



Everything ideal has a natural
basis, everything natural has an
ideal development. — Santayana

BULLETIN

of the
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MEDICAL
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Youngstown • Ohio
VOL. XXI No. 4
APRIL • 1951

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1. Jolliffe, N., Special Article, Council on Foods and Nutrition: *The Preventive and Therapeutic Use of Vitamins*, J.A.M.A., 129:613, Oct. 27, 1945.
2. Lewey and Shay, *Dietotherapy*, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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PRESIDENT'S PAGE



As physicians, we continually preach the value of relaxation and insist that our patients create conditions of work which will minimize pressure and nervous tension. Instead of saying "do as I do", however, we can only say "do as I say" for very few of us set an example that could be wisely followed.

During the past two decades the population increase has outstripped the ratio of patients per doctor and with the public rightfully demanding more medical service than in the past, the correct solution would be to produce more doctors. That is a major project and I am glad to see that the A.M.A. is doing something concrete in regard to helping the medical centers and also worthy students.

Conditions being what they are, in that every doctor is busy, the doctor should have a few rules to follow. First of all he should train himself not to be upset by trivial annoyances which invariably crop up during a day's work. Secondly, he should not take his problems home and worry about them needlessly. If your training is such that you meet the situation with good judgment and within your ability, and you alone can be the true judge of that, then you can sleep at night even though the outcome has been catastrophic.

The third thought is to develop a hobby or hobbies, preferably some for indoors and others for outdoors. This is something that can hardly be put off until the day when you plan to retire for you must learn to play as you work. Your diversions are something with which you must experiment and develop until you find your real love. Is there any better way to develop a philosophy than with a fishing pole in your hand; certainly, the number of bites is not important. How about sitting on a deer run . . . riding a horse . . . playing golf, bridge, poker or gin rummy . . . painting . . . wood and metal working . . . collecting antiques or unusuals, and finally, reading not only your medical literature but detective stories providing romance with the inevitable happy ending.

It might be well to reflect a moment — then add some outside pleasurable interests that will enable us to serve our patients better and more importantly, longer, in our own instance.—*E. J. Wenaas, M.D.*

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OUR WOMAN'S AUXILIARY

The existence of an active, efficient *Woman's Auxiliary* to a society of men in any organization or profession provides greater stature to it. Of particular importance to the medical profession is an *Auxiliary* that renders invaluable service to its physician husbands by helping to promote a set-up for the highest order of community health.

The Mahoning County Medical Society can, with justifiable pride, single out its *Woman's Auxiliary* as exemplifying the highest spirit of interest in maintaining the ideal of American Medicine by promoting the diversified activities necessary to attain that end.

For many years, our Ladies have carried on with an ambitious program of which we can well be proud. They actively participated in the campaign to defeat compulsory health legislation, have raised funds for nurses' scholarships at local hospitals, participated in various projects concerned with community health and have assisted in drives for hospital building funds. In short, the *Auxiliary's* interest has been diversified as well as widespread in its scope. In addition, the Ladies found time to entertain their husbands at dinners, dance parties and other pleasant socials.

Certainly, such helpful assistance coming from wives who have more than their share of work in maintaining our homes and putting up with the tremendous inconveniences of our medical life, merits the highest accolade and a bouquet of lasting bloom.

To our *Ladies*, to our *Auxiliary*, a vote of greatest appreciation, encouragement for even greater solidarity and enterprise and a richly deserved "well done"!

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STATE-WIDE COUNTY OFFICERS HOLD CONFERENCE

G. E. DeCicco, M.D.

(Editor's Note: The substance of the discussions held during the annual conference of County Medical Society officers throughout the state of Ohio is presented by the secretary of our County Medical Society, Dr. G. E. DeCicco.)

The Annual Conference of County Medical Society presidents, secretaries and committeemen was held at the Fort Hayes Hotel, Columbus, Ohio, Sunday, March 4, 1951. Doctors G. G. Nelson, William Skipp, Craig Wales and G. E. DeCicco represented the Mahoning County Society. Dr. E. O. Swartz, president, O.S.M.A., presided and opened the meeting with the subject, "Why You're Here."

Dr. Charles S. Nelson presented a paper "On the Legislative Fronts." There are one thousand bills in the legislative hopper at the present time and one hundred of them affect the O.S.M.A. in some way or another. Six bills are pending to amend the Medical Practice Act. There are two bills for licensing chiropractors, one to permit them to use drugs, and another to set up a separate license board. There is also another bill pending to abolish the present medical board and set up a new one consisting of three M.D.'s, one O.D. and three laymen. There are numerous bills on public health the most important of which is House Bill number ninety-five. In this bill there is an attempt being made to revise the present local public health activities. The basic principles of this bill are good but it needs much revision.

There are two bills sponsored by the O.S.M.A., one to claim unclaimed bodies for hospitals for training residents. The other is to protect physicians in signing commitments for mental institutions. The present law may not protect the M.D. against giving confidential information. There is also a bill changing the coroner's salary and expense account. There are twenty-five to thirty bills affecting various welfare organizations. There is also a bill for the licensing and examining of practical nurses. There are eight or nine bills affecting the industrial commissions.

Mr. Nelson stressed that it is important for us to let our local senators and legislators know how we feel about pending legislation. These contacts should be in person and not by phone. As a rule these men are always at home on week ends. He ended his paper with the following statement, "We cannot divorce our legislative program from our public relations program. We must keep up good will between legislators and doctors."

Carl S. Mundy, M.D., Toledo, gave us the latest facts about the proposed new Ohio Medical Indemnity Contract. This contract is a payment-in-full type and sets forth a stated amount as payment-in-full. This contract is to be offered to those making a total annual income of five thousand dollars or less. The Cleveland Academy of Medicine has formulated a similar plan and to date, nine hundred and fifty-five of their members have approved. Labor seems willing to cooperate with the Ohio Medical Indemnity but wants a plan that will cover all employees instead of setting a maximum wage limit. Ohio Medical Indemnity wants the control to rest with the doctors. Such is not the case with the Cleveland plan.

After luncheon, Richard L. Meiling, M.D., Washington, D. C., presented the facts about "Doctors and National Emergency." The present law is based on the National Security Act of 1947. The agency has to do with drafting of physicians and deferments. The agency will not be able to function properly until about April 1, 1951. He discussed the evacuation of the war casualties of Korea. He assured us that the blood that was going to Korea from blood banks was being properly handled and so far only one pint of blood had been lost or damaged in transit. All United Nations personnel receive fresh blood,

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the out-dated blood being used on prisoners of war only. On the legislative front, Dr. Meiling said that there were two important bills pending, one to militarize the veterans administration and fill up their quota by selective service, the other to provide medical care for all military personnel and their dependents.

Dr. Robert Conrad, M.D., chairman, Ohio Military Advisory Committee to Selective Service, gave us the picture of Selective Service for physicians in Ohio. There are ten thousand five hundred M.D.'s in Ohio, seven thousand of whom are active. The rest are either retired, ill, or in the armed services. One of the major problems to face us is the problem of allocating M.D.'s. A problem that must not be forgotten is to keep enough experienced personnel in a community in case of any emergency or other eventuality that might occur.

The final paper was presented by John D. Porterfield, M.D., director, Health and Medical Services, Ohio Civil Defense Program, and director, Ohio State Department of Health. An important function of the physicians in civil defense is to maintain a level of health by public health measures and prevention of sabotage in health.

In case of direct enemy action the public must be educated so that there is, first, the least possible effect, and second, a prompt recovery with quick rehabilitation.

Immediately after an attack, fire fighting is more important than medical care. Yet in the long run medical care is the most important. A community not hit must bear the brunt of aiding those hit. The plans that are needed are:

- (1) Sanitation—headed by sanitary engineers.
- (2) Public health—already set up.
- (3) Emergency medical services.
- (4) Professional training.
- (5) Supplies.

At the present the defense set-up is incomplete but every effort is being made to get under way as rapidly as possible.

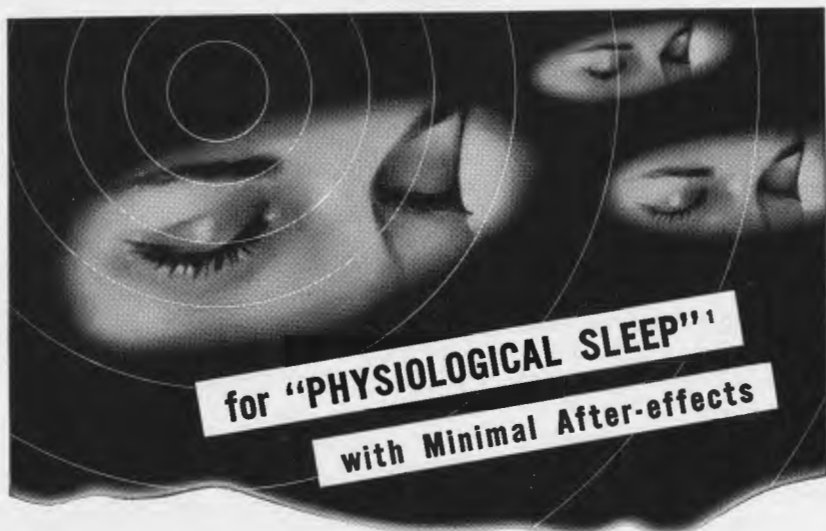
SOCIAL COMMITTEE ANNOUNCES DANCE

Seeking to re-establish a custom prevalent before World War II, the Social Committee, headed by Dr. J. J. Wasilko, announces plans for a dinner-dance party to be held at the Youngstown Country Club on May 12, 1951.

