



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

FEBRUARY • 1955
Youngstown • Ohio
Vol. XXV • No. 2

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TABLE OF CONTENTS

Vol. XXV—No. 2

February, 1955

President's Page	- - - - -	44
Editorial	- - - - -	45
Guest Editorial	- - - - -	46
Councilor's Page	- - - - -	49
Have You Heard	- - - - -	50
James L. Fisher	- - - - -	51
Keeping Up With A.M.A.	- - - - -	53
Medical Fees	- - - - -	55
Take Your Pick	- - - - -	59
Annual Inaugural Meeting	- - - - -	61
Venereal Disease Clinic—1954	- - - - -	65
Have You Met	- - - - -	67
Youngstown Area Heart Meeting	- - - - -	68
Personalities of the Month	- - - - -	69
Blood Bank Program	- - - - -	70
From the Bulletin—20 Years Ago-10 Years Ago	- - - - -	71
The Signal—Medical Methods in Police Work	- - - - -	72
Women's Auxiliary News	- - - - -	74
Answers to Eponyms	- - - - -	76

ADVERTISERS' LIST

Blair Dry Cleaning Co.	82	Lilly, Eli & Co.	52
Borcherdt Malt Extract Co.	83	Lyons Physician Supply Co.	73-81
Bowman Brothers Co.	77	Mahoning Pharmacy	83
Buffington's, Inc.	82	Mead-Johnson	84
Canales	83	O'Linn's Drugs	83
Ciba	73-79-81	Pfizer Lab	58
Cross Drugs	80	Renner's	80
Fellows	42	Scott Co.	79
Geigy Pharmaceuticals	56	Squibb	64
Harvey, G. F. Co.	82	Stillson & Donahay	78
James & Weaver	80	Thornton Dry Cleaning Co.	80
Keeley Drug Co.	83	Upjohn	60
Laeri's Pharmacy	82	Yo. Com. for Education on Alcoholics	78
Lederle	48-77	Zemmer Company	82
Lester's Pharmacy	80		

Our President Speaks

At the time this appears in print, we will have held our first joint meeting with the Mahoning County Bar Association. The members of both organizations hope that this will be the first of an annual series of meetings of this nature.

The primary purpose of such an annual meeting is to enhance the cooperation between these two great groups of professional people. It is to our mutual benefit to improve such relations. As pointed out at the meeting already held, there is considerable room for improvement.



Probably the best way to improve such relations is through a wider personal acquaintance of individual members. We already know the individual members better than before the meeting. Next year, the Mahoning County Medical Society will sponsor the meeting and a suitable program will be arranged by the program chairman.



If you have not already done so, don't fail to support the polio fund drive as the need is still acute. Every dollar helps.

Ivan C. Smith, M.D.
President

BULLETIN of the Mahoning County Medical Society

Published Monthly at Youngstown, Ohio

Annual Subscription, \$2.00



The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial Staff or the official views of the Mahoning County Medical Society.

VOLUME 25**FEBRUARY, 1955****NUMBER 2**

Published for and by the Members of the Mahoning County Medical Society

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J. L. Fisher, M.D. E. G. Rizk, M.D.
S. W. Ondash, M.D. F. E. Resch, M.D.**EDITORIAL**

What with the change of command and the flurry of dedication last month, an important birthday wish was omitted! So now we pay a belated honor to Dr. Albert Sweitzer, one of the giants of our century, on his eightieth birthday. The scope of his accomplishments is immense. A child prodigy in piano and organ, at 18 the greatest teachers of Europe felt they had no more to offer him, and he was even then a recognized authority on the interpretation of Bach. At 28, a graduate in divinity from the University of Strasburg and author of four books on theology and philosophy, Dr. Sweitzer then turned to medicine and at 38, he became a physician.

Here, then, was a great musician, scholar, preacher and physician in demand everywhere as a lecturer, organist, and teacher. Yet he renounced financial security, fame, and academic life, which he more than most people could appreciate, for a life of toil and hardship in his small hospital at Lambarene in French Africa. This he did simply because he felt that the civilized nations owed a debt to the underprivileged races that must be paid. He is an anachronism of the 20th century. For in an age of specialty, he is the complete 19th century man with his many disciplines and skills. Yet he also belongs to the 21st century because his mind has risen far above narrow nationalisms to become the first citizen of the world.

In 1952, the Nobel Peace Prize was taken into the steaming jungles of French Equatorial Africa to Albert Sweitzer, M.D., who even now remains unimpressed and unswerving in his work. His greatness was so manifest that the honors on which he turned his back in 1913, followed him under the sizzling sun of the equator to his jungle hospital where, in his simple daily being and work, he has taught us that we all are our brothers' keeper.

