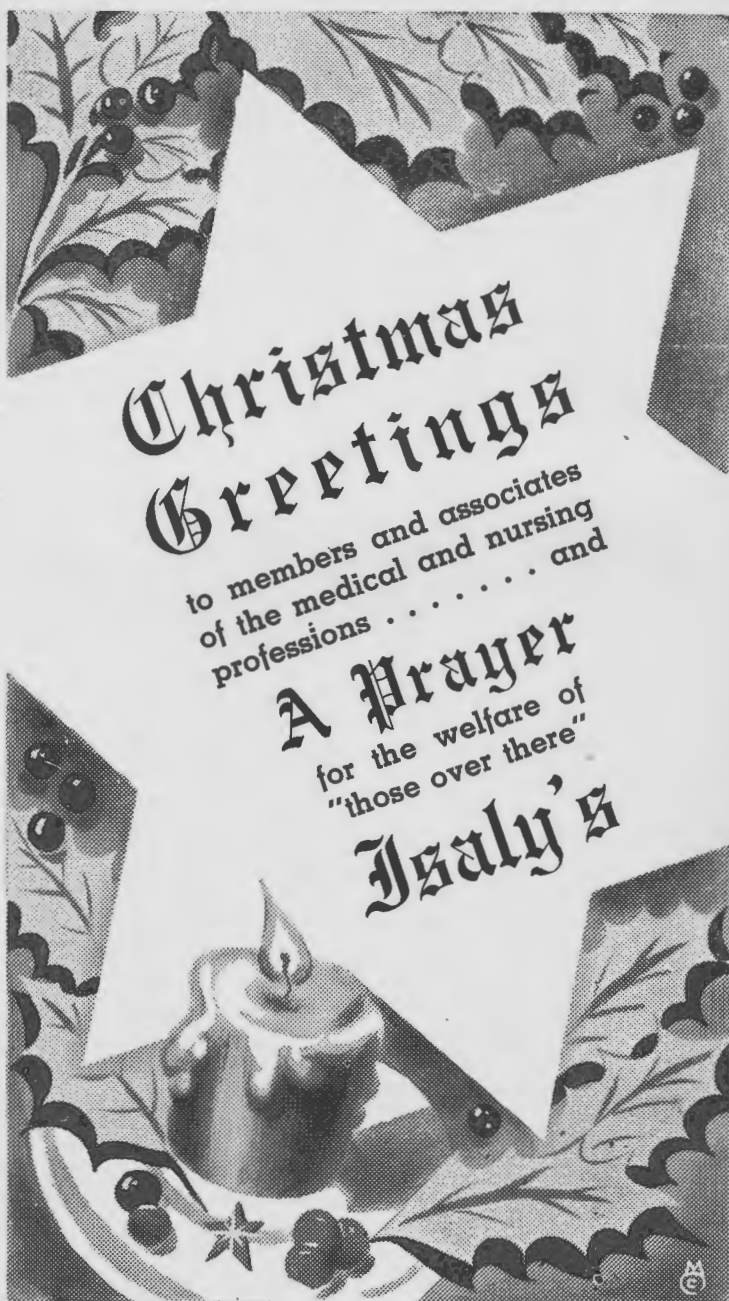
We have many times had great excitement from much less cause. Dr. Wetzel has submitted a brief of his address which will appear elsewhere in this issue of the Bulletin.

For Shame!

General Eisenhower and his aides, and particularly our Boys and Girls, surely must doubt whether to cuss or cry. Not enough Ammunition, ME EYE!

What a pitiful, pitiful Shame! Somebody may be responsible, but WE must keep it off OUR SOULS! Our duty is our duty, NOW—it's no time to discuss "how come!" We may heal the hurt if we do our part at home, in our mills, and in our individual work.

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ECONOMIC AND OTHER CONSEQUENCES OF GROWTH FAILURE IN CHILDREN*

By NORMAN C. WETZEL, M. D.

(An Abstract of Dr. Wetzel's Address to the Society, Nov. 21, 1944.)

Growth failure in children is much more prevalent than most people suppose. While the incidence of growth failure is bound to vary from one community to another, one may expect to find in any particular locality at least one child in three whose growth is "below par." In many places where growth failure has been allowed to go on unsuspected the case rate approaches and even exceeds 50 per cent. There should be no special surprise about these facts. They are easily explained by the circumstances of the problem.