The party for the members of the Society and their ladies will feature dinner at 7:30 p. m. After dinner entertainment will consist of dancing to the music of Lou Sikora and his "Society Notes". Arrangements for card playing have been made for those who are not devotees of dancing. Tariff for dinner will be \$12.00 per couple. Tables will be arranged in cabaret style so that members can make up group lists for their own tables.

The committee hopes that the affair will provide a get-together for more recent members of the Society with their fellow members. The dinner is also expected to provide a small note of appreciation to our Ladies who have shown considerable activity in the Auxiliary to our Society. Dress for the affair will be optional. Other members of the Social Committee are Drs. R. Hall, Co-chairman; M. Raupple, W. Flynn, M. Conti, J. Harvey, W. L. Mer-
mis, J. Steckshulte, and R. Clifford.

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7:30 P. M., Saturday, May 12, 1951—Dress Optional



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¹N.N.R., 1947, p.398.

²Goodman, L. & Gilman, A., The Pharmacological Basis of Therapeutics, MacMillan, 1944, pp. 177-8.

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OFFICE ANAESTHESIA

A. J. Bayuk, M.D.

Many minor surgical procedures are being done daily in the physician's office. This practice has increased considerably because of the paucity of hospital beds. As we well know, the simplest local anaesthetics are ice and ethyl chloride. Others which are commonly used, fall into three chemical groups.

1. Alcohols—benzyl alcohol is most widely used. This group is valuable for surface anaesthesia.
2. Esters—cocaine, procaine.
3. Miscellaneous—nupercaine, holocaine.

Cocaine of group II is a plant alkaloid and is the only one used as such. The rest are synthetic. Of the group, procaine is still the safest agent for local anaesthesia because of its low toxicity and because its anaesthetic effect is long enough for most minor procedures.

All the local anaesthetic drugs are supplied as acid salts except in ointments where the anaesthetic base is used. The acid salt is more soluble and stable whereas the base is more potent. Local anaesthetic drugs are only active in the presence of alkali. In infected tissue, there is an acid reaction, hence the salt cannot be reduced to a base and no anaesthesia results. Normal tissues are alkaline enough to break down the acid radical. On the other hand, the base may be precipitated from the acid salt and you will not get anaesthesia. This occurs if syringes are sterilized in bi-chloride of mercury or other heavy metal compounds. Intracaine, which is more diffusible than procaine, will precipitate the base on exposure to air and must be mixed fresh. Autoclaving, too, may decrease efficiency by as much as 20%.

The mechanism of action of local anaesthetic drugs is not well understood. The sensory fibers are blocked earlier than motor fibers. Of the sensory fibers, those carrying pain go first, cold and warmth later and touch sensitivity is the last to disappear.

Factors influencing anaesthesia are: concentration of drug, chemical nature of drug, size of the nerve fiber, and finally, duration of contact with the nerve.

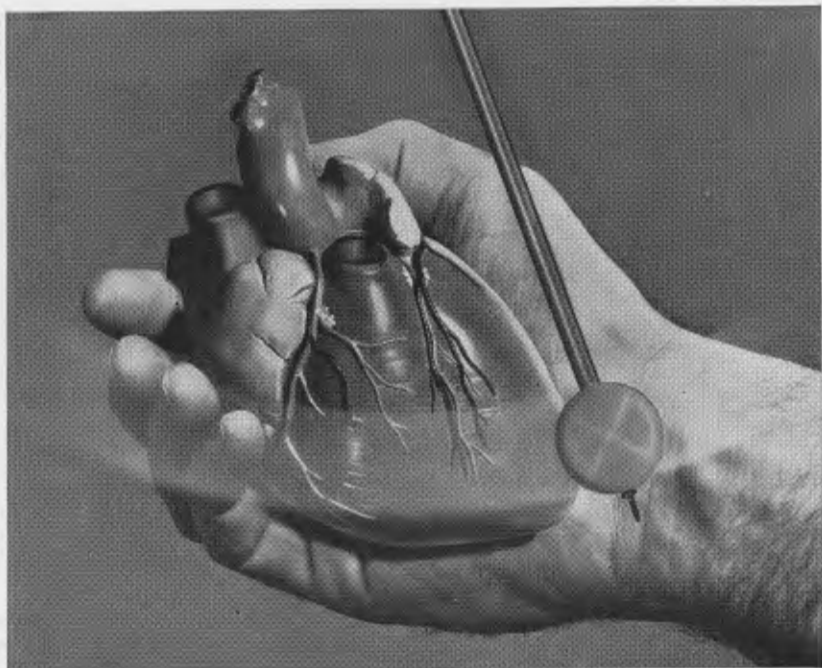
The local drugs are all destroyed in the liver by hydrolysis. Therefore, local anaesthesia must be minimized in the presence of hepatic insufficiency.

Toxicity increases with the strength of the solution in geometrical progression, i.e., five cc. of one percent is more toxic than ten cc. of one-half percent solution. The concentration of procaine should not exceed one-half to two percent (or 200 cc. one-half percent solution; 100 cc. of one percent solution; 50 cc. of two percent solution). It is best to prepare the solution fresh from stock ampoules containing five percent procaine. Vaso-constrictors may be used not only to prolong anaesthesia but also to delay absorption and minimize systemic effects. Three drops of 1/1000 epinephrine to each ounce of procaine solution is sufficient. The use of hydase or similar products decreases toxic reactions by decreasing the amount of anaesthetic needed.

The following precautions are to be used with vaso-constrictors:

1. Avoid their use in the extremities where end arteries are involved and if peripheral-vascular disease is present.
2. Do not use in hypertensives, cardiacs or emotionally disturbed patients.

Two types of reactions are seen with local anaesthetic agents—(1) the neurological and (2) the circulatory. The most frequent type is the neurological. The patient becomes apprehensive, nervous and muscular twitchings and convulsions may develop very quickly.



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The second type of reaction is the circulatory or syncopal type. Fortunately this is not common. It is usually manifested by circulatory collapse, pallor and loss of consciousness. Immediate intravenous injection of epinephrine (one-three minims of 1/100) and oxygen will help the patient. One may be forced to resort to intra-cardiac epinephrine (one-half cc. diluted up to ten cc.) The treatment is ineffective in the majority of instances. The prophylaxis of this reaction is more important than the treatment. Never inject a local anaesthetic into a patient who gives a history of sensitiveness. The pre-operative administration of membotal and secondal may minimize the reaction.

Fractures can be reduced by injecting 15 cc. of one percent procaine solution directly into the fracture hematoma. Field block is preferred over local infiltration for the removal of sebaceous cysts, lipomas and benign lesions. In performing a field block, the anaesthetic is injected into the skin and subcutaneous tissues in a diamond-shaped zone about the lesion.

Most children below ten will not co-operate while minor procedures are done under local anaesthesia. These procedures are best done under general anaesthesia. There is no such thing as a "whiff of gas". You either have or do not have anaesthesia. Open drop ether is not fool proof and should be supplemented with oxygen.

It is important that anyone performing general anaesthesia should have oxygen available for immediate use in complication.

In conclusion one may state that:

1. Minor surgical procedures may be safely performed in offices and on out-patients.
2. The systemic effects can be minimized by proper pre-medication.
3. I.V. barbituates and oxygen should be available for immediate use in the event of reaction to anaesthetic agents.
4. Newer procaine derivatives are being investigated which will practically eliminate reactions. Newer halogenated preparations, for example, will eliminate the commonly seen absorptive reaction.

OHIO STATE MEDICAL MEETING

The annual meeting of the Ohio State Medical Association will be held at Cincinnati, Ohio, April 24-26.

Headquarters for the meeting will be at the Netherland Plaza and Sinton Hotels.

One of the outstanding features of the 1951 annual meeting will be the Instructional Courses, practical lectures on everyday subjects of importance to all physicians with discussions by recognized clinicians and opportunities for questions and answers. There will be 15 Instructional Courses, five each day.

Attendance to each course will be limited. Admission will be by ticket only. Tickets should be obtained in advance of the meeting from the Columbus Office of the Association. Applications for tickets will be filled in the order received. No charge will be made for courses. Tickets not disposed of in advance by mail will be distributed from Registration Headquarters during the meeting.