There is much to be learned and much inspiration to be found in Dr. Albert Sweitzer's life. Perhaps none of us could ever attain masterful versatility, but in keeping the questing mind, I believe the perspective of the professional life becomes so much richer and broader. Only thusly can we find the counterpart for the scientific life which lends a balance and harmony to the whole. As the complete man, we are not only a better physician, but also a better citizen of our community and our world.

Robert L. Tornello, M.D. Editor

Guest Editorial

THE THIRD PHASE OF MEDICINE

Do you know where to send a patient after you've told him he can no longer continue in his present work? Many a doctor continues his rounds bothered by this necessity of his profession, and unaware that he might have quickly provided a shield against the blow by referring his patient to the Bureau of Vocational Rehabilitation, 1007 Realty Building, Youngstown.

Mankind has come a long way in its attitude toward the handicapped, from the early times when the crippled were abandoned in the wilderness to the present public program for Vocational Rehabilitation whose purpose is to restore the ability of our physically and mentally handicapped men and women to engage in productive work. The doctor's part in that development has been vital and steadfast but not always too well recognized.

The first organized interest in the disabled was shown about 200 years ago, when there was a revived interest on the part of physicians in the science of orthopedic medicine. It was about that time that Andry, the French physician, published his two-volume work on orthopedics, reportedly the first definitive writing on the subject since Hippocrates.

Initially, there was no differentiation in the treatment of the indigent and the physically disabled who were crowding the streets of every city in Europe. Both were included in provision for institutional care. However, in Sweden in 1780 for the first time the disabled were housed and given medical treatment as a class distinct from the merely indigent. The renowned Dr. Percival Potts pioneered in the field of orthopedics as a member of the staff of one of these new establishments. In 1820, in Munich, the first home offering both care and education was opened. Twelve years later it became a State institution—the first time government assumed any responsibility for the handicapped citizen.

It should be emphasized here that pioneers in the field of physical rehabilitation, as in practically every other social crusade, were not government but group undertakings by socially sensitive men and women who pooled their efforts, means and talents to better serve their fellow men. Slowly, homes and clinics were opened all over the United States and Europe. The first private hospital for treatment of orthopedic cases was established in Boston in 1839 by Dr. John Paul Brown, whose son Brackminster is said to have been the first orthopedic surgeon in this country. In 1863, a hospital for the ruptured and crippled was established in New York City; today it is The Hospital for Special Surgery. Dr. John Ball became eminent during the eighties and nineties by devoting himself unreservedly to clinical orthopedics.

We are convinced that the physician today is not actually aware of the tremendous part he plays in vocational rehabilitation in the community. Vocational rehabilitation is a community program. The Bureau is probably at best the administrator or coordinator of a variety of services contributed by the several public and private agencies; by medical men and employers; and by other interested individuals in the community. It is on the doctor's diagnosis, prognosis and recommendations as to suitable employment that the Bureau and its client make all subsequent plans for the client's rehabilitation. Last year in Ohio there were 1467 such examinations.

A person is eligible for rehabilitation if his disability is found to be a substantial handicap to satisfactory employment. For example, a bricklayer suffers a coronary. He makes a good recovery, his doctor says he may return to work, but not as a bricklayer. This man has a vocational handicap and is eligible without cost to himself for vocational testing, counseling and guidance, and eventual placement. He may be eligible for vocational training as provided in college, business school, on-the-job, in his own home by a tutor, or in the hospital as is at present possible at Mahoning County Tuberculosis Sanatorium.

Physical restoration, that is, hospitalization, surgery, and artificial appliances when needed to increase employability are provided by the Bureau only if the client is not able to pay for it. A minimal allowance for living maintenance and transportation while in training is available to the client on the basis of financial need. Vocational equipment for those who can profitably go into self employment is provided if the client is not able to pay for it himself.

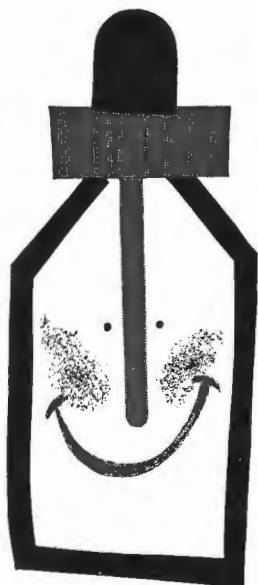
Last year in Ohio 1,005 persons were rehabilitated at an average cost of \$274. One hundred forty-one of these people with their dependents had been relief recipients averaging \$25.67 per week. After rehabilitation these same people were earning an average of \$52.00 per week. Sixty-one of those rehabilitated in Ohio were from Mahoning County; 16 of them with their dependents had been relief recipients of an average weekly grant of \$48.93. Following rehabilitation they were able to earn a total of \$852.00 instead of costing the taxpayers \$783.00 weekly.

