



Truth is rightly named the
daughter of time, not of
authority.

—Francis Bacon

BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

Youngstown • Ohio
VOL. XXI • No. 10
OCTOBER • 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., 129:618, Oct. 27, 1945.
2. Lewey and Shay, Dietotherapy, Philadelphia, W. B. Saunders Co., 1945, p. 850.

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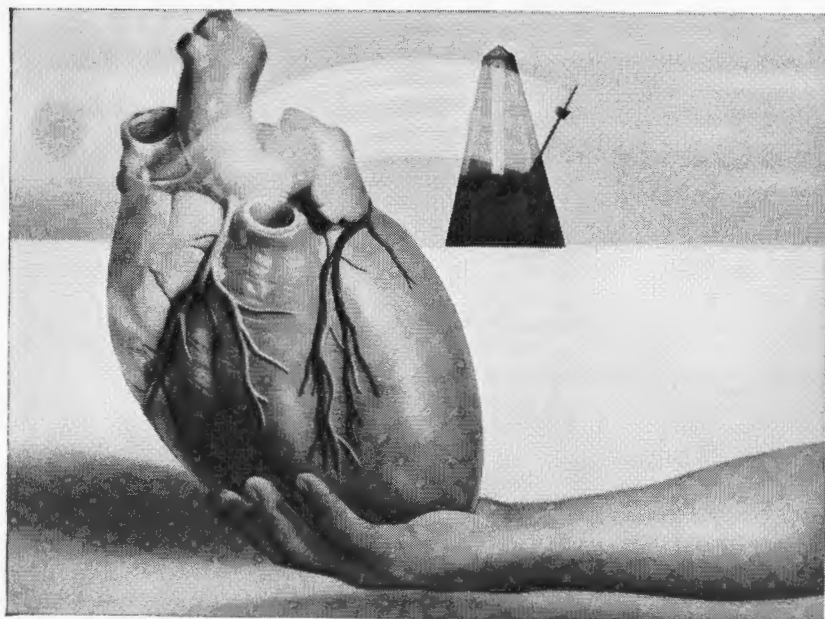
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MEDICAL CALENDAR

First Tuesday 7:30 p. m.	Monthly Surgical Conference, St. Elizabeth's Hospital Monthly Obstetrical-Gynecological Conference, St. Elizabeth's Hospital
8:30 p. m.	Monthly Staff Meeting, St. Elizabeth's Hospital, St. Elizabeth's School of Nursing
	Monthly Staff Meeting, Youngstown Hospital, Auditorium—Nurses' Home
2nd Monday 9:00 p. m.	Council Meeting—Mahoning County Medical Society—Office of the Society—Schween-Wagner Bldg.
2nd Tuesday 11:30 a. m.	Monthly Medical Conference, Youngstown Hospital, Auditorium—Nurses' Home
8:30 p. m.	American Academy of General Practice, Youngstown Hospital Auditorium—Nurses' Home
3rd Tuesday 8:30 p. m.	Monthly Meeting—Mahoning County Medical Society—Elks Club, 220 W. Boardman St.
4th Tuesday 8:30 p. m.	Monthly Staff Meeting—Tuberculosis Sanitarium, Kirk Road
Every Tuesday 8:00 a. m.	Weekly Medical Conference, St. Elizabeth's Hospital Solarium
Every Tuesday 11:00 a. m.	Orthopedic Conference, St. Elizabeth's Hospital Library
Every Tuesday 3:30 p. m.	X-ray Conference, South Side Unit, Youngstown Hospital
Every Wednesday 11:00 a. m.	Obstetrical Section—North Side Unit of Youngstown Hospital
Every Thursday 12:30 p. m.	Orthopedic Section, Library—South Side Unit, Youngstown Hospital
Every Friday 11:00 a. m.	Clinical-Pathological Conference, St. Elizabeth's Hospital Library
Every Friday 11:30 a. m.	Clinical-Pathological Conference, Auditorium Nurses' Home, South Side Unit Youngstown Hospital
Every Friday 2:00 p. m.	Conference—X-ray Dept., St. Elizabeth's Hospital

COMING MEDICAL MEETINGS

American Academy of Pediatrics, Toronto, Canada, October 20-25.

American Cancer Society, New York, October 25.

American College of Surgeons, San Francisco, November 5-9.

Interstate Post Graduate Medical Association of North America, St. Louis, October 22-26.

PRESIDENT'S PAGE



The Mahoning Valley has had and will have many fine practicing physicians. With the passing of Dr. Frazier Fletcher Monroe I have lost a friend of twenty-five years standing, and Mahoning County has lost a practicing physician who can never be replaced. While Dick Monroe represented the highest ideal of what a physician should be he went about his work in a quiet manner with greater skill than his unassuming manner would indicate. He was an excellent physician, teacher and friend of the younger physicians. I have never heard him utter a word of criticism of a colleague or say an unkind word of anyone. Patients who sought his services were never too poor, nor was he ever too busy to give his best.

Doctor Monroe loved the practice of medicine and to do that he must have had a great love of man also. His unseen and unpublicized accomplishments for good are eternal in the example he has set for all of us to follow. For years to come he will be making his rounds, in Spirit, at the hospitals and on the streets of Youngstown.

E. J. Wenaas, M.D.

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2710½ Mahoning Avenue

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OCTOBER MEETING

Subject:

"Relationship of the Clergy and Physician
in the Care of Patients"

Speaker:

Dr. Frank Joseph Sladen

Also

Discussion of "Medical Foundation Projects"
and other important issues

Dr. Frank Joseph Sladen of Detroit will be the speaker at the regular monthly meeting to be held on October 16.

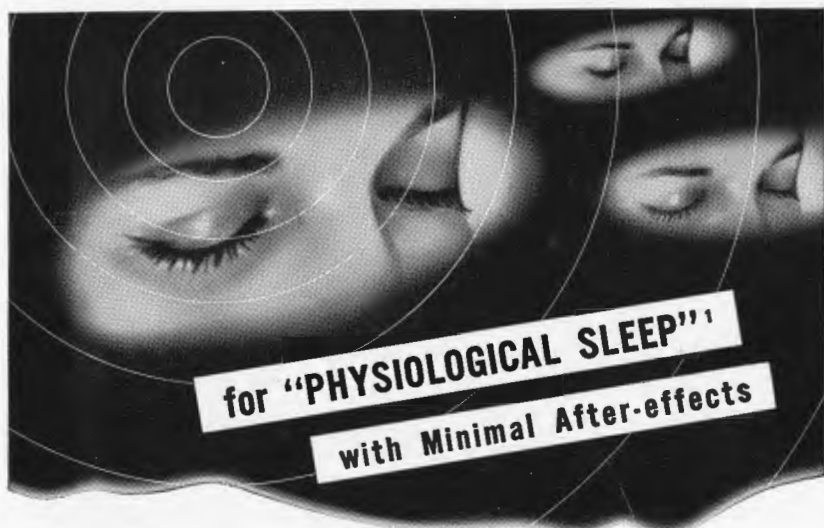
Dr. Sladen is chief of the Department of Medicine, Henry Ford Hospital, Detroit, Michigan. He is a diplomate of the American Board of Internal Medicine, a fellow of the American College of Physicians and a member of the Central Society of Clinical Research and American Rheumatism Association. He is editor of "Psychiatry and the War."

OCTOBER 16, 1951

Elks' Club

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Attend.... Society Meeting.... Oct. 16



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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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Editorial

RHEUMATIC FEVER PREVENTION PROGRAM

Valley medical men should be stimulated by the National interest shown in the pioneer work done by the Youngstown Area Heart Association in the prevention of rheumatic fever in children. Inasmuch as the effort called for complete cooperation of all physicians it reflects definite credit to Organized Medicine at the local level.

National officers of the Heart Association and statisticians of the U. S. Public Health Service have viewed the local program with more than passing interest. Evaluation of progress in this pioneer effort could well mean the application of local investigative effort to a National scale.