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LOCAL MILITARY ADVISORY COMMITTEE REPORT

The 81st Congress passed certain amendments to the Selective Service Act of 1948 which became law Sept. 9, 1950, after the signature of the President, and was known as Public Law 779. On October 16, 1950, preparations were made for registration of certain physicians and members of other professions who were registered under priority groupings.

PRIORITY 1—Under this was placed all male physicians, etc., who had been educated at Government expense or had been deferred for educational reasons during the last war and had less than 90 days active duty in some branch of the Armed Services or Public Health.

PRIORITY 2—Covered the same category as one but service was more than 90 days and less than 21 months active duty in any branch. This does not include post-graduate study.

These physicians and other professions will be called for service regardless of age until all have been put into uniform before any later registrants or priorities are called for service.

Then on Jan. 15, 1951, on Presidential request, these physicians and others who had not reached the age of 50 were required to register.

These physicians were placed in two categories, as follows:

PRIORITY 3—All those of the professions who did not have active service in the Armed Forces subsequent to Sept. 16, 1940.

Note—(Both the Director of Selective Service, Hershey, and Chairman Rusk have directed that all 4F's after Sept. 16, 1940 will be called and the deferments will be watched very closely).

PRIORITY 4—All those not included in Priorities 1 and 2 who have had active military service or Public Health service subsequent to Sept. 16, 1940.

If and when these registrants are called it will be on "amount of service basis", those with the least service being called first. The law also specifies that all reserves will not be liable for registration or induction since they are already subject to call from the various component military services.

The law provides that pre-professional students will be deferred at least equal to the number of students in colleges at the present time.

The law further provides that National, State, and County Military Advisory Committees be set up. The function of these committees is to advise the Selective Service in regard to all available manpower in the professions so that they are not depleted to the Military and that the needs of the Military are adequately supplied.

It is the duty of the National and State Military Advisory Committees to set up procedures to be followed by the Local Advisory Committee and the local Selective Service Boards (Draft Boards).

It will be the duty of the Local Advisory Committee to advise local Selective Service Boards on the maintenance of proper and adequate interne and resident staffs at the local Hospitals.

In November 1950, the local Advisory Committee and the Local Draft Boards received from the National Advisory Committee and Chief of Selective Service, Operations Bulletin No. 10, Oct. 26, 1950 dateline, with Supplement No. 1, Administrative Memorandum No. 31, instructing this Committee that a complete list of internes and residents in the Hospitals be obtained (which was requested by the National and State Committees) and that as these men were called by Selective Service they be screened for Community Health, Safety, and Interest (as stated in Law 779) and any that were declared essential to the Community, be deferred. The local boards carried out these provisions in almost every instance with but a few exceptions.

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Reserve officers called to active duty must be reviewed by the Local Military Advisory Committee and thus declared essential or non-essential to the local welfare.

The local Draft Boards notify the Advisory Committee of the Draftee's classification and if it is not a follow-up on the advice of the Committee an appeal is made to the Board involved for a review and re-classification and if refused, the State Appeal Board of Selective Service is requested to review and re-classify.

The Military can be appealed to "For Delay in Call to Active Duty" which may or may not be honored.

The Military Advisory Committee of the present has been fashioned after the Procurement and Assignment Committee of the last war but this Committee has no authority but to advise.

The last Committee could stop a call to Service even if the physician was called and accepted by the Armed Services.

The Local Committee has had very cordial relations with the Local Draft Boards. In most instances they have followed the advice given.

If the registrant is practicing in a locality other than where he is registered the Board registering him is requested to clear him through the Military Advisory Committee of the locality where the registrant is practicing. This has been carried out by a large number of out of State draft boards and the advice of the local Committee followed.

THE NATIONAL COMMITTEE is composed of H. A. Rusk, M.D., Chairman; H. S. Dahl, M.D.; Alan Gregg, M.D.; Ruth Kuehn, R.N.; J. B. Pastore, M.D.; James C. Sargarent, M.D.; Leo J. Schoeny, DDS., and W. P. Shepard, M.D.

THE STATE COMMITTEE has a member in each of the 11 Councilor Districts and is headed by Robert Conard, M.D., full time employee of this Department of the Ohio State Medical Association.

THE LOCAL COMMITTEE appointed by the Past President of the Mahoning County Medical Society, Dr. G. G. Nelson and concurred by your present President Dr. Elmer Wenaas, is composed of the following: Dr. A. C. Marinelli, Dr. J. A. Renner, Dr. H. E. Patrick, Dr. A. E. Brant, Dr. Ivan Smith, Dr. F. W. McNamara, and myself as Chairman, Dr. W. M. Skipp.

This is a short report of how and why your Mahoning County Military Advisory Committee attempts to function. It is not presented in detail as we have many and varied directives coming to us every few days which would require a separate volume to set down. We want you to know who and what we are and if you have any complaints, to bring them to us and we will try to handle them with what authority we have for same.—*Wm. M. Skipp, M.D., Chairman.*

Y. H. A. HOSPITAL NURSING RECRUITMENT

In continuing its program to acquaint young women with the advantages of making a career of nursing, the Youngstown Hospital Association has sent staff personnel to talk with senior girls in a large number of high schools in Northeastern Ohio.

A monthly newspaper, by and for student nurses, has been launched at the hospital. Copies of this publication, called "Nursing News," are being sent to prospective students.

All doctors in the city were recently asked to send the names of prospective students to Miss Muriel L. Dunlap, director of the department of nursing. Names had previously been requested of alumnae. Miss Dunlap has expressed appreciation for the many names suggested by both groups.

FEEDING IN THE TREATMENT OF BLEEDING PEPTIC ULCER

Fred G. Schlecht, M.D. and Richard D. Murray, M.D.

The two most important factors in the treatment of patients with bleeding peptic ulcer are blood transfusion and feeding. It is the purpose of this paper to review the literature with regard to feeding in cases of bleeding peptic ulcer and to present statistics from that literature.

The two men who are largely responsible for the concept of feeding during hemorrhage from the gastro-intestinal tract are Dr. Andresen of Brooklyn, N. Y. and Dr. Meulengracht of Copenhagen. Dr. Andresen's paper¹ appeared in 1927 while Dr. Meulengracht⁷ began the treatment of feeding these patients in 1931 in the Scandinavian countries. Since that time use of feeding in treatment has caught fire, as it were, and is now generally accepted to be the treatment of choice. In initiating this treatment in Denmark, Meulengracht observed that patients with protracted hemorrhage when fed often stop bleeding, and indeed it is said of his clinic, "The patients are encouraged to wipe the blood from their lips and eat a beefsteak". He also noted that patients exhausted with dieting often expired despite this rigid absence of food. Ambulatory patients who suffer from gastro-intestinal hemorrhage often recover from their melena without any change in their dietary habits,⁷ and Meulengracht has shown that there is a marked reduction in the mortality rate with feeding.⁹

Physiologists tell us that the withholding of food and drink from the stomach does not rest the stomach for the strongest contractions are the hunger contractions which occur while the stomach is empty. In 1927 Mills and Necheles¹⁰ showed that there was a marked shortening of the clotting time of blood during the absorption of mixed meals and this shortening of the clotting time is due largely to the protein fraction of the food. Cullinan and Price³ in 1932 further showed that patients with gastro-intestinal bleeding who were fasted for 24-48 hours were more likely to bleed again than patients put on an immediate feeding regimen. Nicholson and Miller¹² in 1941 demonstrated that the presence of food in the stomach increases the tone of the stomach and brings about an equally distributed intraluminal pressure which tends to close open vessels and promote clot formation within them. Food in the stomach further tends to neutralize the HCl and in this manner competes for its action with any blood clot which may be formed or forming. In 1937, Schoidt¹⁶ made some studies on the regeneration of blood following hemorrhage and found that blood regenerates more promptly in patients who are fed than in those who are not.

Table I represents a compendium of the mortality figures from various clinics both here in the United States and from Copenhagen of fed and unfed patients, and is fairly representative.

TABLE I

Clinic	Fed Patients Mortality			Unfed Patients	
	Patients	Gross	Net	Patients	Mortality
Meulengracht ⁹ Copenhagen	1031	2.5%	1.5%	Up to '31	8-10%
Thorstead ¹⁷ Detroit	70		2.8%	138	13.7%
Raspberry & Miller ¹⁴ U. Penna.	2111	4.0%	1.9%		

Clinic	Fed Patients Mortality			Unfed Patients	
	Patients	Gross	Net	Patients	Mortality
Meyer et al. Chicago				111	7.2%
Eichenhorn ⁴ Cleveland	38	0	0	43	19.0%
Lewison ⁶ Johns Hopkins	76	0	0	11	54.0%
Schiff ¹⁵ Cincinnati	160	6.8%	3.1%	1927-'37	25.6%

From this table it can be seen that the mortality of bleeding peptic ulcer was reduced from 8-10% to 1.5% in the Scandinavian countries since 1931 when the feeding regimen was first instituted in those countries. In Cincinnati the mortality was reduced from 25.6% to 3.1%, and in the largest series, that of Rasberry and Miller at the University of Pennsylvania, the mortality rate was 1.9% with immediate feeding. These figures represent a considerable reduction in the mortality of bleeding peptic ulcer.