Rehabilitation is good economics, but it is more than that; it is preserving our greatest national asset. It has been said that the quality of a civilization may be accurately measured by its efforts to conserve the precious and intangible wealth of the human spirit, a wealth not measurable by current evaluation methods. Western civilization, resting as it does on the Christian concept, is growing in its conviction that the individual, whether normal or handicapped, is of primary importance; certainly, he is entitled to an opportunity to become employable.

F. R. McTighe
Rehabilitation Counselor
Bureau of Vocational Rehabilitation
State Department of Education
Columbus, Ohio

THE CADUCEUS

The symbol of the serpent, the "caduceus" of the medical profession, dates back to at least 4,000 B.C. Aesculapius, the son of Apollo, was known as the Roman god of healing. When Aesculapius was a youth, the centaur Chiron taught him the art of medicine. He became so skilled that he could restore the dead to life, according to legend. In art, Aesculapius is represented as a strong, earnest youth bearing a knotted staff. Around the staff, called a caduceus, is entwined a serpent. In ancient days the serpent was the symbol of health, because it could shed its skin and appear young again. The staff and serpent are the familiar insignia of medicine today.—*Med. Technicians Bull.*, 5:129 (May-June), 1954.



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FEBRUARY

THE COUNCILOR'S PAGE

New members of a County Medical Society should have the privilege of an indoctrination program. Too often we assume they know as much about medical society affairs as we do. The recent graduate is more apt to be interested in Boards and Hospital Medical Practice. A strong medical society requires each member's participation because of his awareness of organizational benefits.

A New York State Medical Society special booklet says: "In view of the milestone which election to membership in a County Medical Society represents in the life of a young physician, it is only fitting that it take place amid appropriate ceremonies. Many of our most active County Medical Society leaders date their interest in medical affairs to events surrounding their acceptance in their County Society. Others who seldom attend their County Society meetings indicate that their lack of interest, and, therefore, their infrequent attendance at society meetings is due to the casual manner in which they were elected to membership in their County Society." a strong argument for planning a well-organized indoctrination program for new members.

The new applicant should be assured that the medical society is interested in him. There should be an opportunity for him to get acquainted with fellow physicians and officers of the society. These new physicians should be shown the value derived from medical organizations, what the medical society is, how it operates, its officers, its finances, its dues, its activities, history, objectives, services to members, and should also be told the obligations of members. He might well be given copies of the Constitution and By-Laws of the county, state, and national associations.

Prior to signing of applications by the censors, or final acceptance into the society, it would be well if applicants attended a meeting with representative members of the society.

The Indoctrination Committee and others should speak informally on varied subjects such as medical ethics, an explanation of medical society activities and benefits, a discussion of the benefits and activities of membership in the State and the American Medical Association, talks on medical legislation, medical economics, public relations, mal-practice prevention, doctor-hospital relations, fees, insurance programs and ideas which will assist the new physician in starting his practice.

There should be a warm, friendly, informal, cordial, helpful atmosphere at these meetings. They can be made very helpful to the whole medical society.

C. A. Gustafson, M.D.

YOUNGSTOWN HOSPITAL ASSOCIATION RECEIVES \$20,000 GRANT FOR CANCER RESEARCH

The Youngstown Hospital Association has received a grant of \$20,000 for the continuation of their research on the optical density test for non-symtomatic cancer detection. This grant is from the John A. Hartford Foundation, Inc. of New York City and is to be used over a period of two years beginning January 1, 1955. The Hartford Foundation was established by the late John A. Hartford, who for many years was president of the Great Atlantic and Pacific Tea Co. before his death in 1951.

This grant indicates further the trend of medical research and progress on the community and general hospital level, rather than being restricted to the few large medical centers.