Among first causes, one should mention the very general tendency to take growth entirely for granted. The closest approximation to real recognition of the possibility of growth failure comes when a parent, through natural intuition and concern, is prompted, somewhat apologetically to ask whether Sam or Sally "are getting along as well as they should." Beyond this there is little to stimulate action largely because the methods of appraisal by means of height-weight-age averages, so widely advocated and applied a generation ago, have fallen into disrepute. An unjustified consequence of this reaction has been that certain communities have even abandoned the important task of weighing and measuring children. The situation is unfortunately an anomalous one: for, collecting data that cannot be put to good use is certainly questionable procedure.

Thus, until recently, the main block to progress in the field of assessing the physical growth and development of children has undoubtedly been the lack of a simple, efficient, and withall an informative method of determining whether

growth in any individual child is, or is not proceeding satisfactorily. It was, in fact, primarily for this purpose that the Grid method of measuring and following up growth and development was originally worked out.

From the theory and the clinical results of this method which have been described elsewhere in full detail¹ it now becomes possible to identify minimal grades of growth failure that have heretofore been quite unrecognizable. But whether the amount of failure be large or small, the practical advantage of the method is that one can evaluate growth in the individual child in very simple terms. In essence, one determines whether a given child is or is not "up to par" and even more importantly, whether that child is "keeping up with par." This means, as applied to groups of children, that a medical examiner in schools can separate, on a uniform basis, those children who show growth failure from those whose growth and development are demonstrably and clearly beyond question.

The importance of such advantages is self evident. A uniform basis of selection and appraisal implies a uniform understanding and hence close cooperation between all concerned, parent, teacher, nurse, and doctor. It is not possible for physicians to examine every child every day. Nor is this necessary. It is even difficult to get annual examinations done, in spite of the full justifications for them. Where the real difficulty arises, however, is that it is not easy,

1. J. Ped. 22: 82-110; 208-225; 329-361, 1943. Also "Medical Physics" pp. 513-568, Year Book Publishers, Chicago, 1944.

* From the Children's Fresh Air Camp of Cleveland.

and at times quite impossible, even for the most experienced examiner, to detect the signs of growth failure by the methods of physical examination. These are more appropriate for the organic changes induced by disease rather than for those subtle effects which, in being connected with growth, are jealously concealed by the apparent health of a child who is still able to walk about. The difficulties in this problem are greatly reduced, and the risks of missing the otherwise undetectable case of failure are more certainly minimized when the physician is enabled to employ an objective method of assessment with which his clinical findings can be directly compared.

Consider, for example, two boys both $10\frac{1}{2}$ years old whose mothers believe that neither boy is doing as well as he should have been doing. Both boys have identically the same height and weight. Shall we therefore give both mothers the same estimate of physical condition? Shall we prescribe the same routine? And should we give the same prognosis?

Now, of course, it could happen that both of these boys had all the characteristics of identical twins and that their growth and development over the past few years had been exactly the same. But that is highly unlikely. The real question at issue is whether either or neither is in growth failure, and that question can be answered simply by seeing whether the curves of these boys, as plotted on a Grid, show any tendency to deviate from their own Grid standards.

What, then, are the main principles of which such an analysis and estimate are based? Briefly, there are two chief principles: (1) Direction of growth and development; and (2) Speed of growth and development. These principles, it will be evident, apply to the matter of growth and development just as surely as they do to the motion of physical bodies in space. If, for in-

stance, speed and direction of our automobile are correct, we may assume that we are safely on our way. If speed or direction or both are out of line with ordinary traffic rules we simply will not arrive at the place we intended to reach.

Similarly, when growth and development are headed in the wrong direction, or when the speed of development is either slowed down or accelerated beyond what nature has set as proper for the human being, we may be sure that the child in question is likewise destined for trouble that may culminate in far more than growth failure. Taking growth for granted is just as illogical as allowing an automobile to roll down the street, its gas tank full, but without a steering wheel or throttle.

The course and speed of growth can easily be plotted out on a Grid from routine data on height and weight much as one would plot out a trip on a map. The direction of development is shown by the resulting curve in the channel system whereas the speed of development is checked by a second curve plotted along side of a family of standardized schedules of development.