It is interesting to note that each of the clinics reporting stated that their deaths were due to exsanguination and argued that more liberal use of blood transfusion in these cases might have salvaged them. Surgery should be reserved for the few cases who cannot be controlled on feeding and blood transfusion, which actually is a very small percentage. Most authors agree that the type of diet does not matter a great deal as long as it is bland and as long as it is a frequent feeding regimen. (5, 6, 9, 12, 14) Table II is taken from Andresen's paper² in 1939 indicating the mortality rate between his and Meulengracht's regimes. It will be noted that the Andresen series was much

TABLE II

		Cases	Deaths	Percent
Meulengracht Method	Meulengracht	286	3	1.0%
	Vendt	288	7	2.4%
		574	10	1.7%
Andresen Method	D'Albora	53	1	1.8%
	Andresen	120	3	2.5%
		173	4	2.3%

smaller, so this may account for the 0.6% difference in the two clinics. Table III is taken from the paper of Nicholson and Miller¹² in 1941 and simply summarizes the reports of various investigators up to that time. In this table it will be noted again that the largest mortality percentages come from the clinics reporting the smallest number of cases, which is to be expected. In reviewing the deaths here at the Youngstown Hospital Association it is interesting to note that none of the cases who expired were treated by an immediate feeding regimen. True, some of them were fed, but they were all placed on initial periods of starvation, of 24-48 hours or longer in some cases. These results have been published in a previous paper reporting the incidence of bleeding peptic ulcer at the Youngstown Hospital Association.

TABLE III

	Type of Diet	Cases		Deaths		Percentage	
		Gross	Net	Gross	Net	Gross	Net
Meulengracht	Meulengracht	491	483	10	5	2.0	1.0
Gram	"	106	104	4	2	3.8	1.9
Gubergritz	"	15	15	0	0	0	0
Boyd and Schlachtman	"	15	15	0	0	0	0
Crohn and Lerner	"	23	23	2	2	8.7	8.72
Alder	"	40	40	1	1	2.5	2.5
Barnes	"	30	30	0	0	0	0
Chasnoff et al.	"	21	21	1	1	4.7	4.7
Mayer et. Lightbody	"	130	126	6	2	4.6	1.6
Herlihy	Witts	3	3	0	0	0	0
	Modification						
Jones	"	50	49	1	1	2.0	2.0
Scott	"	60	59	3	2	5.0	3.3
Andresen	Gelatin	120	117	6	3	5.0	2.5
	Mixture						
Howard and Barry	Sippy	12	12	1	1	8.3	8.3
Bernstein	"	14	14	0	0	0	0
Lineberry and Issos	"	38	38	1	1	2.6	2.6
Browne and McHardy	"	37	37	1	1	2.7	2.7
	Bland	15	15	2	2	13.3	13.3
Woldman	"	144	144	3	3	2.1	2.1
Nicholson and Miller	"	32	31	1	0	3.1	0
TOTAL		1396	1379	43	27	3.1	1.9

Out of 267 patients treated medically for bleeding peptic ulcer between 1940 and 1950, 16 died with a mortality of 6.0%. None of the patients placed on immediate feeding regimens died.

A comparison of the Andresen and Meulengracht feeding programs reveal that the Andresen diet is more bland than the Meulengracht and consists largely of Gelatin milk the formula of which is as follows:

Gelatin Milk Mixture:

	Amount	Carbohydrate	Protein	Fat	Calories
Gelatin	30 gm.	—	27	—	100
Glucose	60 gm.	60	—	—	240
Cream	100 cc.	3	3	18	180
Milk	900 cc.	36	27	27	550
	—	—	—	—	—
		99	57	45	1000

This formula can be supplied from the diet kitchen every 12 hours, kept cool, but not in the refrigerator, to prevent jelling. Serve cool or warm.

The Andresen diet is a graduated one and consists of the following:

1st and 2nd days: 4 oz. of the gelatin milk mixture every hour from 8 a.m. to 10:00 p.m.

3rd and 4th day: 5 oz. of gelatin milk mixture every 2 hours from 8 a.m. to 10:00 p.m. At the 8 a.m. feeding add 3 oz. of strained oatmeal with cream and sugar. At the 12:00 noon feeding add a soft boiled egg. At 6 p.m. add 3 oz. of well cooked Cream of Wheat with cream and sugar.

5th day: Same as the third day except add 4 oz. of creamed soup and a slice of white bread (without crusts) to the egg at noon.

6th and 7th days: Same as the fifth day, except add a baked custard to the 4 p.m. feeding, and make the gelatin milk feeding 6 oz. instead of 5 oz. at each feeding.

8th and 9th days: Same as the 7th day except add a poached egg to the 6 p.m. feeding and a small dish of vanilla ice cream.

From the 10th day go on an ulcer diet:

Breakfast: Milk (one glass)

Cereal (a full dish) with cream and sugar

Egg, soft boiled or poached

Bread or toast with butter

Fruit juice (at the end of the meal)

Mid morning: Milk (one glass) with added cream and glucose, if desired.

Luncheon: Milk (one glass)

Egg, soft or boiled or poached, or cream cheese

Potato, baked or mashed; or plain spaghetti

Vegetables, strained or mashed

Bread and butter

Pudding, jello, ice cream or stewed fruit

Mid afternoon: Same as mid morning.

Supper: Same as for breakfast or luncheon.

At bedtime, and during the night every 2½ hours, if awake:

Same as for mid morning.

1. Drink at least 6 glasses of water daily.
2. Olive oil, one tablespoonful three times daily before feeding.
3. Mineral oil, 1 tablespoonful at bedtime.
4. No condiments, except a small amount of salt.

In contrast to the Andresen diet the Meulengracht diet is a "puree diet", and includes the following meals:

6 a.m. Tea, white bread and butter.

9 a.m. Oatmeal, porridge with milk, white bread and butter.

1 p.m. Dinner.

3 p.m. Milk or cocoa.

6 p.m. Egg, sandwiches, sliced meat, cheese and tea.

The dinner includes a variety of dishes: different kinds of gruel, porridge, vegetable soups, meat balls, timbale, stewed chops, omelette, fish balls, vegetables au gratin, fish au gratin, mashed potatoes, vegetable purees, creamed vegetables, stewed apricots, apple sauce and rice and tapioca puddings.. The patients are allowed to have as much as they want. Water and milk are put on the table for free use, and the patients are urged to drink as much as they like.

Summary:

The place of feeding in the treatment of peptic ulcer with bleeding is discussed and it is concluded that such patients are best treated with feeding in as much as the mortality rate is markedly diminished by such a regimen. It does not make a great deal of difference as to what type of diet is used so

long as it is bland and is given at fairly frequent intervals. The Meulengracht and Andresen diets are outlined.

BIBLIOGRAPHY

1. Andresen, A.F.R.; The Treatment of Gastric Hemorrhage, J. A.M.A. 89: 1397 '1927.
2. Andresen, A.F.R.; Results of the Treatment of Massive Gastric Hemorrhage, AM. J. Digest. Dis. 6: 641, '1939.
3. Cullinan, E.R. and Price, R.K.; Hematemesis following Peptic Ulceration, prognosis and Treatment; St. Barth. Hosp. Rep. 65: 185-213 '1932.
4. Eichenhorn, J.P.; Immediate feeding versus initial starvation in Treatment of bleeding peptic ulcer; Am. J.M. Sc. 203: 428-430, '1942.
5. Emery, E. S. Jr.; Comparison of Meulengracht and Sippy therapies in Care of Bleeding Ulcers.; Am. J. Digest. Dis. 8: 387-391, '1941.
6. Lewison, E.F.; Bleeding Peptic Ulcer; Arch. Surg. 59: 37-54, '1949.
7. Meulengracht, E.; Treatment of Hematemesis and Melena with Food; Lancet 2: 1220-1226, '1935.
8. Meulengracht, E.; The Medical Treatment of Peptic Ulcer and its Complications; Brit. Med. J. 2: 322-324, '1939.
9. Meulengracht, E.; 15 years experience with Free Feeding of Patients with Bleeding Ulcer: Fatal Cases; Arch Int. Med. 80: 697-708, '1947.
10. Mills, C.A. and Necheles, H. Variations in the Coagulability of the Blood normally and after Food Ingestion; Chinese J. Physiol. 2: 19-23, '1928.
11. Miller, T.G.; Results from Management of Bleeding Ulcer; Ann. Int. Med. 15: 390-394, '1941.
12. Nicholson, J.T.L. and Miller, T.G.; Prompt feeding program for Bleeding Peptic Ulcers; Am. J. Digest. Dis. 8, 446-451, '1941.
13. Rafsky, H.A. and Weingarten, M.; Clinical Appraisal of Various Methods of Treatment Based on a series of 408 cases (Including an analysis of mortality); J. A.M.A. 118: 5-9 January '1942.
14. Rasberry, E.A. Jr. and Miller, T.G.; Prompt Feeding Program; Gastroenterology 1: 911-921, 1943.
15. Schiff, L.; Treatment with Report of 160 cases Treated by Prompt Feeding Program (Modified Meulengracht Diet); South. M.J. 37: 335-342, '1944.
16. Schoidt, E.; Blood Regeneration in Patients with Hematemesis or Melena from Peptic Ulcer treated with the Usual Ulcer Cure and with the Meulengracht Treatment; Am. J. Med. Sc. 192: 162-167, '1936.
17. Thorstead, M.J.; Problem of Bleeding Ulcer: Review of 284 Patients; Surgery 12: 964-981, '1942.