HAVE YOU HEARD



that Dr. Frank G. Kravec was elected secretary of the Ohio Chapter of the American College of Chest Physicians whose headquarters are in Youngstown? Dr. Kravec, a native Youngstown, received his medical education from Loyola University School of Medicine in Chicago, Illinois, and remained in that city for his internship at Cook County Hospital. His residency training was at Sunny Acres Sanatorium in Cleveland, Ohio. Dr. Kravec has been practicing at 243 Lincoln Ave. since 1946, specializing in chest disease. He is a consultant at Woodside Receiving Hospital and Mahoning Tuberculosis Sanatorium, director of the Tuberculosis Clinic of Columbiana County in Lisbon and teaches biology

at Youngstown College. Dr. Kravec is a member of the A.M.A., the Ohio State Medical Society, the Mahoning County Medical Society, American Trudeau Society, Ohio and American Colleges of Chest Physicians. Mrs. Kravec, the former Estelle Guokas, with son Thomas and daughters Susan and Carol, complete the Kravec family residing at 2259 Goleta Ave.

PROCEEDINGS OF COUNCIL

January 10, 1955

The regular monthly meeting of the Council of the Mahoning County Medical Society was held on January 10, 1955 at the office of Dr. M. W. Neidus, 318 Fifth Avenue, Youngstown, Ohio.

The following doctors were present: I. C. Smith, President, presiding; G. E. DeCicco, A. A. Detesco, Fred Schlecht, M. W. Neidus, C. A. Gustafson, E. R. McNeal, Robert Tornello, W. M. Skipp, J. D. Brown, and Asher Randell comprising the Council also Dr. C. K. Walter and F. B. Powers, Counsel for the Society.

Meeting was called to order at 9:00 P.M.

Dr. Schlecht discussed the First Annual Meeting of the Mahoning Bar Association and the Mahoning County Medical Society to be held on February 10th. Each Councilor pledged to sell five tickets, which would net an attendance of about 100.

The Executive Secretary reported that the vote on the entertainment of internes and residents by the Society was: No, 136; Yes, 51; Miscellaneous, 3.

Dr. Smith appointed the following committee to work out a feasible program for entertaining the internes and residents and submit their recommendations to Council at the next meeting: Dr. Fred Schlecht, Chairman; Dr. J. D. Brown, and Dr. M. W. Neidus.

The following motion was made, seconded and unanimously passed: That the Mahoning County Medical Society send a check for \$100.00 to the American Medical Educational Foundation.

The following application was presented by the Censors:

Interne Membership

Dr. Jack Marks, Youngstown Hospital Association, Youngstown, Ohio

Unless objection is filed in writing with the Secretary within 15 days the above applicant becomes a member of the Society.

Bills were read.

A. A. Detesco, M.D. Secretary

JAMES L. FISHER, M.D.
G. P. of the Year

The Mahoning Academy of General Practice, at their regular meeting, December 14, 1954, bestowed upon Dr. J. L. Fisher, the title of "General Practitioner of The Year."

Dr. Fisher is the first Mahoning County Physician chosen for this newly created honorary position, and as such becomes a candidate for "General Practitioner of the Year" in the State of Ohio. Dr. Fisher was selected for this honor by his fellow practitioners, because of his record of outstanding service to the community and to the medical profession.

Born in Carnegie, Pa., in the year 1895, the son of a railroad telegrapher, Dr. Fisher attended public schools. He entered Jefferson Medical College in Philadelphia and graduated in 1919. While there he met Margaret Ethel Zellman, who latter became his wife. During this time his mother and father moved to Youngstown, and upon graduation from medical school, the young Doctor Fisher returned to Youngstown to intern in the Youngstown Hospital.



Following his internship at the Youngstown Hospital, Dr. Fisher opened his office over Harry Zeve's dry goods store. During these early days he followed closely in the footsteps of Dr. C. C. Booth, and learned all he could from this busy Youngstown physician. Early in his practice, he became associated with the Republic Steel Corporation, and served as company physician for a period of ten years. In 1934, after a period of post-graduate study in Chicago, he entered the field of general surgery and took his place on the surgical staff of the Youngstown Hospital. However he never gave up his first love, the general practice of medicine.

In the years that followed, Dr. Fisher was active in medical society activities serving as the president of the Mahoning County Medical Society in 1935, and Editor of the *Bulletin* in 1931-32, and served on numerous committees. His ready wit and keen perception were well demonstrated by his regular page in the *Bulletin* entitled the "Medical Crier."