That the officers of the local Heart Association, headed by Dr. W. H. Bunn, should merit high compliment for this achievement is a foregone conclusion. It would be well, however, to remember Dr. Bunn's statement that the success of the program has been achieved only because of the *full cooperation of all members of the Mahoning County Medical Society*. Furthermore, it would be well to consider his suggestion that even more effort be made to get immediate penicillin therapy to certain youngsters where there is no family doctor and where it is difficult to see that penicillin is administered such youngsters with the sore throat and other acute infections. According to Dr. Bunn, the volunteer effort of the younger men of the Society has been of vast assistance in reaching these youngsters. Their continued cooperation is well indicated and will add compliment to their part in the program.

While wide acceptance of local rheumatic fever prevention program is a tribute to the high caliber of medicine in our county, we should do more than accept the accolade; we should continue to show constructive effort in the direction of the rheumatic fever program in the hope that our experience will prove a salvation to communities at large. We should elaborate this success and provide every assistance to members of the Heart Society who were instrumental in achieving righteous recognition for an original effort in curbing the rheumatic fever rate and morbidity in school children.

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Guest Editorial.....

The Doctor's Income

New light is cast on the earnings of doctors by a survey conducted jointly by the Department of Commerce and the American Medical Association. It shows that the average physician earns \$11,058 yearly before income tax is paid. That doesn't, of course, include any unpaid bills on his books.

Because of a concentration of physicians in large cities, the doctor there earns, on the average, less than doctors in any other community size except villages of less than 2,500. Pennsylvania doctors averaged \$10,047 and those in New Jersey \$9,690. In New York the figure is even lower. Eight per cent of all the doctors made \$25,000 or more, and 13 per cent had less than \$3,000 a year net.

All of which contradicts a picture so frequently painted. Doctors with huge incomes seem the exception rather than the rule. Considering the fact that a doctor needs to spend at least four expensive and important years more in college than entrants into most other professions, the yield is not exorbitant. A bricklayer who put in as much overtime as most general practitioners would earn more.

The figures are important at this time, when a shortage of doctors is so much discussed. The incomes do a lot to explain the shortage.

* Reproduced by Courtesy The Sunday Bulletin, Philadelphia, Pa.

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THE MANAGEMENT OF CANCER IN GENERAL PRACTICE*

There are over 18,000 new cases of cancer each year in Ohio and 10,000 deaths from it. The ratio of living cases to physicians is about five for each doctor to care for during a year. Most of them are seen first by the general practitioner, and although he cannot be expected to know all about cancer, he should be able to recognize it early and deal promptly with it, calling on all the resources available under our present medical organization.

Right now the emphasis is on cancer detection. True cancer detection means finding it in people who have no symptoms. There are many centers set up for this purpose and the average rate of detection in apparently well people applying to the large centers is 3.5 to 5 cases per 1,000 people. The ideal cancer detection center is in every doctor's office. To do good detection work the doctor must not only be careful and thorough but must be cancer conscious as well.

In women two-thirds of the cancers are accessible where they can be seen or felt. These are on the body surface, in the oral cavity, the breasts, the lymphatic glands, the genital tract and rectum. One-third of them are inaccessible in the lungs, kidneys or G-I tract and require laborious study to detect. In men only one-third of cancers are accessible and two-thirds inaccessible.

Special tests for cancer such as agglutination, complement fixation or precipitin tests have not yet been developed to the point where they are reliable for every day use.

Doctors in their offices should look first for accessible cancers. They should be suspicious of any sore which does not heal. They should be familiar with malignant types of nevi. They should not miss lesions in the oral cavity. A mass or sore on the tongue should be considered cancer until proven otherwise. Papanicolou tests from vagina and cervix should be done routinely. Punch biopsies can be taken easily and quickly from many lesions besides those on the cervix, with or without local anesthesia. Faced with a suspicious lesion on the skin, the tongue, or the cervix uteri, the doctor should be biopsy conscious as well as cancer conscious. Nowadays the surgeon or radiologist is seeing small lesions instead of large ones.

There are no signs of early cancer of the breast except a lump in the breast. Other signs are caused by invasion. Any lump in the breast after the menopause is most likely a cancer. Breasts do not develop cystic disease or fibro-adenomas after the active sexual period. Most cases of cystic disease are found in the 20 to 30 year group. Sometimes a cyst can be aspirated and clear fluid obtained but a solid tumor should be removed immediately.

Fifty per cent of the cancers of the rectum can be felt by the examining finger. For a good digital examination, the patient should be on his back with the shoulders elevated. This is better than having him on his side or on his knees where the growth has a tendency to fall away from the finger.

Cancer of the cervix uteri is more readily diagnosed than cancer of the fundus. Careful and repeated Papanicolou tests should be done when fundus cancer is suspected. Even diagnostic curettement has a 15 per cent chance of missing cancer of the fundus.

* Excerpts from the talk given by Dr. John H. Lazzari, Cleveland, Ohio, at the September meeting of the Mahoning Academy of General Practice.

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Cancer of the lung is on the increase and must be suspected at the slightest indication. Not only X-ray examination, but bronchoscopy should be done early to detect it.

There is not much hope of detecting cancer of the stomach early with our present methods. The Papanicolou examination of cells in stomach sediment gives promise of earlier recognition. Most of them are well developed before producing symptoms and the cure rate is only ten per cent. Consideration of the hereditary background is important in detecting stomach cancer.

A careful family history is important in all types of cancer. Organ specificity is found in many families and often gives a lead for giving special attention to certain organs in the patient under consideration.

The psychological management of the cancer patient requires a great deal of art and tact. As a rule, patients should be told the truth and they are usually willing to accept it. Much better cooperation is obtained when the patient understands the problem. It is foolish to tell the patient, "This lump doesn't mean anything, but you will have to have an operation right away to remove it." A frank but hopeful and cheerful attitude is best. Although the overall cure rate is only 20 per cent, a great deal can be done to retard the growth, alleviate the symptoms and prolong the years of productive life.—J. L. Fisher, M.D.

Hospital And Other Meetings

ST. ELIZABETH HOSPITAL

The regular monthly staff meeting of St. Elizabeth Hospital was held September 4, 1951 at 8:30 P. M. with Dr. W. H. Evans presiding.

The scientific program consisted of three case histories of carcinoma of various portions of the body which were presented by the house staff and discussed by the various attending physicians.

The business meeting followed the scientific program. The staff expressed its pleasure for an outing held at Dr. Marinelli's farm in August. Committee reports from the library and interne committees were given with the new procedure for selection of internes according to the uniform procedure being outlined.—Asher Randell, M.D., Secretary.

MAHONING ACADEMY OF GENERAL PRACTICE

Members of the Mahoning Academy of General Practice heard Dr. John H. Lazzari of Cleveland, Ohio, speak on "The Care of the Patient with Advanced Carcinoma", at the lecture room, South Side Unit, on September 11, 1951.

Dr. Howard Mathay, Academy President, presided.

MAHONING TUBERCULOSIS SANATORIUM

Members of the Mahoning Tuberculosis Sanatorium staff were guests at a dinner meeting held at the Sanatorium on September 25, 1951. Approximately 75 members of the staff and guests heard Dr. Charles P. Bailey, Associate Professor of Thoracic Surgery, Hahnemann Hospital and Associate Thoracic Surgeon to the Philadelphia General Hospital, speak on "Recent Advances in Intra-Cardiac Surgery."

Dr. Joseph P. Keogh, president of the staff, introduced the speaker and presided at the meeting.

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Dr. Odom Leaves Local Scene

Dr. Robert E. Odom, formerly associated with Dr. W. H. Evans in EENT practice, has moved to Asheville, North Carolina where he has instituted an office for the practice of ophthalmology.