One of the fundamental laws of growth is that a child should preserve the body type he inherited from his ancestors. By noting whether a child is continuing to proceed along the same channel from year to year will determine whether that child is actually keeping his physique constant. For each channel represents a different physique or body build, and changing channel means actually changing physique. Stocky children, for example, travel in the channels to the left of center, whereas slender children will be found to follow in one of the channels to the right of center. A channel is thus a child's "preferential path" which he usually enters about the same time he first starts to school. The channels are graduated into "levels" smaller sub-

jects being at the lower and larger boys and girls being at the higher levels. Thus, girls who are proceeding along the center channel, or just slightly below it, are destined to become the "Miss Americas" of the future. In the vocabulary of the Grid system they are designated as "M-B1's." The actual prize winners are found at level 150-155 on the border between the M and B1 channel. Close observation will easily prove that their little sisters, similarly placed on the boundary between M and B1 down at level 30, 40, or 50, are in reality "Miss Americas in miniature."

From the second curve on a Grid one sees whether a child is moving from level to level on time. Nature has set the normal speed of development at 1 level per month. This means, on the average, 12 levels per year; yet a deviation or "lag" of 1 or 2 levels is easily recognized. A lag of 3 levels per year, as frequently happens where growth is taken for granted, inevitably results in sufficient growth failure to require from 3-5 months of convalescence under supervision such as that afforded by the Children's Fresh Air Camp of Cleveland. The cost of repair runs on the average \$350 and often much more than that. This expenditure, justified as it is, represents an entirely unnecessary waste because growth failure, to which this cost must be directly charged, can be practically eliminated by systematic follow up on child growth.

Besides the economic consequences of growth failure one cannot forget the almost certain effects from physical stunting, the predilection toward physical unfitness and disease, and finally, as an aftermath, all that is undesirable in the way of malnutrition. Ordinarily, these risks are too haphazardly dealt with; like skating on thin ice, some children in growth failure will run them and escape permanent damage only be-

cause of a combination of highly fortuitous favorable circumstances. When they thus recover without benefit of advice or guidance they give what apparent substance there seems to be in the familiar remark that "Johnny will be alright; I was skinny too, at his age."

For successful prevention of still further growth failure, as well as for guidance in proper management during the phase of repair it seems hardly likely that the modern physician can dispense with some reliable and simple means of keeping a continuous inventory on the changing status of any given child. Where medical work is so implemented it can deal with each particular problem on an individual basis, suited to individual needs. The fallacy of the well intentioned "extra lunch" program for the child who is not in growth failure is evident; and the child who is not developing satisfactorily may often require something more than an extra glass of milk. A community on guard about growth will soon be rewarded with the knowledge of having achieved the goal of so many child health endeavors, namely, that each child attain his own full natural capacity for growth and development.

Dr. E. M. Hayes has expressed his desire to be helpful at any time when needed. Tired as most medical men are when the day is ended they will appreciate knowing that Dr. Hayes will accept night calls. Phone 2-3631.

TOUCHE

The lawyer was pestering a witness who was testifying about the size of some lumps of ore.

"Now, sir," said the lawyer smartly, "are these rocks about as long as my head?"

"Yes," said the witness, "but not as thick."



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 Capt. J. M. Russell, M.C., 01693386, Advance Base, New Guinea Disp., APO 929, c/o P. M., San Francisco, Calif.
 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. Scarnecchia, M.C., 01693543, 38th M.R. and R. Sq. 326 Serv. Group, A.P.O. 149, c/o Postmaster, N. Y. City
 Capt. L. S. Shensa, M.C., Lawson Gen. Hosp., Chief Fever Therapy Dept., Atlanta, Ga.
 Capt. Henry Sisek, M.C., 0417070, 76th Sta. Hosp., A.P.O. 952, c/o Postmaster, San Francisco, Cal.
 Maj. Ivan C. Smith, 0-234333, Billings Gen. Hosp., Ft. Benj. Harrison, Ind.
 Lt. (jg) Wm. E. Sovik, M.C., U. (g) USNR, U.S.S.L.S.T. 292, 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., Co. B, 113 Med. Bn., APO 38, c/o Postmaster, San Francisco, Calif.
 Maj. W. J. Tims, (0-466186) 10th A.D.G., Hq., A.P.O. 149, c/o Postmaster, New York City.
 Capt. C. C. Wales, M.C., (0-327480) A.P.O. 98, 323rd Med., Bn., c/o Postmaster, San Francisco, Calif.
 Major S. W. Weaver, M.C., Sta. Hosp., SAAAB, Santa Ana, Calif.
 Capt. L. W. Weller, M. C., 1850 Ser. Unit, Camp Chaffee Sta. Hosp., Ft. Smith, Ark.
 Capt. John A. Welter, 0-1693346, 437th Med. Coll. Co. (Sep.), A.P.O. 403, c/o Postmaster, New York City.
 Com. H. S. Zeve, M.C., (USNR) U. S. Naval Hospital, Navy 117, Box H, FPO., c/o Fleet P. O., N. Y. City.
 Lt. Samuel Ziegler, A.A.F., MSTs 0537220, Robbins Field, Ga.