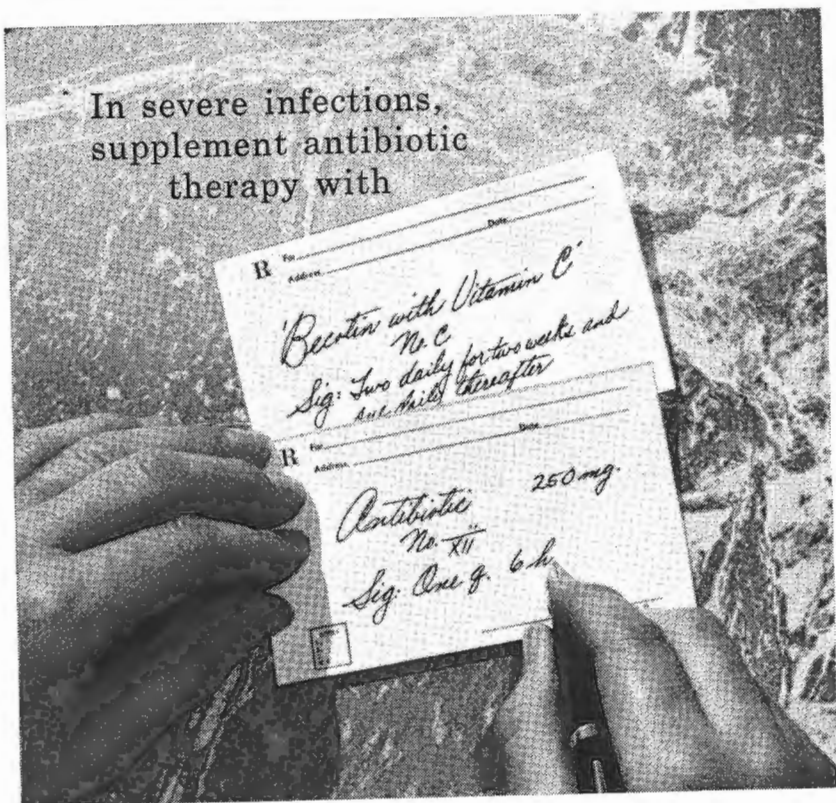
With the rising surge of specialization threatening to crowd the family doctor into the perimeter of medical activities, Doctor Fisher rose to meet this challenge. He was largely responsible for the organization of the Mahoning Academy of General Practice, and appropriately enough, became its first president. Through this organization, the general practitioners reaffirmed their position in the medical world, and established a section on General Practice in the Youngstown Hospital, with Doctor Fisher as chairman.

Still busily engaged in the active practice of medicine and surgery, Dr. Fisher devotes his time tirelessly to his patients, constantly studying the new developments and applying them in his treatment. The members of the Mahoning County Medical Society all join in extending their congratulations and "Hats Off" to "Doctor General Practitioner."

All that is necessary for the triumph of evil is that good men do nothing.

—Edmund Burke

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FEBRUARY

KEEPING UP WITH A.M.A.

By Wm. M. Skipp, M.D.

CAREER SERVICEMEN 5-POINT PROGRAM for making a career in the armed services more attractive submitted to the 84th Congress. Secretary of Army, Robert Stevens observed: "Many of our younger officers are concluding it just isn't worthwhile to remain in a profession where the responsibilities are so great and the rewards so modest. To insure that the future leaders of this nation's military forces will meet the same high standards we have come to take for granted, it is essential that we restore a full measure of dignity to the honored profession of arms. It is vital to our national security that the career service be attractive to the highest type of young American."

The program includes: 1. substantial pay raise for all military personnel, 2. comprehensive revision of benefits for survivors, 3. special allowances for service families transferred from one permanent station to another, and 4. tax exemptions for retired pay. Congress would be asked to grant military pay raises averaging 3 to 5% at an added cost of \$600,000,000 a year.

HOUSE LABOR AND PUBLIC WELFARE COMMITTEE SUBCOMMITTEE HEARINGS revealed that an administrator of 13 union funds paid \$45,000 in three years to two union officials who helped expand his business. One of these officials also served as board chairman of four funds that appointed the administrator. Other witnesses testified that a Reading (Pa.) casualty company received \$166,000 in premiums over 5 years from an Atlantic City union, paid out \$54,000 in claims and \$45,000 in commissions to the agent who obtained the business.

SURGEON GENERAL SCHEELE says if public health officers are to retain their "front rank position in the maintenance of the nation's health," they must work more effectively with medical practitioners and with a wider range of agencies concerned with prolonged illness.

U. S. EMPLOYEE UNIONS WANT PRESENT VOLUNTARY HEALTH PLANS PROTECTED under any health insurance program to be worked out for them. Legislation is being drafted for contributory pay roll deduction health insurance for all federal civilian employees. The government workers also are insisting that a uniform, nationwide indemnity plan be made available, but that groups of employees have the option of taking this coverage or contracting for some other.

PHYSICIANS THROUGH 37 BEING EXAMINED FOR DOCTOR DRAFT to meet the Defense Dept. call for 1,275 physicians for induction next March, draft boards have started processing men through the age of 38.