Always an enthusiastic participant in Society and hospital organizational activity, Dr. Odom had endeared himself to patients and colleagues alike by virtue of his high ideals, his conscientiousness and thoroughness in the practice of his art and his diligent work in fortifying the position of organized medicine in this Valley. In every County Society or hospital project he applied himself with a diligence and thoroughness that proved invariable credit to the undertaking. He was a willing, tireless and spirited worker who did much in the clinical as well as in the organizational fields of medicine; a notable example of a valued practitioner and a public spirited citizen concerned with the community problem, be what it may.

Colleagues and friends of Dr. Odom will miss his colorful participation on the local scene but what is our loss will soon prove Asheville's gain. His notable contribution to medicine in the Mahoning Valley, his military contribution during the war and his persistent effort for the good of organized medicine have made an indelible mark on the local medical tablet and have provided an example well worth following.

Ed.....

In The Service—The following members of the Society are in military service:

Harold Segall, Lt. J.G.
Naval Disp. U. S. Gunpowder Factory
Indian Head, Md.

Robert R. Fisher, Lt. J.G.
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INITIATIVE

W. D. Coy, M.D.

We wonder if the people of this country realize what is happening to our conception of individual greatness. The radio, press, books and periodicals give opportunity, beyond any previous time, for knowledge of people and events. They bring us also purposeful distortions that lead us astray. Our worthy inclination to admire men who are greater than ourselves is being used to our detriment. We are beginning to lose our faith in great men. What a loss that would be! What confusion! We would have to begin anew.

What type of men are worthy of our confidence? Can we trust those who follow patterns, or who cater to the prejudices of the races or the group? We should know not only what men have said and done, but also what they propose to do. We must know what those proposals mean. It is said that the old Norsemen had an ancient crest on which was a pick-axe and a motto, "Either I will find a way or make one." This is the type of men who have shaped the course of our progressive civilization. They have justified our faith in great men.

Ever since it has been recognized that man was a development and that permanent advancement was possible only through effort, the necessity of individual initiative has been asserted and accepted as the most important factor in progress. Having become a commonplace, it has lost much of its appeal. Nevertheless, it remains as valid as it was in those times which are usually referred to as the pioneer days. It is as much a factor in the complicated procedures of the present as it was in the less involved tasks of yesterday. In the finished product, the individual's contribution is obscure, but it remains essential.

It is not inopportune to re-emphasize this simple truth. We know that people all over the world are looking for help elsewhere than within themselves; and this has not been without its influence on us from whom all peoples are now expecting relief from their difficulties. It is doubtful if our contributions will have permanent value; but this would be of little consequence to us if we have not become impoverished through the loss of our self-reliance and personal responsibility.

This emphasis on individual effort does not minimize the value of cooperation. Our pioneer fathers knew both the value and necessity of aiding each other and extending their help to those who were in need. Yet each of them brought into the combination something that was distinctly individual. This spirit needs revitalization.

We need more of that innate energy that will create opportunity and capitalize it without infringing on the rights of others. We need less of condemnation of this essential principle of progress. It has been our contribution to civilization. It has both economic and ethical sanction; and there need be no apology for defending it.

This spirit of initiative does more than create material things and conveniences. It is responsible for development of character in man himself. In this it complicates living. It makes preparation necessary for possibilities and eventualities. It makes us fit for more than will ever be required of us. It demands of us attention, consideration and judgment, that we may learn not only whom to trust, but when and to what extent we should trust ourselves.

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BESIDE THE TRAIL

The idea that a "justifiable hope for a world community of free and reasonably prosperous people, lies in the acceptance of American principles by all the peoples of the earth," is not an unreasonable assumption; but, in accepting it, we must restrict it to principles, and understand those principles. Race, mentality, degree of enlightenment, tradition and environment all enter into the interpretation and application of principles; and we must be willing to grant to others their adaptation to conditions that differ widely from our own.

The basic principle of Americanism, as stated by Dean Manion, of Notre Dame University, "the unalienable sacredness of the human personality," is what we have to offer toward universal understanding and peace. The world may need to be awakened to the dignity of man and the respect due to the individual; if so, there is some housecleaning to be done before we begin that task.

We grant that the evils of society may be individual in their origin and so are to be expected in every nation; but it is also true that no nation is better than its citizenry. In the society of nations our officials must represent us, and by them are we judged. Nor are we to expect other nations not to become aware of the exploitation of the citizens in the guise of government aid, and of the follies of the people while enjoying their deception.

But this is America at its worst; and being at its worst, now is not the time to exhibit ourselves. Perhaps after all, it is better simply to be worthy and let the world in its own way discover our excellence.

LAY EDUCATION COMMITTEE SPURS ACTIVITY

Two weeks ago the Committee on Lay Education sent cards to 130 women's clubs and all of the men's social clubs announcing the availability, upon request, of medical speakers free of charge. Especially emphasized was diabetes in preparation for Diabetic Detection Week from November 11 to 17, 1951.

The response has been favorable and we may have many requests for doctors to give talks on diabetes and any other medical subject the organization desires. This will be an excellent boost in our public relations if handled willingly by any member asked to give a talk.

If everyone cooperates and speakers are plentiful, this project should be a great success—E. R. McNeal, M.D.

Premarital Examinee must sign in the presence of the physician, according to the Ohio Legislature which made certain amendments in the premarital examination law. Most of the changes were for the purpose of clarification; however, one is of special interest to physicians.

The amended law requires that the applicant sign the premarital examination certificate and indicate his age in the presence of the physician.

PROGRAM FOR THE SIXTH COUNCILOR DISTRICT MEETING

The annual program of the Sixth Councilor District Postgraduate Day has been scheduled to be held in the Mayflower Hotel, Akron, on Wednesday, October 31. Dr. Paul A. Davis, Akron, District Councilor, announces the following program:

Morning Program

9:00-9:45 a. m.—Registration—Ballroom, Mayflower Hotel, 259 South Main Street.

Viewing of Exhibits—Ballroom Floor, Mayflower Hotel.

9:45-12:00 a. m.—Panel Meetings:

Obstetrical—Ballroom, Akron City Club, Ohio Building, 175 South Main Street.

"Forum on Obstetrical Problems"

Moderator—Dr. George W. Anderson, Associate Professor of Obstetrics, Johns Hopkins University.

Panel Members—Dr. Gilbert J. Vosburgh, Arthur H. Bill, Professor of Obstetrics and Gynecology, Western Reserve University, and Dr. Charles H. Hendricks, Associate Professor of Obstetrics, Ohio State University.

Medical—Ballroom, Mayflower Hotel, 259 South Main Street.

"Forum on Diseases of the Adrenal Gland."

Second topic to be chosen by Panel Members.

Moderator—Dr. John E. Howard, Associate Professor of Medicine, Johns Hopkins University.

Panel Members—Dr. E. Perry McCullagh, Head of the Department of Endocrinology, Cleveland Clinic, and Dr. Reginald Shipley, Associate Clinical Professor of Medicine, Western Reserve University.

Surgical—Ohio Room, Mayflower Hotel, 259 South Main Street.

"Hyperparathyroidism."

"Forum on Surgical Management of Diseases of the Liver and Pancreas."

Moderator—Dr. William F. Rienhoff, Associate Professor of Surgery, Johns Hopkins University.

Panel Members—Dr. William Holden, Oliver H. Payne, Professor of Surgery, Western Reserve University, and Dr. Darrell A. Campbell, Surgical Department, University of Michigan.

12:00-1:30 p. m.—Luncheon.

Physicians attending the Obstetrical Forum may eat in the Akron City Club.

Afternoon Program

Presented by Members of Johns Hopkins University School of Medicine
Ballroom, Mayflower Hotel

1:30-2:30 p. m.—"Diagnosis and Treatment of the Spontaneous Hypoglycemia," Dr. John Eager Howard.

2:30-3:30 p. m.—"The Causes and Prevention of Fetal and Neo-Natal Death," Dr. George W. Anderson.

3:30-3:45 p. m.—Intermission for viewing Exhibits.

3:45-4:45 p. m.—"The Present Status of the Treatment of Tumors of the Lung," Dr. William F. Rienhoff.