O. S. U. DEDICATES HEALTH CENTER

Dedication exercises for Ohio's new Health Center, located on the campus of the Ohio State University, will be held on Monday, Tuesday and Wednesday, May 14, 15 and 16, 1951. The formal dedication ceremonies will be at 11:00 a. m., Tuesday, May 15, in the Health Center Quadrangle on the campus. Guided tours for visiting guests will be conducted through all buildings of the new Health Center Tuesday afternoon.

Monday's program will consist of scientific sessions for the Post-College Assembly of the College of Dentistry. Wednesday's program will comprise the scientific sessions of the Post-Collegiate Assembly of the College of Medicine. Distinguished guests invited from all related fields will participate in these programs dedicated to the progress of scientific achievement in the health fields. The scientific sessions will be held in the Auditorium of the Ohio State Museum.

New buildings to be dedicated are (1) the 600-bed University Hospital; (2) College of Dentistry building; (3) 300-bed Tuberculosis Hospital; and (4) 140-bed Receiving Hospital for mental patients.

Existing University Medical School facilities include the Kinsman Hall Research Laboratories; Hamilton Hall, the present basic science teaching unit of the Medical and Dental Colleges to which a new library wing is currently being added; and Starling-Loving Hospital with 300 teaching beds. Upon occupation of the new University Hospital, Starling-Loving will be largely converted to other Medical College uses, including a new Institute of Pathology and Student Infirmary.

MAY MEETING

Tuesday, May 15, 1951

Elks' Club, 220 W. Boardman St.

8:30 P. M.

Speaker:

Dr. Nathan Shapira

Assistant Clinical Professor of Medicine
University of Cincinnati
School of Medicine
Cincinnati, Ohio

Subject:

**"Management of Acute and Severe Bleeding
from Upper Gastro-enteric Lesions"**

Lest you forget!

Meetings of the Mahoning County Medical Society are held on the third Tuesday of each month and are announced in the BULLETIN. Be present and be active in the proceedings of your Society. Were you at the last meeting? If not, there is one coming up.

BESIDE THE TRAIL

An isolationist seems to be a queer sort of individual who believes in beginning with himself in his efforts to make humanity better. He tries to create so much good that he can't contain it, it keeps oozing out of him and gets into everybody else. He raises more wheat, corn or potatoes than he can possibly need, he makes more clothing and shoes than he can wear, so someone has to help him make use of it by consuming his excess.

He is a stupid fellow who doesn't resent being called names that suggest inferiority or even imply ulterior motives in his well-intended efforts; but he keeps on supplying the materials that collectivists need to maintain the strength necessary to abuse him. He doesn't love his neighbor as much as himself; he simply honestly loves himself as much as he does his neighbor, which is probably more than his neighbor loves him.

He doesn't let these considerations interfere with his activities, nor alter his purpose to continue to be a normal human being, and to keep himself strong enough that his detractors need not die of starvation. Though he is conscious of the instincts of the herd, he is aware that unless the fittest survive and reproduce their kind the herd itself will deteriorate and ultimately cease to exist.

He is not a throw-back; he does not impede progress. He is himself the product of selectivity. Within his adaptable self is our security, as well as our hope.

KEEPING UP WITH THE A.M.A.

W. M. Skipp, M.D.

..... Showing how the farmers feel about some of the men in Washington whom we are watching attempting to lead us down the road to Socialism, Charles B. Sherman, president of the Illinois Agricultural Assn., asked that Agricultural Secretary Brannan and Federal Security Administrator Ewing be removed from office as both are responsible for plans to socialize agriculture and medicine, respectively.

..... In England, a warning was sent out by Dr. Iram McCracken, Durham County Medical Officer, regarding an order passed by the Socialist controlled County Council. It issued a "form a Union or be fired" order to all employees which included 50 physicians employed (school physicians and health officers). These warnings should not be passed over lightly as it can well happen here in the U. S. if we do not watch the Social planners in our government.

..... An editorial appearing in all Hearst papers urges the American people to examine and re-examine the multitudinous government controls the Truman Administration is eagerly imposing in the name of National Emergency.

Senator Butler of Maryland said, "The American people should take heed because the swarming Socialists of the Truman Administration are not content to impose only such regulations and restraints as are necessary to the country's safety but, as the A.M.A. has pointed out, the Truman Administration is trying to write Socialized Medicine into the new Draft Law.

..... The A.M.A.'s 6th National Conference on Rural Health was held in Memphis, Tenn. Some 600 persons, representing many organizations interested in the health of the rural areas from 36 states attended.

Some 35 persons appeared as speakers at the Conference being presided over by the Chairman of Rural Health, Dr. F. S. Crockett, Lafayette, Ind.

Dr. Geo. F. Bond, Bat Cove, N. C., told the Conference that small communities must band together and build small hospitals because if the country is bombed it will be the large cities that will be attacked, and the smaller communities will be required to house, feed, and treat the injured from the target areas.

Many outstanding men and women interested in the Rural Community health made remarks showing the progress of these sessions. These individuals represented Farm Bureaus, State and County Granges, Country Church Institutes, and Associated Women of Farm Bureaus.

Raymond F. Lenart, Columbus, Ohio, Dept. of Health, remarked, "I like these meetings because they are the only ones of their kind held anywhere in the Country, where the lay person—farmer, teacher, and educator—meet on an equal level with the doctor to discuss health problems of mutual interest. There certainly is no domination of one person or group over another. It is built on a real democratic foundation."

..... Night and emergency call systems are working out well. The Board of Trustees of the A.M.A. urges all physicians to see that all the people are properly taken care of by some physician. The family doctor must see that his patients are not neglected. The Board also urges that fees be cut to the bone, over-charging cut out, and that the patient should be the first consideration and not the amount that can be gouged from each individual. We must stop and think not of our total income and how little we can do to earn our fees, but how well we can treat a satisfied clientele.

..... The American Legion and A.M.A. have been fighting Socialized Medi-



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DR. BUNN DISCUSSES ANTI-BIOTICS

Use and abuse of anti-bacterial substances provided the basis for an excellent talk by Dr. Paul Bunn, Associate Professor of Internal Medicine at Syracuse School of Medicine, at the regular monthly meeting of the Society held at the Elks Club on February 20. The meeting, presided over by Dr. C. A. Gustafson, president-elect, attracted one of the best attendances during the past many months.

In discussing the use of ACTH in acute infectious diseases, Dr. Bunn pointed out that the long term results are still unknown and warned against indiscriminate use of the drug despite immediate dramatic results achieved in its use. Paradoxical observations, he stated, have been made and while the acute disease is affected dramatically, severe overwhelming relapse has often been observed upon discontinuing the drug.

Dr. Bunn referred to the use of penicillin O, fabulous material, which can be substituted, unit for unit, in cases where hypersensitivity reactions occur in the use of penicillin G. The drug has certain criteria which will place it in a great field of usefulness and can be used in the same dosage as penicillin G.

While two or more anti-bacterial substances can be used at the same time, there is definite danger in using two or more substances against a single organism. For that reason he warned against "shot gun" use of several anti-bacterial substances with the hopes that one will provide clinical effect. It is best, he pointed out, that the organism be isolated, identified, its sensitivity to a group of anti-bacterial substances be determined and then the proper drug used in appropriate dosage.

On the other hand, Dr. Bunn pointed out that certain advantages occur in the use of anti-bacterial substances in combination since a distinct synergism exists between certain of the drugs even when used in sub-effective amounts. Excellent testimony in that lies in the effectiveness of streptomycin and penicillin when used in combination. In an illustration, he cited the tremendous effectiveness of the combined use of streptomycin and para-amino-salicylic acid in the treatment of tuberculosis where streptomycin alone has a limited use to a 70-90 day period and has very little effect thereafter. When combined with para-amino-salicylic acid there is delayed resistance to the organism for six months to two and one-half years. The explanation for this is unknown and is based solely on clinical observation. This combination of drugs therefore is reserved for prolonged treatment, that is, beyond 60 days.

The prophylactic use of anti-bacterial substances was then taken up by Dr. Bunn. He emphasized that it was ridiculous to use anti-bacterial substances at all times and for everything. There are, however, definite indications for prophylactic use notably in patients with rheumatic fever, rheumatic heart disease, where there is an outbreak of meningococcus infection or dysentery in large groups such as army camps. Most effective, undoubtedly, is the use of penicillin in the prevention of venereal disease where a single 250,000 unit tablet, taken prophylactically, can obviate gonococcal infection. In warning against indiscriminate use he cautioned against side reactions which occur in about five percent of cases and the development of "super infection" as a result of the flourishing growth of other organisms when the bacterial flora shifts during the use of a particular anti-bacterial substance.