DEFENSE ANNOUNCES RESIDENCY DEFERMENT FOR 300 PHYSICIANS INTERNS for 1-year residencies in 15 medical specialties essential to the military departments. The names were drawn by lot from among more than 1,300 non-veteran interns who asked for further deferment under the new Armed Forces Reserve Officer Commissioning and Residency Consideration Program announced last September.

SPIRITUAL REBIRTH WITHIN MEDICINE urged by AMA Trustee Julian P. Price of Florence, S. C. This talk caught on like wildfire and several papers used it as a basis for editorials. He believed that "the physical and mental health of our nation is relatively good, but there is evident spiritual disease." "Since the disease is spiritual the treatment must also be spiritual." — "Laxness of morals in our national government in recent years . . . the hold which organized vice has upon legislative and social life . . . increase in crime in our teen-age population . . . bribery and unethical conduct in amateur athletics . . . the mad search for pleasure which causes our people to spend four times as much for beverages as they do for religious and welfare activities. . ."

He called upon his fellow physicians to combat this "disease" by taking part in government, devoting particular interest to public education, working with boys and girls, and charitable and philanthropic organizations, and having healthy, happy homes of their own.

CITES NEED FOR PUBLIC UNDERSTANDING OF DRUG PRICES: Speaking before 150 key executives of Parke Davis and Co., John L. Bach, director of AMA press relations stated:

"Five dollars of penicillin can eliminate the need for a \$150 mastoid operation and \$200 in hospital bills. Does the public know this?"

"When the old family doctor was called to see patients with pneumonia he was forced to sign 33 death certificates out of every 100 patients seen. There were incalculable man-hours lost by prolonged illness and convalescence which that wonderful old family doctor was powerless to overcome."

"The antibiotics changed this picture completely. Out of every 100 pneumonia patients seen by a doctor today, he will sign not 33 but only 1, or at the most, 2 death certificates. The man-hours lost in convalescence have, for the most part, been largely eliminated."

He said: "when life is at stake, the cost of any drug or drugs should be of minor consideration."

He urged all pharmaceutical manufacturers to "tell the public your marvelous story of antibiotic development." He urged "a better understanding of what they are doing, how they do it, why they do it — and make clear who profits thereby — the cumulative effort will be irresistible."



Medical Schools

Of the nation's 79 medical schools, 73 are four-year schools awarding M.D. degrees; six are medical basic science schools awarding no degree. All but nine are attached to universities. Forty-one are privately supported, and three are municipally supported. They are located in 56 cities in 37 states and the District of Columbia. Eleven states have no medical school. Student bodies in the four-year schools range from 181 to 713; in the two-year schools from 48 to 118. Six per cent of the students are women.

—*M. Advance, Oct. 1953, via Indust. Med. & Surg. Nov. 1953*



Work is a form of nervousness. — *Don Herold*

MEDICAL FEES

In 1825, a New York medical journal contained this paragraph: "We are far from desiring that the physician should demand the same compensation from the rich and the poor; he must of necessity regulate his demand by the ability to pay of his patients; but in doing so, let him keep up the impression that his services are valuable, let him charge a proper fee, and then make such deduction as the pecuniary circumstances of his patient require and not openly profess to practice medicine at half price."¹

In consequence of the inattention to and even ignorance of medical fees so prevalent at that time, the New York County Medical Society approved and published (in 1816) a list of recommended fees. Examples are:

Verbal advice - - -	\$ 0-5	Dressing of wound - - -	1-5
Letter of advice - - -	10-15	Introducing catheter - - -	5
Ordinary visit - - - -	0-2	Reducing compound fracture	30
Night visit - - - - -	7	Amputation of leg - - -	50
Distant visit (per mile) -	1.50	Circumcision - - - - -	10
First visit in epidemic (where personal danger is concerned)	5	Ordinary delivery - - - -	25-35
Vaccination - - - - -	5-10	Difficult labor - - - - -	30-60
		Tonsillectomy - - - - -	25

This schedule was not unique. In 1817, the Boston Medical Association drew up a bill containing "the lowest fees which shall be charged for services." Among them were the following:

First visit - - - - -	\$ 2-5	Delivery (day) - - - - -	12
Subsequent visit - - - -	1.50	Delivery (night) - - - - -	15
Night visit - - - - -	5		

We recognize the fact that in those bygone days a dollar bought (was worth) considerably more than in this mid-twentieth century era. Therefore, it is particularly striking that either (1) surgical and obstetric fees were low compared with routine office and home fees or (2) the surgical fees were reasonable but the office-home fees were exceptionally high.