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, 0-381726, 42nd Bomb. Sq., (H) 11th Bomb. Gp., APO. 247, c/o P.M., San Francisco, Cal.
 Lt. R. J. Heaver, 0-435472, 104th Gen. Hosp., APO 5444, c/o Postmaster, N. Y. City.
 Capt. 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. Marine Hosp., Baltimore 11, Md.
 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. Neseemann, 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, 228th Station Hosp., APO 155, c/o Postmaster, New York 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. Armbrecht, 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. Birmingham (P.H.S.) 210 Domer Ave., Takoma Park, Md.
Major David D. Colucci, 131st Gen. Hosp., Camp McCain, Miss.
- 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

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

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	Burdetta Sherer
Florence Brooks	Eugenia Kish	Mary Margaret Shore
Dorothy Buckles	Lois Knopp	Ruth Simmons
Ruth Burrage	Irma Kreuzweiser	Mary Louise Smith
Marjorie Bush	Jessie Lane	Mary Stanko
Victoria Dastoli	Marietta Leidy	Donna Stavich
Margaret Davis	Vivian Lewis	Virginia E. Stewart
Dorothy Dibble	Virginia Lickner	Stella Sylak
Marietta Dressel	Olive Long	Mary Taddei
Helen Dudzensky	Ruby Lundquist	Julia Takach
Mary Dudzensky	Ada Marinelli	Freda Theil
Rita Duffy	Jean Marsh	Ursula Thomas
Nellie Duignan	Elizabeth McBride	Marilou Thompson
Clara Esterhay	Pauline McCoy	Rebecca Ulansky
Margaret Fajak	Jeannette McQuiston	Anna Vanusek
Ruth Friedman	Delma Moore	Madaline Vranichich
Sally Friedman	Hilda E. Mort	Agnes Welsh
Ethel Gonda	Frances Moyer	Eleanor Whan
Alice Gosnell	Helen Ornin	Edna Williams
Dorothy Graves	Dorothy Oswald	Pearl Yanus
Evelyn Louise Hahlen	Anglynne Paulchell	Mildred Yocum
Elizabeth Heaslip	Ruth Peters	Jennie Zhuck

ANNUAL ELECTION MEETING

TUESDAY, DECEMBER 19th

8:30 P. M.

YOUNGSTOWN CLUB

The following officers are to be elected:

President-Elect

Secretary	Incumbent	Dr. G. M. McKelvey
Treasurer	"	Dr. Saul Tamarkin
Delegate	"	Dr. J. N. McCann (Term Expires)

Alternate Delegates:	Dr. James B. Birch	} (Terms Expire)
	Dr. P. J. McOwen	
	Dr. E. J. Wenaas	

Representative of the Society on Associated Hospital Board:
Incumbent Dr. H. E. Patrick

BE SURE TO BE ON HAND TO

VOTE

CHANGE PLACE OF MEETING

A Meeting of the Membership of the
MEDICAL-DENTAL BUREAU, Inc.

Will Be Held at the
AUDITORIUM OF THE NURSES HOME
South Side Unit, Youngstown Hospital
(Entrance on Francis Street)

THURSDAY, DECEMBER 14, 1944

8:30 P. M.

This meeting was formerly scheduled to be held at
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Report from Health Commissioners of Ohio Meeting

At a meeting of the Health Commissioners of the State of Ohio held in Columbus on October 24th, it was disclosed that the Federal Government has approved legislation to allot to each state a certain amount to be used for the purpose of eradicating tuberculosis.

Up until now, Congress has not appropriated any money for this purpose. But when the appropriation is made, this measure will be used to prevent Tuberculosis and to educate the public to seek medical aid at the first signs of the "white plague."

Its aim is to help finance the programs of communities in ferreting out those cases between the ages of 20 and 50 years who are disseminators of the dreaded scourge.

I feel, as do many of my colleagues, that this is a progressive achievement in the elimination of Tuberculosis and its attendant morbidity.

W. E. MAINE, M. D.
City Health Commissioner.

From President-Elect W. H. Bunn, M. D.