Evening Program

6:00 p. m.—Banquet for Physicians and Wives.

Speaker—Dr. Esther L. Richards, Associate Professor Emeritus of Psychiatry, Johns Hopkins University School of Medicine.

"The Psychiatric Dilemma of the Medical Practitioner."

NOVEMBER MEETING**Tuesday, November 13, 1951****Elks' Club, 220 W. Boardman St.****8:30 P. M.****Dr. Joseph T. Beardwood**

Professor of Medicine and Chief of
Metabolic Disease Section
Graduate School of Medicine,
University of Pennsylvania,
Philadelphia, Pa.

"Newer Aspects of Diabetes Mellitus"

This will be a joint meeting of the Mahoning County Medical
Society and the Mahoning Academy of General Practice

**Program for Diabetic Detection Week
November 12-17, 1951**

The following program for the Diabetic Detection Week November 12-17, has been announced by Dr. Morris Rosenblum and his committee on arrangements:

- (1) Posters publicizing the program will be given wide distribution.
- (2) Clinitest and Galatest material will be distributed to physicians' offices.
- (3) Urine tests will be done free of charge at all physicians' offices, laboratories of all hospitals, North Side Unit and South Side Unit of Youngstown Hospital Association, St. Elizabeth Hospital, Mahoning Tuberculosis Sanatorium and Youngstown Receiving Hospital. *Kindly keep a record of the urine tests.*
- (4) There will be a Diabetic Exhibit for the public at the laboratory of the North Side Unit of the Youngstown Hospital several evenings during the week from 7:30 to 9:30 p. m. Several movies on Diabetes will be shown at the Conference room during this period.
- (5) Radio talks and talks to local lay organizations on Diabetes will be given.

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Youngstown, Ohio

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A New Approach in the Treatment of Rheumatic Arthritis Tablets

SALI-ZEM NO. 2

Keratin Coated Light Blue

Colchicine	1/200 gr.	(0.3 mg.)
Sodium Salicylate	2 1/2 gr.	(0.15 Gm.)
Para-Aminobenzoic Acid	2 1/2 gr.	(0.15 Gm.)
(as the sodium salt)		
Thiamine Hydrochloride	1 mg.	(1/60 gr.)
(Vitamin B ₁ , 333 I.U.)		
Riboflavin	1 mg.	(1/60 gr.)
(Vitamin B ₂ , 340 Sherman Units)		

This formula will be found of great value in the treatment of rheumatic fever, myalgias (pain in a muscle or muscles) and joint pains, inflammations, immobility, and other arthritic states submitting to salicylate therapy.

THE ZEMMER COMPANY
PITTSBURGH 13, PA.

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

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KEEPING UP WITH THE A.M.A.*W. M. Skipp, M.D.*

..... Senator Ives (R., N. Y.), July 25, 1951, has introduced an amendment to the tax bill, HR 4473, which will cover the recommendations made by the House of Delegates in June at Atlantic City, wherein the House recommended that a certain amount be tax exempt for self-employed professional people (which included physicians) so that during their earning years a retirement fund can be set up for permanent disability or old age. This follows the revenue code, which provides "that a company can set aside funds which are deductible from income as business expenses and not taxable." The Ives amendment follows through so that all self-employed should be permitted to follow the same principle.

"The Ives proposal permits eligible persons to pay each year—tax free—to an approved organization's retirement plan 10% of earned income, or \$7,500, whichever is less. Professional, business, and other associations would submit their retirement plans to the United States Treasury Department for approval. To be approved, such plans must provide that premiums could not be withdrawn voluntarily before retirement age (60). The insured, however, could draw benefits before age 60 for total and permanent disability. Upon retirement, the insured or his beneficiaries, could elect to take a lump sum payment or accept annual installments. Under the lump sum payment arrangement, the total amounts would be subject to a capital gains tax not exceeding 25% (present rate). Under yearly installments the insured or his beneficiaries would be subject to regular income tax payments."

..... The King's County Medical Society of Washington sent Dave Beck, executive V. P. of International Brotherhood of Teamsters and a resident of Seattle, a letter of thanks for his address at Atlantic City in June. Mr. Beck replied: "I was actuated not only by my hatred of communism, but also by my deep admiration for the medical profession, individually and collectively. If we—the International Brotherhood of Teamsters—have anything to do with it, and I think we will, our American Way of Life and our free enterprise system will endure for a long, long time. I hope that I have been able to make some small contribution to the cause which is very dear to the hearts of all freedom-loving Americans."

..... A six-man committee has been formed to advise the Wage Stabilization Board on unions' health problems. Two men represent labor, Carl Hehmdorff, International Association of Machinists, and Harry Becker, United Auto Workers (C.I.O.). These men are out to get all possible for labor. Becker usually asks for more than can be expected. Wilbur Cohen, very much for all types of socialization, one of the early New Dealers, is advisor to Social Security Commissioner Arthur J. Altmeyer. These two have written most of the proposed legislation for Socialized Medicine. John McConnell, co-director of 20th Century Fund's study on pensions, is also very much in favor of Federal Medicine. James H. Robins, president of American Pulley Co., and G. Gilson Terriberry, N. Y. consultant on pensions, are the remaining two, so that four of a committee of six are definitely for socialization of everything.

..... The Senate subcommittee on Health sidetracked two bills, S1235, which would place Chiropractors on the staff of the Veterans' Administration, also S Res 186, calling for Senate investigation of "Cancer Cures". It was spearheaded by Wm. Lunger, R., N. D., in an attempt to clear the Hoxsey Cancer Clinic of Texas.

..... HR 5197, Aug. 16, Corbett (Pa.), HR 5200 Fulton (Pa.), Aug. 10, seeks

to establish a presumption of service connection for poliomyelitis contracted within five years after separation from active service by World War II veterans who were prisoners of war. It would apply to veterans of 90 days' service.

..... On Aug. 20 the Senate approved \$1,715,017,843 for the F.S.A. Quite a lot of money and a great deal of it will have health items included.

..... The A.M.A. is opposed to S1328 which is a survey of sickness in the U. S. A. because there are several similar studies now in process. These studies cover all types of diseases, all being supported by voluntary health organizations.

..... Mr. Ewing stopped payment of U. S. Welfare funds to Indiana because he says the laws of the state, which opens welfare files to public inspection, is in violation to Federal laws. Now the state of Indiana is suing to force the U. S. to resume welfare payments.

..... After Oct. 1, any hospital needing more than two tons of steel, 200 pounds of copper, or any aluminum will require approval from the P.H.S. office.

..... Fourteen billions of Social Security funds are in U. S. Bonds. A. J. Altmayer, Commissioner, reports fourteen billion seven hundred thirty-six million in reserve fund was loaned to the Treasury for its general operations. Four hundred thirteen million remains on hand. Total collections June 1, 1937 to June 30, 1951, eighteen billion, plus interest to twenty billion. Benefits paid out, four billion, eight hundred seventy-four million. Expenses, four hundred fifty-nine million.

..... *Faithful Doctors vs. British Bureaucracy.* It is hard sometimes for American doctors to fully understand what British physicians are going through in trying to practice under the British National Health Act, but a letter from a London doctor, who tells how a group of faithful and determined medics had the intestinal fortitude to stand up and fight, but in the end lost, only to try again. Here's the story:

"A group of British doctors is now trying to raise funds to establish a new independent hospital because their old hospital has been taken over by the government under nationalization and turned into a 'gynecological unit'. The doctors claim that because of the present state of affairs, local inhabitants are being deprived of their family doctor relationship, which, at one time, was a highly respected feature of British medicine.

"Before nationalization, Great Britain was served by two kinds of hospitals—municipal, financed by local taxation, and voluntary, which were financed by the public. The latter were regarded as setting the standard for British hospital practice.