Finally, the speaker reviewed the effectiveness of anti-biotics in the treatment of meningitis in the two forms, namely, tuberculous and pneumococcal. The experience, however, is distressing in view of the tremendous dosages necessary to overcome the blood-brain barrier. A 50% mortality still exists

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in treatment of pneumococcal meningitis despite administration of large dosage of penicillin. In cases of tuberculous meningitis where earlier mortality was 100%, the use of streptomycin has resulted in the salvage of 20% of cases but at the expense of considerable time, energy and total discomfort to the patient and the ultimate effects of toxicity of the drug.

MILITARY NOTES

H. J. Reese, M.D.

TWO MILITARY RESERVE REPORTS DRAFTED . . . It is understood that two reports dealing with long-range problems of the military reserves have been drawn up, one by a Defense Department group, the other by an Army board. The Defense report, drafted at the request of Chairman Vinson of the House Armed Service Committee, suggests an invigorated training program, and a realignment which would rename the various categories of reserves and turn the present voluntary inactive reserves into a "ready reserve." The Army report proposes physical examinations for all reserves and an individual questionnaire on dependency status, whether a delay would be asked if called up, attitude of employer, etc. Neither report, it is believed, will suggest any major change in promotion policies.—*Capitol Clinics.*

ARMY TO CALL UP 300 MEDICAL RESERVES IN APRIL . . . The call up of 300 Army medical reserves in April (all rated as Priority I in the draft) will represent the first time the Rusk Committees, national and local, have participated in selecting men for a large, nation-wide induction. Local Advisory Committees will pass on the individuals to be ordered to duty. Dr. Rusk's national committee, along with Defense Department's Medical Policy Council, approved the Army's request for the 300. Defense Department has set the following quotas by Army area: First area, 67; Second, 47; Third, 25; Fourth, 50; Fifth, 41; Sixth, 70. Current Army needs are being met out of the 890 Priority I physicians given notice in December, all of whom will be in uniform by the end of March. Army plans to continue monthly calls, but has set no totals or quotas beyond April. Only Army is forced to make mandatory calls at this time because unlike Navy and Air Force, it has been commissioning men in the reserve without requiring that they also volunteer for immediate active duty. These "active duty volunteers" are meeting requirements of the other two services. All Army reserves to be called, incidentally, will be entitled to the \$100 monthly bonus pay; they qualified as volunteers for the reserves, although not for immediate active duty.—*Capitol Clinics.*

ARMY STANDARDIZES RADIATION BURN TREATMENTS . . . Army is standardizing two new radiation burn treatments—open and pressure methods. The first calls for normal drying in warm, dry air of first and second degree burns until they form a hard crust (about 24 hours) and then letting the patient care for himself. The second, for large-area and third degree burns, calls for large dry dressing of gauze, cotton, cellucotton and water repellent paper held in place by elasticized or special paper bandages. Dressing is not removed for two to three weeks. Both methods differ from dry, non-pressure method outlined in CDA's Health Services Handbook . . . Other Army tests show forced liquid, high-nutrition feedings (using an electric pump) help in healing burns more quickly.—*Capitol Clinics.*

HOSPITAL STAFF MEETINGS

YOUNGSTOWN HOSPITAL ASSOCIATION

The regular monthly meeting of the Youngstown Hospital Association Staff was called to order at 8:30 p. m. March 6, 1951, by the president, Dr. G. G. Nelson. The minutes of the previous meeting were read and approved. The Staff report for February was read and approved.

Dr. Turner reported on changes suggested for the Dietary Department. The suggestions are included in the minutes.

Dr. Herbert E. Thompson was introduced as the Head of the Biochemistry Department.

The program was given by Dr. S. Myers on Nasal Injuries and Deformities. The paper is included in the minutes.—*E. C. Baker, M.D., Secretary.*

ST. ELIZABETH HOSPITAL

The regular monthly staff meeting of St. Elizabeth Hospital was held on Tuesday evening, March 6, 1951.

The scientific portion of the program consisted of the presentation of a medical and surgical case. The medical problem was that of a lung abscess that responded to therapy with anti-biotics; the surgical case was one of pancreatic cyst.

Following the scientific program there was a brief business meeting.—*Asher Randell, M.D., Secretary.*

MAHONING COUNTY TUBERCULOSIS SANATORIUM

Dr. W. W. Bauer, director of health education, radio and television for the American Medical Association, was guest speaker at the 24th annual banquet of the Mahoning County Tuberculosis and Health Association at 6:00 p. m., Tuesday, March 27, in the Isaly Auditorium. Dr. Bauer spoke on "Health Education — The Key to Public Health."

Dr. E. J. Reilly, president of the Mahoning County Association, presided at the meeting.

Dr. J. P. Keogh, president of the Mahoning County Tuberculosis Hospital Staff, announced that Charles P. Bailey, M.D., Associate Professor of Thoracic Surgery at Hahnemann Medical School of Philadelphia, Pennsylvania, will be the speaker at the next regular monthly meeting of the staff to be held at the hospital on **Monday, April 23**. The meeting will be the annual dinner meeting of the staff with dinner being served at 6:30 p. m.

Dr. Bailey will speak on "Recent Advances in Intra-Cardiac Surgery."

Other Meetings

MAHONING ACADEMY OF GENERAL PRACTICE

Dr. S. R. Gerber, coroner for Cuyahoga County, addressed members of the Mahoning Academy of General Practice on April 10, 1951. He discussed some of the problems which usually confront county coroners.

Dr. E. J. Reilly, program chairman, has announced that Dr. Joseph P. Keogh, local thoracic surgeon who is also president of staff at Mahoning County Tuberculosis Sanatorium and its attending thoracic surgeon, will address the Academy at its next meeting on Tuesday, May 8, 1951 at the Nurses' Auditorium at the South Side Unit of the Youngstown Hospital Association. Dr. Keogh will speak on "Surgical Aids in the Diagnosis of Pulmonary Tuberculosis."

PROCEEDINGS OF COUNCIL

MONTHLY MEETING: The regular monthly meeting of the Council of the Mahoning County Medical Society was held at the office of the Society, 203 Schween-Wagner Bldg., Monday, March 12, 1951.

PRESENT: The following doctors were present: E. J. Wenaas, President, presiding; J. D. Brown, G. E. DeCicco, V. L. Goodwin, C. A. Gustafson, S. W. Ondash, A. K. Phillips, A. Randall, I. C. Smith, and W. M. Skipp.

HOUSE BILL 95: Dr. W. M. Skipp, Chairman, Legislative Committee; discussed at length, House Bill 95.

It was moved that Dr. Skipp contact the Ohio State Medical Association and notify them that we approve the basic principles of the Bill but not the entire Bill in its present form.

MEDICAL CARE PLAN: The Secretary referred to information received from the Cleveland Academy of Medicine on their Medical Care Plan. The matter was turned over to Dr. McCann.

AMA COUNCIL ON FOODS AND NUTRITION: Dr. Donohue of the Public Relations Department of the A.M.A. has furnished the following statement with regard to aluminum cooking utensils being a factor in the causation of cancer.

"Aluminum abounds in the earth's crust and is widely distributed in nature being present in a wide range of eatable plants. Undoubtedly, man has ingested small quantities of aluminum daily since he came upon the earth. Aluminum compounds are also important and useful therapeutic agents.

"The possibility that aluminum utensils can impart injurious agents to the foods cooked in them has been extensively investigated. Up to the present time there has been no cogent scientific evidence indicating that the minute traces of aluminum that may be imparted to food in the process of cooking are in any way injurious to the consumer. As for the rumor that the use of food prepared in aluminum cooking utensils is a factor in the causation of cancer, it may be added also that there is absolutely no scientific basis in support of this view.

"In view of these facts it is the opinion of the Council that the use of aluminum cooking utensils is in no way injurious to health."

NEW MEMBERS: The following applications for membership were read:

ACTIVE MEMBERSHIP

Dr. Robert G. Thomas, Youngstown Hospital, Youngstown, Ohio

ASSOCIATE MEMBERSHIP

Dr. Robert Rodin, 1204 Central Tower, Youngstown, Ohio

Unless objection is filed in writing with the Secretary within 15 days, the above become members of the Society.—G. E. DeCicco, M.D., Secretary.

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DR. FOWLER TALKS ON ANEMIAS

An outline for the diagnosis and treatment of anemias was presented by Dr. Willis M. Fowler, Professor of Internal Medicine at the Iowa State University of Medicine, before members of the Mahoning County Medical Society at their February meeting. The following excerpts from his talk represent the important highlights of his discussion.