The president-elect is at this time confronted with the problem of committee appointments for next year. He holds the belief that large committees are inefficient. Lest any of the members of the Society get the impression that they have been neglected or over looked, anyone desiring to volunteer to serve on a committee is asked to call the Secretary, telephone 7-6132. Please state willingness to serve, preferably designating the committee to which you would choose to be assigned. Such requests will be honored in so far as practicable.

No society can function without the active participation of its members. Your hearty cooperation is required if we are to maintain the

high standards of achievement which the public and the State Society expect of the Mahoning County Medical Society.

SINCE LAST MONTH—

Lt. Christie E. Davis of U. S. Army Medical Corps, and Miss Mary Jane Pickens of Columbus, were married September 18th in the Methodist Church at Columbus. Lt. Davis, after completing his internship at Youngstown Hospital, returned to active duty with the army medical corps. He is stationed at Carlisle Barracks, Pa.

Dr. and Mrs. James B. Birch spent a short vacation recently at Atlantic City.

Dr. and Mrs. D. H. Smeltzer were guests at the Barbizon-Plaza Hotel in New York City recently.

Dr. and Mrs. A. J. Brandt have returned from a recent trip to New York.

Dr. and Mrs. Francis W. McNamara have returned from New York where they were guests at the Waldorf-Astoria.

Dr. and Mrs. Paul J. Fuzy have returned after a three-week stay in the East, having spent part of the time in New York City and the last week in Boston where they visited their son, Paul Fuzy, Jr., A/S, U. S. N. R., a student in the medical school at Harvard University.

Dr. and Mrs. W. E. Ranz have arrived at McAllen, Texas, where they will spend the winter. They made the trip South by motor.

Dr. Paul J. Mahar spent a month recently continuing postgraduate studies in internal medicine at the University of Michigan.

Dr. William C. Hartland has arrived home after spending two months doing postgraduate work in retraction and diseases of the eye at the Polyclinic Hospital in New York City.

Dr. and Mrs. Harry L. Zeve are at Hollywood, Fla., for the winter.

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ounce, and Bethiamin Capsules are available in dosages from 1 mg. to 15 mg. • For parenteral administration Bethiamin ampuls are available up to 100 mg. per cc. Thus Bethiamin places at the physician's hands dependable vitamin B₁ medication in the most convenient forms.

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December

FROM OUR DOCTORS IN THE SERVICE

Fleet P. O., San Francisco, Cal.

Please note the new address. The Bulletin has not been reaching me since I left Rhode Island, which is my own fault for not keeping you posted. Getting a new ship in commission is quite a job and I have been in a whirl, but very happy over my new assignment.

While in Seattle before going out, I called on Joe Keogh and walked in while he was operating on a stab wound of the chest. It was like home to see some good Youngstown surgery. The S. M. O. of a sister ship (the 167) is Lt. Comdr.

Flax who was a classmate of Herman Zeve and wants to be remembered to him.

Please give my best regards to all the fellows at home and tell them not to work too hard.

Keep the Bulletins coming so I can keep track of that Theophrastus Deitchman. When I get back the Crier will take care of him. You and Skipp keep the Bureau going. I certainly have appreciated it.

Best of regards to you and hope I see you soon.

Lt. Comm. J. L. Fisher

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In the Treatment of Whooping-cough and Adult Irritating Bronchial Coughs

The pharmacologic action and the therapeutic effect of Auri-Tussin, a solution of Gold Tribromide, in Whooping-cough is due to the antiseptic action of the Gold and the neuro-sedative action of the bromide.

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A Very Merry Christmas

and a

Happy New Year

to our friends of the Mahoning County
Medical Society—and to those in the Ser-
vice—the best of luck and a speedy return.

Lyons Physician Supply Company

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You can't go wrong in giving furs for every woman cherishes the dream of owning a handsome fur coat such as the ones you'll find in our winter selection. It's a Christmas gift she'll always remember.

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Formerly Chief Physician, State Hospital for Insane, Norristown, Pa.



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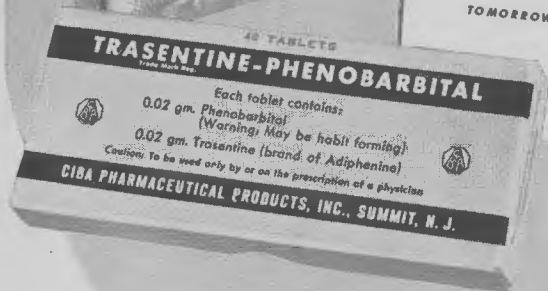
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TRASENTINE-PHENOBARBITAL AND TRASENTINE

SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS ?

VITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

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