"In 1948, the state took over both municipal and voluntary hospitals and set up 14 regional boards to administer them. For a time all went reasonably well. The hospitals continued to be run by the same personnel as before, but the regional boards eventually began to exercise their new powers to rearrange and alter the establishments entrusted to them.

"Among the first hospitals affected was the little (voluntary) Victoria Hospital in Kingston-On-Thames, Surrey. This 44-bed unit was staffed by local doctors who treated their own patients there under the supervision of a part-time team of specialists from London. It afforded an excellent service to the local people and, at the same time, enabled the doctors to keep themselves up-to-date by personal contact with the specialists.

"When, therefore, the regional board announced its intention of closing

down the hospital and using its building as a 'gynecological unit' annex to a large hospital nearby, the staff and the local population took every possible step to induce the board to change its mind.

"When the order to close came, the doctors did not obey. They guarded their small hospital day and night to make sure it would not be 'stormed'. Meanwhile every effort was made to get the decision overruled. There were petitions to Parliament, appeals by members of Parliament to the Minister of Health, local meetings and representations from the Boroughs concerned, action by the British Medical Association and direct appeals and interviews with the new Minister of Health, Milary Marquand. Local doctors even took turns to picket the hospital to prevent the board from taking possession. In this way they succeeded in keeping the hospital open for six months longer.

"But all their efforts, eventually, were of no avail and they were forced to close the hospital in June of this year.

"In exchange, the doctors were offered a 20-bed chronic sick unit, discarded for hospital purposes in 1936. It has no sewage facilities on the ground floor, no running water in the wards, it has an inadequate operating theater, only a portable X-ray plant, no pathology, casualty or out-patient departments and no regular consultants. Thus the family doctors and their patients were deprived, not only of the facilities they had built up over 50 years, but of close association with consultants at the patient's bedside.

"The Victoria doctors were so appalled by this prospect that, together with the local inhabitants, they set out to open a new, family-doctor hospital outside of the Health Service. Many British doctors admired the Kingston rebels for their stand, and are lending support. Lord Horder, the King's physician, has volunteered to be one of Victoria's consultants."

CYNICAL SAM

When dining out, the dinners we enjoy most do not betray self-flattery either in the conversation or in the table arrangements and service. The ego is sometimes so insinuating that it can be tasted in the viands and imperils its wholesomeness. Guests come to enjoy, not to worship.

★ ★ ★

The proverb that "forgiveness is better than revenge" doesn't discount the value of occasionally sending a malefactor to prison where he can meditate on the virtue of forgiveness.

★ ★ ★

In these times of enormous spending in the guise of public welfare, and destruction of all possible legal restraint to use of public funds for personal political advancement, it is well to recall what Edmund Burke said in the British Parliament before our nation was born—"A disposition to preserve and an ability to improve, taken together, would be my standard for a statesman. Everything else is vulgar in the conception, perilous in the execution." Burke was a wise man. At present, what a contrast to his ideal, both in his country and in ours! What absurdities have we taken seriously!

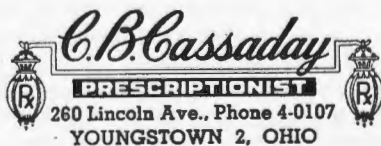
FEDERAL SECURITY AGENCY APPROPRIATION ENACTED

Of more than passing interest to medical men should be the following list of expenditures included in the 1952 fiscal year appropriation bill for the Federal Security Agency (P. L. 134). The bill was signed into law by the President on August 31. Selected health items of interest to the medical profession are listed below. It is reasonably certain that many of us are not fully aware of the huge amount received by the Federal Security Agency.

	Funds available for fiscal 1951	Funds requested for fiscal 1952	Funds voted for fiscal 1952
Venerable diseases ----- \$	12,863,500	\$ 11,800,000	\$ 11,653,360
Tuberculosis -----	9,400,000	9,000,000	8,745,000
General Public Health ----	16,084,000	16,084,000	15,960,000
Communicable diseases --	6,260,600	6,150,000	5,915,747
Sanitation and			
Industrial Hygiene ---	3,670,030	3,800,000	3,648,158
Hospital construction			
grants (new) -----	85,000,000	75,000,000	82,500,000
Hospital construction—			
Liquidation of			
authorized projects ---	110,000,000	120,000,000	100,000,000
Hospitals and medical			
care (operation) -----	29,024,000	30,200,000	30,200,000
National Institutes of Health	13,913,900	15,800,000	15,500,000
National Cancer Institute --	19,886,000	19,947,000	19,500,000
Mental Health Activities --	9,505,000	10,800,000	9,518,987
National Heart Institute ---	14,554,400	10,150,000	10,000,000
Dental Health Activities ---	1,954,850	1,750,000	1,598,654
Construction of Clinical			
Center, Bethesda, Md. _	15,125,000	18,590,000	17,685,540
Vocational Rehabilitation—			
payments to States ---	20,600,000	23,000,000	21,500,000
Children's Bureau—Grants			
to States -----	30,250,000	33,000,000	31,500,000
Public Assistance grants—old-age,			
blind, disabled, etc. ---	1,280,000,000	1,300,000,000	1,150,000,000

AMPOULES - VIALS

BIOLOGICALS



SURGICAL DRESSINGS

SICK ROOM SUPPLIES

DR. SCHNITKER REVIEWS EPILEPSY

"Epilepsy is a symptom and not a disease and for that reason relentless effort should be made to seek out the etiological factor," declared Dr. Max Schnitker, Toledo neuro-surgeon, in his address to members of the Mahoning County Medical Society, Tuesday, September 18, 1951.

A fair sized assemblage heard Dr. Schnitker further elaborate on current notions of the etiology and treatment of epilepsy. "Approximately one in every two hundred or nearly one thousand people in the Youngstown area have some type of epilepsy and therefore it constitutes a community problem," declared Dr. Schnitker.

The term epilepsy is generally disliked and a patient should have a series of convulsions following a similar pattern before an epileptic label can be ascribed to the patient.

The etiology of the symptom complex can be considered from many angles. The hereditary etiology appears to occupy a lesser importance while brain injury is a very distinct factor with cerebral dysrhythmia resulting in convulsions under certain conditions where a precipitory factor occurs. A physiological basis is often seen in instances where tetany, icterus, metabolic disorders, fatigue, environmental, emotional and other factors are at work.

Dr. Schnitker chose to favor the British outlook which places epileptic convulsive disorders in a comprehensible classification of three groups namely, (A) A negative background where individuals never have convulsions under any circumstances. (B) The group with the indefinite diathesis where it takes some sort of organic, physiological or mental imbalance to set up the stage for convulsions. (C) The very susceptible or idiopathic epilepsy in which instances of epileptiform seizures occur under the slightest provocation.

There appear to be two final mechanisms for the induction of seizures, says Dr. Schnitker, the first being a local condition in the brain and the other, certain physiological disturbances which precipitate the attack. In the age period from one month to three years metabolic factors such as tetany, hyperpyrexia, subdural hematoma and others seem to be predominant factors. In the acquired form, brain disease is present in approximately 20% of cases: 80% of cases fall in the idiopathic class.

Dr. Schnitker elaborated on convulsive disorders due to damaged suspensory bands which release epilepto-genic foci causing irritation. Careful history is important in determining the etiological cause and the location of focus. An evaluation of the type of aura preceding the attack is similarly important in determining the pattern of convulsive disorder. For example, if sensory auras are peculiar to the case, the focus is probably located posterior to the Rolandic fissure of the brain.

In referring to electro-encephalography, he stated that this procedure usually shows some abnormality but there will be instances where the EEG is normal in spite of a definite history of convulsive disorder. For that reason a negative EEG should not indicate the absence of epilepsy.

In summing up the treatment of convulsive disorders falling in the epileptogenic class, Dr. Schnitker reviewed the efficacy of phenobarbital, delantin, mesantoin and other drugs and warned that when a change in drug therapy is indicated it should be done slowly and by gradual substitution with the new drug. Inattention to this detail may result in a status epilepticus.