"Recent advances in the treatment of anemia have emphasized more strongly than ever the necessity for establishing an accurate diagnosis of the cause or the type of an anemia prior to the institution of therapy. The use of "shot gun" remedies which contain various combinations of hematinic principles cannot be condoned since the use of these preparations too frequently obscures the essential diagnostic features of the disease and the patient is improperly or inadequately treated for a variable period of time following which it may be impossible to establish an accurate diagnosis without a period of observation. In other patients the state of ill health is allowed to continue indefinitely during the course of inadequate therapy. Because of these features and since certain specific therapeutic measures have been discovered, every effort should be made to establish a correct diagnosis before treatment is started. It is true that the pathogenesis of many types of anemia is not well understood but on the other hand considerable progress has been made toward a better understanding and more logical therapy in certain instances."

Although various classifications of the anemias have been devised in an attempt to group together those types of anemias which are related, Dr. Fowler emphasized that in order to be of value as a guide to therapy, the classification should be based as far as possible, on the etiological background. In his experience, the following classification has been the most satisfactory.

- I. Excessive Blood Loss
 - Acute Hemorrhage
 - Chronic Hemorrhagic Anemia.
- II. Excessive Blood Destruction—Hemolytic Anemias
 - A. Extrinsic causes
 - Drugs, chemicals, parasites.
 - B. Intrinsic causes
 - Familial and acquired hemolytic icterus
 - Acute hemolytic anemia (Lederer's)
 - Sickle cell anemia
 - Familial leptocytosis (Cooley's)
 - Erythroblastosis Fetalis
- III. Inadequate Blood Formation
 - A. Deficiency in maturation factor
 - Pernicious anemia
 - Pernicious anemia of pregnancy
 - Macrocytic anemia of infants
 - With certain gastro-intestinal lesions
 - Nutritional deficiencies
 - B. Iron deficiency anemia
 - Chronic hemorrhage
 - Idiopathic hypochromic anemia
 - Hypochromic anemia of pregnancy
 - Hypochromic anemia of infants
 - Chlorosis
 - C. Aplastic anemia
 - Idiopathic and secondary

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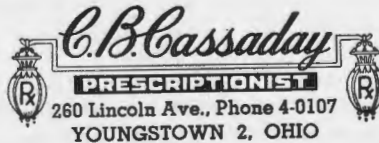
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D. Myelophthisic anemia

E. Depression of bone marrow function.

Dr. Fowler presented the treatment of anemia due to blood loss and called attention to the fact that blood replacement is mandatory but that iron should also be therapeutically administered in order to provide a more ready iron supply in the tissues and hasten recovery. In patients in whom the loss of blood is small but continuous over a long period of time an iron type of deficiency results and provides the most common cause of iron deficiency.

"Nutritional iron deficiency in a severe form in adults is not particularly common although mild grades of anemia on this basis are not infrequent. This seems to be particularly true in young women shortly after the age of puberty when demands for iron are particularly great but, due to dietary fads or inadequacies, the intake is low. Chlorosis in its classical form is seldom encountered today but a mild form of hypochromic anemia is not infrequent in the age group in which chlorosis formerly appeared."

"The treatment of iron deficiency anemia consists in the administration of adequate amounts of iron. Any iron compound should be given either with a meal or immediately after a meal rather than on an empty stomach so as to avoid gastro-intestinal irritation. Ferrous sulfate 0.3 gm. or ferrous carbonate 1 gram three times daily are commonly used preparations. Reduced iron (Ferrum Reductum) one gram three times daily is effective and because of its insolubility is less apt to upset the intestinal tract. Ferrous gluconate is another commonly employed and efficient preparation. We have found Ferracol, a colloidal iron preparation, to be as effective as other forms and have encountered no gastro-intestinal irritation from its use. Saccharated oxide of iron has been given intravenously in amounts which are therapeutically effective although severe reactions occur so frequently that it cannot be recommended for therapeutic use. We have not found it necessary to resort to this route of administration and the use of intravenous iron should be reserved for investigational and research purposes."

"Pteroylglutamic acid (folic acid) was found to produce a rapid hematologic response in patients having pernicious anemia as well as in other related anemias in which a megaloblastic type of bone marrow was found. Folic acid does not provide complete replacement therapy for pernicious anemia. Folic acid is effective in the treatment of the macrocytic anemia of pregnancy, the nutritional macrocytic or megaloblastic anemia of infants and in sprue and is the most effective therapeutic agent available for these diseases but it should not be used in the treatment of pernicious anemia."

"Vitamin B₁₂ when given parenterally controls completely the manifestations of pernicious anemia, being effective in restoring the blood and bone marrow to normal as well as protecting against progression of the neurological manifestations. While it is equally as effective as liver extract in controlling pernicious anemia, it has no therapeutic properties not possessed by liver extract since it is a concentrate or extract obtained from liver extract. It is effective in very minute amounts and is the most potent therapeutic agent per unit of weight which is available today. It is free of antigenic substances and therefore does not produce sensitivity and may be used in those patients who are sensitive to liver extract."

"Although vitamin B₁₂ controls all aspects of pernicious anemia there are other related anemias, in which a similar megaloblastic type of bone marrow reaction is present, which do not respond to this material. The macrocytic anemia of pregnancy, the macrocytic or megaloblastic anemia of infancy and the tropical type of macrocytic anemia of Wills are reported not to respond in all instances to vitamin B₁₂ although they do respond to the administration

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of folic acid. It also appears that folic acid is more effective than vitamin B₁₂ in the treatment of sprue. The inter-relationship of these two substances in the production of macrocytic megaloblastic anemia is not entirely clear and it is possible that other as yet unidentified substances may also be essential, such as a second red crystalline substance which is also obtainable from liver. It appears that both folic acid and vitamin B₁₂ are necessary for normal hematopoiesis and that deficiencies in either substance may occur or that both may be deficient in the same individual. Neither of these substances can replace the other. The exact role of the various enzyme systems of the body in the synthesis of the maturation factor and in the protection against pernicious anemia cannot be explained at the present time."

A.M.A. MEDICAL EDUCATION FOUNDATION NEWS

An important decision that will interest every physician was made by the board of directors of the American Medical Education Foundation at its recent meeting, when it was voted that individual physicians may designate the medical school or schools to which they wish their contributions to the Foundation to go. When the funds collected by the Foundation are distributed to the medical schools, each school will be given the names of those who have specified that their contribution be given to that school together with the amount of each individual's contribution.

This decision was made in response to suggestions from many physicians who have expressed the desire to support the medical profession's effort to provide substantial assistance to the medical schools through the Foundation but who at the same time have wanted to demonstrate their allegiance to one or more specific institutions with which they have been associated. Physicians who have already sent their contributions to the Foundation may request that they be assigned to a particular school by writing to the Secretary-Treasurer of the Foundation, 535 North Dearborn St., Chicago 10.

Another major development with respect to the Foundation was the action of the Board of Trustees of the American Medical Association two weeks ago in voting that the Association would assume all the operating and overhead costs of the Foundation. This means that every dollar contributed to the Foundation will be passed on to the medical schools without deduction for expenses of any kind. In some fund-raising programs a substantial part of the contributions must be used to defray the costs of conducting the campaign. The action of the Board of Trustees of the American Medical Association removes this problem for those contributing to the Foundation. Following the appropriation by the Board of Trustees of one-half million dollars as a nucleus for the 1951 fund to be raised by the Foundation, this latest action further demonstrates the support that the Trustees are giving to this new and important undertaking by the medical profession.

To insure that the Foundation will receive the widest possible support from the individual members of the profession, the directors of the Foundation have voted to ask each state medical society to request its county and district societies to establish local committees to secure contributions to the Foundation from their members. It is urged that each county and district society respond to this request and appoint committees that will be working actively and systematically on this important project within the next few weeks.

The support of the Foundation already demonstrated by editorials and articles that have appeared in a number of the state and county society journals has been very encouraging. It is hoped that the state and county societies will seize this further opportunity to make the Foundation a resounding success.—*Journal of the A.M.A.*

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AUXILIARY NEWS

One hundred and seventy-five women attended the benefit style show and tea sponsored by the Auxiliary to the Mahoning County Medical Society, Tuesday, February 20, at the Rodef Sholom Temple.

Due to the tireless efforts of Mrs. Morris Rosenblum and her committee, this money raising event was a huge success and rated front-page pictures in the Sunday Vindicator rotogravure section.

The stage was a bower of greenery and a three piece string orchestra played during the afternoon. Mrs. Rosenblum personally raised the money to make the musical trio possible.

Ten wives of physicians, Mrs. John Renner, Mrs. Paxton Jones, Mrs. Raymond S. Lupse, Mrs. Samuel Zlotnick, Mrs. Alfred Cukerbaum, Mrs. Richard Goldcamp, Mrs. M. M. Szucs, Mrs. M. C. Raupple, Mrs. E. R. McNeal and Mrs. James L. Fisher, modeled the latest spring styles ranging from wet weather togs to cocktail costumes, and by so doing, helped raise a very substantial amount for the Nurses' Scholarship Fund.