In spite of such attempts at setting fees as these, the keen competition and poor collections led to remarkably small incomes. When the distinguished surgeon Samuel D. Gross went into practice in Philadelphia in 1828, his income "did not exceed three hundred dollars, if indeed it reached that sum." He then practiced in Easton, Pennsylvania, and in 1830 wrote: "A visit in town was fifty cents, and out of the town from one to two dollars, according to the distance . . ."

"These charges were beyond doubt very contemptible; but then it is to be borne in mind that rent, provisions, and clothing were much lower than they are now. A chicken, for example, could be bought at six to ten cents, and the best quality of beef at about eight to nine cents. The ordinary fee for an obstetric case was five dollars among the poorer classes, and from ten to twenty-five among the wealthier and more influential."¹

If one multiplies the chicken and beef prices (per pound) by ten or twelve to reach a figure in keeping with modern heights, then, proportionately, the obstetric fees ranged from fifty to two hundred and fifty modern dollars.

Through its three-fold action in arthritis...relief of pain, improvement of function, and resolution of inflammation...BUTAZOLIDIN contributes significantly to the rehabilitation of the arthritic patient.

In addition to its marked therapeutic effectiveness, the advantages of BUTAZOLIDIN include:

Wide Scope of Usefulness—effective in the most crippling and chronic arthritides.

Persistence of Effect—does not provoke tolerance on continued usage.

Nonhormonal in Character—the therapeutic action of BUTAZOLIDIN is not mediated through the pituitary-adrenocortical axis.

BUTAZOLIDIN being a potent agent, the physician should carefully select candidates for treatment and promptly adjust dosage to the minimal individual requirement. Patients should be regularly examined during treatment, and the drug discontinued should side reactions develop.

Detailed literature on request.

BUTAZOLIDIN® (brand of phenylbutazone): Red sugar-coated tablets of 100 mg.

in arthritis and allied disorders

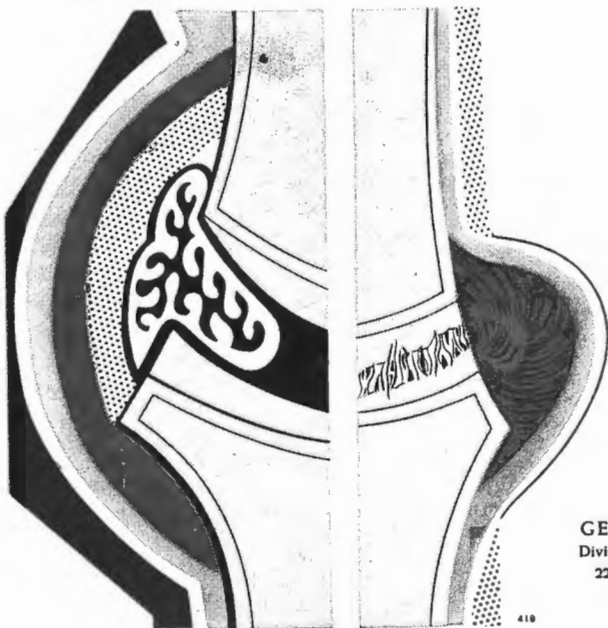
BUTAZOLIDIN®

(brand of phenylbutazone)



nonhormonal anti-arthritic

relieves pain • improves function • resolves inflammation



GEIGY PHARMACEUTICALS

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Almost one hundred years ago, the good doctors of Cincinnati published a proclamation which said in part: "Physicians as a body, are less adequately rewarded for their services than any other class of educated men, in proportion to their labors and sacrifices . . ." Because their fees were "much lower than in our sister cities, Louisville and St. Louis, and most other cities of the Union," a new bill of fees was set up.

Among the new items listed (illustrating the progress of medicine) was "certificate for life insurance, \$5.00." Fees for cesarean section were set at \$200, and the fee for a stone in the bladder (Louisville, 1859) ranged from \$100 to \$500. It is interesting that a lithotomy commanded the same "official" fee both in New York City and in Madison, Indiana.

The fee bill of the Medico-Chirurgical Society of the City of New York in 1860 contained these items:

Office advice - - - -	\$ 1-2	Syphilis (in advance!) - -	25-100
Home visit - - - -	1.50-3	Paracentesis abdominis -	25-50
Night visit (10 p.m. to 7 a.m.)	5-10	Operation for hemorrhoids	25-100
Venesection - - - -	1-2	Ordinary obstetric case -	10-50
Examination with speculum		Complicated obstetric case	50-100
uteri - - - -	5-10	Instrumental - - - -	50-150

Perhaps the most significant observation from these records is the fact that, unlike the tremendous rise in cost of everything else, the physicians' and surgeons' fees have not followed suit. It would seem that, if these fee schedules are a true indication of the state of affairs, medical care is relatively less expensive now than it was a century ago.