Surgery does have a place in the management of certain conditions

where a localization of a definite focus is made. Excision of the scar and the area about it is usually attended with success. One must remember, however, that there are many 'firing' areas and that excision of a scar itself will often result in failure.

In concluding his excellent review of the condition, Dr. Schnitker urged that the epileptic patient be treated with considerable respect with particular regard to setting up proper emotional and environmental conditions. Attention to these particulars will enable the patient to be relieved of a tendency to consider himself a cripple and a charge to society.

The business portion of the meeting included a review of the progress of the Rheumatic Fever Program by Drs. W. H. Bunn and R. B. Poling of the Youngstown Area Heart Association. Both complimented the Society members in their cooperation in the program and called attention to the fact that National interest has resulted from the pioneer work which has been done in the Valley on the prevention of rheumatic fever in the school child. Dr. Bunn, in voicing his sentiments declared, "This is a glowing tribute to the caliber of Medicine in this Valley."

Members of the Society, after hearing a proposal for spurring legislation for procuring income tax deduction for certain retirement funds for the self-employed, passed a resolution that the Ohio State Medical Association and Senator Ives and other interested legislators be encouraged to continue the effort.

Dr. C. A. Gustafson presided in the absence of Dr. E. J. Wenaas.

ST. ELIZABETH HOSPITAL NAMES LIBRARIAN

Mrs. Wanda L. Richards of Youngstown, Ohio has been named full time librarian at St. Elizabeth Hospital according to an announcement by Sister M. Adelaide, Hospital Superintendent.

Mrs. Richards was a member of the staff at the Youngstown Public Library for three and one-half years, having worked at both the main library and the South Side Branch.

The addition of the librarian follows a line of expansion of library facilities and library service to the hospital.

Free Copies of New Manual on Heart Examinations available. The American Heart Association has issued a revised edition of its manual for physicians, *Examination of the Heart*. The initial limited printing is being made available free to physicians concerned with the diagnosis of cardiovascular diseases. Requests for the booklet should be directed to the Ohio State Heart Association, 30 East Broad Street, Columbus 15, Ohio.

The purpose of the original booklet was to outline the clinical examination of the heart without the help of any instrument other than the stethoscope. The revision adds new material on blood pressure, comments on the use of the electrocardiograph, and on other more specialized procedures employed in heart disease. The booklet includes sections on cardiac rhythms and rates, cardiac enlargement, and cardiac sounds and murmurs.

A.M.A. POLLS COUNTY SOCIETY ACTIVITY*

The Council on Medical Service of the American Medical Association has released an interesting survey covering the activities engaged in by the members of 757 component county medical societies replying to a questionnaire sent in 1950 by the Council.

The results briefly summarized herein represent the degrees of active participation in scientific and socio-economic programs by medical societies throughout the nation as well as an indication of a desire on the part of many organizations to extend the coverage and benefits of medical care to all within their limits. The pattern of the medical societies' activities throughout the various states and territories is reflected by this study.

The 757 societies replying to the question represented nearly 40% of the country's medical societies in the United States and its possessions.

SCIENTIFIC ACTIVITIES

REGULAR MEETINGS

The acceptance of the responsibility for disseminating scientific information at the local level is indicated more clearly by the fact that 713 to 757 reporting societies hold regularly scheduled scientific program meetings. Of this number, 498 hold monthly meetings, 17 weekly meetings, while 198 others hold meetings at other regular intervals (quarterly, semi-annually or annually). Approximately 5 per cent, or 44 county societies, have no set schedules for their meetings.

An interesting sidelight with respect to weekly meetings is the fact that 11 of the 17 holding them are smaller groups with less than 100 members.

POSTGRADUATE MEETINGS

A formalized program of continuing postgraduate education usually is found as a state medical society or university medical school function although this survey points out that many county societies sponsor and conduct excellent postgraduate seminars for their memberships.

Of the reporting societies, 34 per cent indicated sponsorship of this type of continuing medical education with 154 groups being societies of less than 100 members (Group I). Forty-four are in Group II, 23 in Group III, and 44 in Group IV.

LIBRARY FACILITIES

Another important facet of scientific activity within medical organizations is the maintenance of or provision for access to a medical library. Facilities in this category were reported by 402 societies with 121 of that number operating a library independently as a medical society adjunct. The availability of scientific books and periodicals through arrangement with local hospitals, universities and state medical associations was reported by 281 societies.

ATTENDANCE

The oft repeated plaint of "It was a good meeting—but no one came" must be disregarded in light of the information supplied by more than 78 per cent of those which reported average attendance figures. These societies, 395 of them, indicated an average attendance of from 50 to 100 per cent with 348 of these experiencing an average of 70 per cent or higher.

The ever present competition between specialty, staff, and ancillary meetings for attendance in the urban areas is graphically shown by the fact that 60 of the 66 societies with 300 members or more have difficulty attracting as many as 50 per cent of their roster to meetings.

* Abstract of report of Council on Medical Service, A. M. A.

The following table indicates the situation among 732 groups answering this question:

Group	Number of Societies	90-100%	70-90%	50-70%	Under 50%
I	581	111	223	199	48
II	50	1	11	37	1
III	37	0	0	7	30
IV	64	0	2	2	60
	Total	112	236	245	139

THE TOUCHSTONE OF ATTENDANCE

In an effort to analyze the reasons behind "good" and "bad" attendance figures the 1950 survey included a section asking the *best liked* and *least appreciated* meeting subjects. The majority of answers to the first preference showed tremendous possibilities for increased interest and attendance through utilization of a well-known, respected speaker in the profession from outside the immediate area. The majority also expressed the opinion that requests for speakers of this type can usually be filled with the cooperation of state associations, medical schools and the scientific sections in the larger component societies.

The use of medical motion pictures at scientific meetings has also shown a market increase since the 1948 survey while visual education's newest offshoot, television, has been used on numerous occasions to bring "wet" clinics to the members of large metropolitan medical societies.

Despite the increased interest in socio-economic problems by members of the medical profession during the past few years, this field placed low on the list of subjects preferred for medical society meetings. Less than 50 societies expressed a desire for programs of this nature.

The most called for programs, according to the survey, are those concerned with general practice and general medical subjects. Current advances in diagnosis and treatment placed second with trends in research taking third place among the 20 or more subjects listed.

QUASI-PUBLIC ACTIVITIES

Another and most important ramification of county medical society activity is that which comes under the heading of quasi-public service. In this category we find the many-sided projects which deal with community life and the extension of medical care to all in the community. This survey lists only 9 of these activities but in general they are representative segments of a well rounded community medical service program. Some of those listed are programs which originate within the county society; some are carried on with the co-operation of allied groups while some are programs wherein the medical society is the only participant. However, regardless of their sponsorship and origin, it remains that the key to success in each lies in the full co-operation of the medical profession through individual doctors of medicine and the county medical societies.

The following table indicates the activities and numbers of societies engaged in each:

Activity	Totals	Group I	Group II	Group III	Group IV
Tuberculosis Control ----	545	398	62	33	52
Cancer Control -----	533	373	66	37	57
Pre-School Exams -----	503	395	48	22	38
Indigent Medical Care ---	469	352	51	27	39
Blood Banks -----	449	317	51	32	49
Diabetes Detection -----	367	234	50	29	54
Emergency Call Plans ---	364	219	53	29	63
Rheumatic Fever Control ..	148	87	24	21	16
Multiphasic Screening ---	76	64	0	2	10

In elaboration of the above chart it follows that those activities with which the profession has been concerned for the greatest period of years reflect a proportionate growth in the numbers of medical societies engaged in such activities. By the same reasoning, multiphasic screening is last on the list by virtue of its recent entrance on the medical care scene. Thus, percentage-wise, 72 per cent of the county societies have indicated they participate in programs designed to control the incidence of tuberculosis while only 10 per cent show an active interest in preventive medicine through use of a many phase screening process.