The Social Committee, headed by Mrs. R. W. Fenton and Mrs. Lewis Shensa, was in charge of the tea that climaxed the outstanding affair. The president, Mrs. William H. Evans, and the year's social chairman, Mrs. James D. Brown, poured.

One hundred sixty senior girls representing all the county high schools, and several teachers were guests of the Auxiliary to the Mahoning County Medical Society on Tuesday, March 15.

The meeting was held at the North Side Nurses' Home and a tour of the hospital was conducted, with senior nurses assisting Mrs. Muriel Dunlap, the new director of the Youngstown Hospital School of Nursing.

The afternoon was climaxed with a movie entitled "Girls in White", followed by a social tea hour.

The program was in charge of Mrs. W. D. Coy and Mrs. Joseph P. Keogh. The social chairmen, Mrs. L. W. Weller and Mrs. F. S. Coombs and their committee, sponsored the tea.

Mrs. W. H. Evans, president, has appointed Mrs. Craig C. Wales as chairman of Civilian Defense.

The next meeting will be a luncheon at the Woman's City Club, Tuesday, April 17, at 2:30 p. m. Judge Clifford M. Woodside will be the guest speaker. Reservations should be made with Mrs. V. L. Goodwin, phone number 7-5437.
—Mrs. J. L. Fisher.

HEARING SOCIETY ANNOUNCES PROGRAM

Beginning March 27, and every Tuesday morning thereafter until early June, the Youngstown Hearing and Speech Center will hold nursery activities for deaf and hard of hearing children from 16 months to four years of age. Parents will be required to observe and assist in the activities demonstrated in the Readiness Program.

The aim of the Readiness Program is to show parents how they may help the child with impaired hearing at home, to become ready for language. The program will make ready senses of sight, touch, vibration, motion and hearing.

The nursery activities will be held on Tuesday mornings from 10 to 12 o'clock at the Youngstown Hearing and Speech Center, 69 Illinois Avenue, Youngstown, Ohio.

Although a small charge of fifty cents per morning is made, no family will be deprived of the benefits to their hard-of-hearing children because of inability to pay. Arrangements to enroll the child on a "scholarship basis" may be made with the Executive Secretary, Miss May Veterrle, or parents may pay what they can afford.

FROM THE BULLETIN

J. L. Fisher, M.D.

20 YEARS AGO — APRIL 1931

This issue was a special "Public Education Number." It featured an article by Morris Fishbein on "Medical Education Of The Public Through The Press."

Members were urged to educate their patients to use preventive health measures. Doctors were advised to vaccinate children and give them diphtheria immunization at an early age instead of waiting for the school authorities to do it.

The publicity committee and public health committee were very active in promoting a campaign of public education.

Dr. John Russell became a member. Dr. and Mrs. Getty announced the arrival of their son, James.

The American College of Surgeons held a regional section meeting in Youngstown. Drs. J. U. Buchanan, R. R. Morrall, Sidney McCurdy, E. C. Baker and J. A. Sherbondy were on the program.

10 YEARS AGO — APRIL 1941

Dr. Claude Norris, who died last month, was the editor in 1941. Every page of the *Bulletin* shone with the brightness of his intellect and his enthusiasm. Especially this number which was devoted to the fourteenth Post-Graduate Day. I would like to quote a portion of his editorial about what Post-Graduate Day gives: "First it is *Fellowship*; that conditioning of human souls which gives friendship, birth, growth and final flowering. Ranking next in value is *Inspiration*—the hormone which stimulates to higher, worthier endeavor. Then it is *Instruction*. Without such raw materials as bold, hard, plain facts, proved in the laboratory and in practical daily work, progress is impossible. One other thing remains: *Pride* in our unity as a group dedicated to human service . . . All these things are included, and much more, in the 'something' which Post-Graduate Day gives."

Those words could be written only by a man who had a sense of values, who loved his profession and respected the men who worked in it with him. The name of Dr. Norris should be written in the history of our Society.

Dean William Middleton, Elmer Sevringshans, Joseph Gale and Ralph Waters of the University of Iowa gave the program that day and all the doctors from Ohio, Western Pennsylvania and West Virginia were there. It was a great time. Walter Tims was the hard working chairman of the P-G Committee.

Asher Randall, Myron Steinberg, Sam Goldberg, Sam Epstein and Ivan Smith had already left for military service. Pearl Harbor was only a name on a map.

CLAUDE B. NORRIS**1888 - 1951**

Word has been received of the death in Riverside, California of Doctor Claude B. Norris who was eminent in the practice of dermatology in Youngstown from 1924 to 1946. During this period Dr. Norris was active in Medical Society affairs. He was editor of the *Bulletin* for seven years, was elected President in 1938, was a delegate to the A.M.A. House of Delegates and served on the Board of Censors for three years.

Although conducting a busy practice he found time to act as chief physician to the city venereal clinic and as president of the Rotary Club. He was one of the Medical Society's worst golfers and most valuable talkers. He loved nothing more than to visit with his friends, all of whom admired him for his keen intellect and sparkling wit.

Ill health due to essential hypertension caused him to retire in 1946. He purchased the historic plantation "Belle Nemus" near Richmond where he settled down to be a gentleman farmer. During the last few years he was no longer able to manage the plantation and moved with his wife and son, Philip, to California where his last days were spent.

Since leaving Youngstown he has been missed keenly by his associates and will long be remembered as one of the bright figures who graced the medical milieu during his too short span of life.—J. L. Fisher, M.D.

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Health Department Bulletin
 CITY OF YOUNGSTOWN
 REPORT FOR FEBRUARY, 1951

	1951	Male	Female	1950	Male	Female
Deaths Recorded	175	105	70	141	80	60
Births Recorded	475	233	242	484	233	251

	1951		1950	
	Cases	Deaths	Cases	Deaths
CONTAGIOUS DISEASES:				
Chicken Pox	82	0	87	0
Measles	7	0	356	0
German Measles	0	0	1	0
Scarlet Fever	7	0	7	0
Ep. Cerebro—Spinal Meningitis	0	0	1	1
Whooping Cough	7	0	19	0
Mumps	3	0	79	0
Tuberculosis	4	2	2	6
Syphilis	25	0	23	0
Gonorrhea	30	0	26	0
VENEREAL DISEASES				
New Cases:	Male	Female		
Syphilis	11	3		
Gonorrhea	8	7		
Total Patients			29	
Total Visits to Clinic (Patients)			329	

W. J. TIMS, M. D.
 Commissioner of Health

HERE AND THERE

Several members of the Mahoning County Medical Society will participate as discussants in instructional courses to be given at the annual meeting of the Ohio State Medical Association in Cincinnati, April 24-26. On Tuesday, April 24, Dr. James L. Fisher will be a panel discussant on Leg Ulcers. On the same day, Dr. William H. Bunn will speak on Congestive Heart Failure at a panel discussion on the Treatment of Heart Disease. On Wednesday, April 25, Dr. Oscar A. Turner will speak on Cancer of the Central Nervous System in the panel discussion on the Treatment of Far Advanced Cancer.

Dr. Louis Bloomberg, a Captain in the Army Medical Corps, was recalled to active duty and reported to his station at Fort Sam Houston, Texas on March 10, 1951.

Born: to Dr. and Mrs. A. K. Phillips, a girl, Mary Ann, at St. Elizabeth Hospital on March 16, 1951.

Drs. J. K. Herald, J. B. Kupec, E. Massullo, J. A. Renner and J. J. Wasilko are attending a series of weekly instructional courses on "Fundamental Problems of Surgery" being given at University Hospital, Lakeside Unit, Cleveland, Ohio. The courses are conducted by Dr. W. Holden, Professor of Surgery at Western Reserve University School of Medicine.

Dr. S. R. Zoss attended the meeting of the American Academy of Allergy recently held in New York City.

Dr. John F. Stotler has been named to the Board of Trustees of the Mahoning County Tuberculosis Sanatorium. He will fill the vacancy created by the resignation of Dr. J. N. McCann.

Dr. Stotler has been associate thoracic surgeon at the Sanatorium for the past five years.

Dr. R. V. Clifford addressed members of the Ursuline Alumni Association at the Catholic Action Center on Rayen Avenue at 9:00 p. m. on March 28, 1951. He discussed "Medical Aspects of Atomic Warfare".

Dr. William E. Sovik addressed the Struthers P.T.A. on April 5, 1951. He spoke on "Eyesight in Children".

Dr. William T. Breesmen discussed "Heart Disease" in a talk given at St. Nicholas Church in Struthers on April 6, 1951.

Dr. G. E. DeCicco participated in a panel discussion on "Cancer in Women" presented in a radio broadcast at WKBN on April 6, 1951.

Dr. A. K. Phillips spoke over WBBW on April 12, 1951. His subject was "Your Role in Defeating Breast Cancer".

Dr. F. F. Piercy recently attended the 24th annual Spring Eye, Ear and Throat conference at Gill Memorial Eye, Ear and Throat Hospital at Roanoke, Virginia.

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