Another trend indicated by the above chart is the continued acceptance of and desire to help the medically indigent on the part of component medical societies in the local areas of their various states. More than 62 per cent of the groups answering the question as to their care of this element of society indicated the presence of some form of plan to aid those in need of but unable to pay for such medical care.

Among those societies with definite plans for caring for the medically indigent 352 groups or 75 per cent were societies with less than 100 members. The larger urban areas designated by Group IV reported approximately 59 per cent of their number with projects aimed at eliminating the medical problems of the indigent.

Further clarification of the totals in the table above shows that the Blood Bank, Emergency Call Plans, and Multiphasic Screening activities were in the main carried out primarily on a county society basis while the remainder were local or in cooperation with groups such as the national tuberculosis, cancer, heart and diabetes association.

In addition to the provision of medical services many societies have recognized the need for properly interpreting these activities to the lay public. The mediums for this dissemination are many but the survey brought forth the extent of activity in the following four channels:

Activity	Totals	Group I	Group II	Group III	Group IV
Health Councils -----	416	284	53	26	53
Grievance Committees --	365	213	51	35	66
Speakers Bureaus -----	290	151	43	33	63
Radio Programs -----	215	124	30	24	37

The figures regarding health councils show that 54 per cent of those returning the questionnaire are active in the operation of community health councils. This is significant for it shows an increasing spirit of co-operation

between both medical profession and laity towards the end of better medical care for the community as a whole. Insofar as possible, the figures represent health councils as distinguished from city and county health departments and do not take into consideration the 1,190 health planning groups of all types listed by the National Health Council.

GRIEVANCE COMMITTEES

As in all professions, inequities sometimes appear between the professional members and those served by these members. In the past, and all too frequently, the grievances appear to have had their first airings in the press creating a situation which regardless of the eventual outcome, did harm to all members of the profession involved. In view of this the medical profession decided to establish a system whereby complaints between profession and laity or within the profession itself could be mediated with the best possible results for all parties concerned. To this end grievance committees, on both county and state levels, were born. Testimony to the spread of this activity is shown by the 365 component units (of 757 surveyed) which presently have committees of this type for the settlement of differences, regardless of size and consequence, between the laity and the profession.

The above table further indicates the growth of the medical profession's efforts to spread the positive story of voluntary American medicine through the mediums of speakers bureaus and radio programs. Of those surveyed, 38 per cent maintain speakers bureaus while 28 per cent tell their story via the airwaves.

SPECIAL ACTIVITIES

The activities which can be undertaken by county medical societies are numerous and varied. However, aside from the scientific and quasi-public interests already discussed the questionnaire delved into many of the physical and economic aspects of both the society and its doctor members. A sampling of those medico-economic projects and services is shown in the following table:

Activity	Totals	Group I	Group II	Group III	Group IV
Group Health and Accident	296	175	37	27	57
Hospital Relations Committee	263	163	31	25	44
Group Malpractice Insurance	232	151	23	19	39
Telephone Answering Service	190	99	37	22	32
Society Bulletin	167	41	39	31	56
Collection Bureau	51	16	7	8	20
Group Life Insurance	49	32	4	3	10
Group Annuity	14	13	0	0	1

SUMMARIZATION OF COUNTY SOCIETY DUES

In the belief that increased or decreased activity on the part of county medical societies can be the result of increased or decreased dues structure within the organization it is interesting to note that the 1950 survey showed that 75 of the reporting societies had increased their dues for the year. In contrast only 18 groups reported a decrease in county dues.

COUNTY SOCIETY PERSONNEL

The increasing activities and responsibilities being assumed by county societies, and the larger groups in particular, have dictated the need for employment of qualified executive personnel to aid in the conduct of such

activity. The survey shows that 65 per cent or 43 of the larger societies in the group have permanent executive secretaries while those with 200 to 300 members report 21 or 57 per cent of their number with executive assistance. Of organizations with less than 200 members, 15 also reported the presence of executive secretaries in their ranks.

The remuneration of these paid executives ranges from less than \$5,000 yearly to more than \$10,000, depending upon the activities and responsibilities of the employing society. A tabulation of the salary breakdown for 75 societies which reported this information follows:

Salary	Number of Executives
Under \$5,000	40
\$5,001 - \$7,500	21
\$7,501 - \$10,000	8
Over \$10,000	6

In addition to the executive personnel discussed above many societies employ secretarial help in the conduct of society business. Among those returning the 1950 questionnaire 123 indicated the employment of such persons with one society having a combined staff of 45. On the other hand, the largest staff listed among the 691 groups comprising Groups I, II and III was five.

The above survey while covering only 40 per cent of the medical societies provides a very interesting study of activities. It thoroughly indicates that the center of activity is in the county society and that the latter holds the pre-eminent position of organization of physicians in any area. This survey also emphasizes that society membership should be constantly aware of this fact and command the complete interest and cooperation of every member in order to build a strong bulwark of organized medicine at the grass root or county level.

DROP IVES' AMENDMENT ON PENSION PLAN DEDUCTION

The Senate Finance Committee September 18 reported the revenue bill but did not include the Ives amendment which would have permitted certain professional persons (physicians, dentists, lawyers, engineers, architects, etc.) to deduct from taxable income a limited amount of money used for insurance annuities. Senator Ives' office on the eve of the Senate debate of the revenue bill advised that the Senator would not introduce his amendment on the floor. Senator Ives and the committee felt that not enough study has been made of his plan and that a vote on the measure would be premature and possibly prejudicial to its eventual passage. Several members of the Finance Committee have agreed to study the proposal more thoroughly next year.

TAX EXEMPTION FOR HEALTH COSTS AT AGE 65

Senate Finance Committee has amended new revenue bill to allow taxpayer over age 65 to deduct medical expense for him and his spouse from his taxable income; under present law, taxpayers may deduct only that portion of such expense which exceeds five per cent of his taxable income up to \$1,250 for each person. Cost of health and accident insurance would be deductible under Senate committee proposal. AMA long has favored full exemption of health and accident premiums from taxable income to stimulate voluntary health insurance. The new provision still has to be acted on by the full Senate and the House.—*Capital Clinics*.

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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., Youngstown, Ohio, Monday, September 10, 1951.

PRESENT: Dr. E. J. Wenaas, President, presiding; William M. Skipp, A. K. Phillips, J. C. Vance, S. W. Ondash, J. D. Brown, J. N. McCann and A. Randell.

MINUTES: The minutes of the preceding meeting, June 21, 1951, were read and approved.

NEW MEMBERS: The following applications for membership were read:

ACTIVE MEMBERSHIP

Dr. W. T. Breesmen, 6911 Market Street, Youngstown, Ohio

INTERNE MEMBERSHIP

Dr. Lewis Gasser, 651 1/2 Indianola Avenue, Youngstown, Ohio

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

COMMUNICATIONS: Communications were read by the Secretary and action taken as indicated in each instance.

BILLS: Outstanding bills were presented before council and payment passed on in each instance.

OHIO MEDICAL INDEMNITY: There was considerable discussion on the proposed "payment in full" contract insurance offered by the Ohio Medical Indemnity, Inc. Dr. Skipp brought Council up to date on progress and urged that everyone attempt to clarify the proposal so as to acquaint all members of the Society in an effort to reach some unanimity of opinion on the important matter which will soon come to a vote.—*G. E. DeCicco, M.D., Secretary.*

MEMBERS 70 AND OVER EXEMPT FROM A. M. A. DUES

Ohio physicians 70 years of age or over who are members of the Ohio State Medical Association will be exempted from American Medical Association membership dues if such physicians request exemption.

This rule was voted by the House of Delegates at the June meeting of the A. M. A.

Requests for exemption should be filed by the eligible physician directly with the Chicago Office of the A. M. A. Those who have paid 1951 A. M. A. dues will receive a refund if they file a request for exemption and they meet the "70 year" rule. Such physicians will be automatically exempted from payment of A. M. A. membership dues in the future so long as they maintain their membership in the State Association.

Remember: Exemption will be made only "on request" and such request should be filed directly with the A. M. A. Office in Chicago.

Other classes of physicians are not exempt from payment of A. M. A. dues unless their state association exempts them also. Since the Ohio State Medical Association does not exempt from payment of state dues physicians other than those temporarily in military service, 70-year members and military members are the only ones from Ohio now eligible to A. M. A. exemption.

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AUXILIARY NEWS

Officers of the Woman's Auxiliary to the Mahoning County Medical Society for the year 1950-51 are as follows:

President	Mrs. Carl A. Gustafson
Past-President	Mrs. William A. Evans
President-Elect	Mrs. Walter O. Mermis
Vice-President	Mrs. John Scarnecchia
Recording Secretary	Mrs. James B. Birch
Corresponding Secretary	Mrs. William M. Skipp
Treasurer	Mrs. Alfred Cukerbaum

Committee chairmen appointed by the president, Mrs. Carl A. Gustafson, are as follows:

Program	Mrs. Asher Randall
Social	Mrs. Brock M. Bowman
Telephone	Mrs. George C. Cook
Membership	Mrs. Richard H. Middleton
Today's Health	Mrs. Sidney I. Franklin
Finance and Budget	Mrs. Samuel R. Zoss
Nurses' Scholarship Fund	
St. Elizabeth Hospital	Mrs. Leland G. Coe
Youngstown Hospital	Mrs. L. W. Weller
Ways and Means	Mrs. Walter O. Mermis
Nominating	Mrs. John A. Rogers
Year Book	Mrs. Alexander K. Phillips
Publicity	Mrs. Dean Nesbit
Public Relations	Mrs. Kenneth E. Camp
Project	Mrs. Samuel R. Zoss
Legislative	Mrs. Richard R. Goldcamp
Parliamentarian	Mrs. Warren D. Coy
Historian	Mrs. William H. Evans
Civil Defense	Mrs. Craig C. Wales
Radio and Visual Education	Mrs. James D. Brown
Credits and Awards	Mrs. W. L. Mermis
Auxiliary Advisory Board	Dr. William K. Evans
	Dr. Robert B. Poling

The object of our auxiliary is to cooperate with the Mahoning County Medical Society at all times, in the promotion and protection of the public health, and to assist in advancing other aims and purposes of the Society.

We, in keeping with the suggestion and custom of the Auxiliaries to the Ohio State Medical and American Medical Associations, have established a Nurses' Scholarship Fund, and each year a contribution is made to both St. Elizabeth Hospital and Youngstown Hospital to be used in giving financial aid to girls desirous of entering the nursing profession who otherwise would be unable to do so. This is not a loan but a gift to girls who meet the necessary qualifications.

Our next meeting, October 23rd, at the Elks' Club, will be a joint meeting with members from the other organized counties in the Sixth Councilor District—Columbiana, Stark, Summit and Trumbull. Mrs. Robert Lemmon of Akron is the Director.

The "Football Frolic" scheduled for Saturday, November 17th, at Squaw Creek Country Club is the big event of the year to raise money for our Nurses' Scholarship Fund.



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At St. Elizabeth Hospital Nurses' Home, Tuesday, March 11th, 1952, we shall have a "Tea for Prospective Nurses", graduates of our local high schools being guests, and at which time they will be shown about our hospitals, and the advantages of the nursing profession as an interesting and profitable career pointed out to them.

Our Civil Defense Committee will be active in whatever work is deemed fitting for us in matters of this nature. A "Civic Meeting" is scheduled for Tuesday, April 15th, 1952, at the Woman's City Club.

Our first fall meeting, a dessert bridge, was held at the Woman's City Club Tuesday, September 18th. The president, Mrs. Carl A. Gustafson, welcomed our new members and guests. Numerous flower arrangements in brass and pewter made by our members lent an autumnal atmosphere to the affair. Leaflets, "Are You Registered to Vote" were distributed urging all not properly registered to do so before September 26th, the closing day.—Mrs. Dean Nesbit, Publicity Chairman.

HERE AND THERE

Born: To Dr. and Mrs. Harold Chevlen, a boy, Michael Howard, at North Side Hospital on August 28, 1951.

Dr. Ivan C. Smith attended the clinical sessions of the American Congress of Physical Medicine held at Denver, Colorado, September 4-8.

Dr. J. M. Ranz has recovered from a recent illness and hospitalization at St. Elizabeth's and has resumed his practice.

NEW PRACTITIONER: Dr. David R. Brody announces the opening of his office for the practice of general surgery at the Home Savings and Loan Building. Dr. Brody completed his residency training at Jewish Hospital and the University of Pennsylvania at Philadelphia, Pa.

Dr. C. E. Pichette has been elected to fellowship in the American College of Surgeons. Convocation exercises will be held at San Francisco during clinical sessions of the Congress, November 5-9.

A good representation of Valley surgeons will attend the clinical sessions of the American College of Surgeons to be held at the Fairmont Hotel, San Francisco, California, November 5-9. A few plan to extend the trip to Hawaii for the meetings of the Pan-Pacific Surgical Congress beginning Nov. 9.

Dr. Gordon Nelson addressed the membership of the South Side Lions Club on August 7, 1951. His subject was "Socialized Medicine."

Receiving injuries in extra-curricular activities at home and on the farm were Drs. B. J. Dreiling and L. K. Reed. Dr. Reed incurred a tear of the lateral ligament of his left knee, necessitating incumbrance of cast and concern over extent of the tear. Let's hope it was an incomplete section and immobilization does the trick. Dr. Dreiling sustained a scapular fracture in a fall from a tractor he was operating on his farm.

Dr. W. H. Bunn attended the meeting of the executive committee of the American Heart Association held at New York City, September 27. Dr. Bunn is secretary of the American Heart Association.

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FROM THE BULLETIN

J. L. Fisher, M.D.

20 YEARS AGO — OCTOBER 1931

Dr. Frank Smithies of Chicago was the speaker that month. His topic was "Gastro-Duodenal Hemorrhage; Its Significance, Diagnosis and Treatment." There was a clinic at the South Side Unit in the morning and a goodly crowd had dinner with the speaker at the Youngstown Club before the evening meeting.

In the president's page, Arthur Thomas contended that the care of the poor was a community problem, that funds obtained by taxation should be used to pay the doctor for medical care as well as the butcher, the baker, and the landlord. This was a new concept and was considered pretty daring at the time.

Dr. Patrick was a patient in the North Side Unit suffering from undulant fever.

Drs. J. F. McGowan, H. L. Moyer, and John Noll became members of the Society.

The Youngstown Medical Arts Club held a dinner meeting at the Mahoning Country Club. Dr. F. F. Monroe presented a paper on "Tropical Medicine." Dr. A. E. Brant showed motion pictures taken on his recent trip through the Panama Canal.

Obstetric rates at St. Elizabeth's Hospital were: Ward bed, 10 days, \$60.00. Semi-private room, 10 days, \$65.00.

10 YEARS AGO — OCTOBER 1941

A Fall Post-Graduate Day was held October 30th with Dr. Tom Spies who gave a program on Nutrition and Vitamins. The program started at 4:00 P. M. followed by a dinner at the Youngstown Club and evening session at 8:30 P. M. Over 300 persons attended the meeting.

The Medical-Dental Bureau held a complimentary luncheon at the Tod Hotel on October 16th for its members and friends. Dr. Robert Galbreath, President of Westminster College, spoke on "The Doctor's Position In The New Order."

A class in public speaking for doctors was started by the Medical-Dental Bureau, with twenty enrolled. Mr. Roy Fellers of South High School was the instructor.

Lieutenants Belinky and Bartz were assigned to the Station Hospital on Corregidor. Lt. Commander O. M. Lawton was stationed in San Diego. Lieutenant Asher Randell was at the Ordnance plant at Ravenna.

Mary Louise Bierkamp and Joseph P. Keogh were married October 26th.

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