REFERENCE—1. ROSEN, G.: Fees and Fee Bills: Some Economic Aspects of Medical Practice in Nineteenth Century America, *Bull. Hist. Med.*, Supplement No. 6, p. 1, 1946.

THINGS HAVEN'T CHANGED —

"The amenities of professional intercourse, and the obligations of medical men toward each other and the public, were perhaps better observed in 1850 than now. Then the doctor, next to the minister, was the trusted friend and counselor of every family to whom he ministered. He shared their joys, soothed their sorrows, and every passing year added to and cemented the attachment and affection between them. Now the doctor is regarded more in the light of a tradesman or mechanic, and is employed from the same consideration that a grocer, tailor or shoemaker is. The strong ties of gratitude and affection have almost ceased to exist. Relationship is now placed upon a mere commercial basis, and for this the profession is more to blame than the public."

Dr. Robert Boal, 1882.

Music is a moral law. It gives a soul to the universe, wings to the mind, flight to the imagination, a charm to gaiety, and life to everything. It is the essence of order and leads to all that is good, just and beautiful.

—Plato

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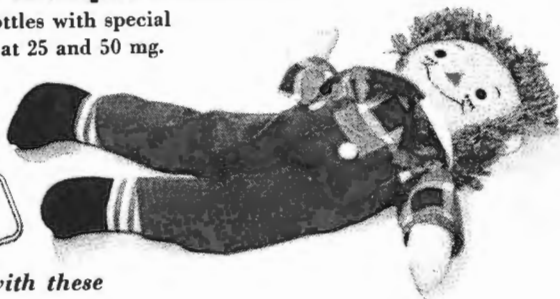
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1.5 Gm., in 2 oz. (60 cc.) bottles,
supplies 125 mg./5 cc. teaspoonful

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dropper calibrated at 25 and 50 mg.



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Oral Suspension *(raspberry flavored)*

1.5 Gm., in 1 oz. (30 cc.) bottles,
supplies 250 mg./5 cc. teaspoonful

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1.0 Gm. in 10 cc. bottles with special
dropper calibrated at 25 and 50 mg.



both antibiotics discovered by  PFIZER LABORATORIES, Brooklyn 6, N. Y.
DIVISION, CHAS. PFIZER & CO., INC.

TAKE YOUR PICK

Recently a neurosurgeon operated upon a patient whom I knew, and when I asked the surgeon what was the matter with the patient he replied that he had "Pick's disease." This surprised me because I had always thought that Pick's disease had something to do with the pericardium, and a neurosurgeon would not likely be treating it. Then the surgeon informed me that the Pick's disease he had in mind involved a degeneration of the brain, and always resulted fatally, which it did in this case in a few days.

Then a new dictionary told me that there are 4 diseases which go by the name of Pick's, and the Pick is a different individual in every case. Arnold Pick described the brain condition, which the dictionary says is a circumcized atrophy of the brain.

The Pick's disease of F. J. Pick is known as erythromelia, and is marked by painless progressive redness of the skin. The Pick's disease of Friedel Pick is polyserositis; It is a form of multiple serositis and has been called pericardial pseudocirrhosis of the liver.

Fourthly comes the condition known as Niemann-Pick's disease (Ludwig Pick), which is described as a disturbance of infantile phosphatide metabolism marked by anemia and leucocytosis with relative increase in lymphocytes, enlarged spleen and liver. It is also called *lipoid histiocytosis*.

So evidently each of these diseases which bear the name of Pick is a separate entity, and the lexicographers should do something to unscramble such nomenclature. At the present time, you can take your Pick.

J. M. A. Georgia, July 1953

CLAUDIUS AMYAND, SURGEON

Medical history has given credit to Mestivier of France for the first surgical attack upon the appendix. Claudius Amyand of London performed the first successful recorded appendectomy on December 6, 1735, 22 years before Mestivier's unsuccessful incision and drainage of an appendiceal abscess. The life of Amyand is a collection of bits and pieces; there is no complete extant record of the career of this surgical pathfinder. He had a number of claims to fame, none of which has been sufficient to preserve his name, though he was Sergeant-Surgeon to King George II, pioneer in smallpox inoculation, Fellow of Royal Society, first principal surgeon to the Westminster Hospital, a founder and first principal surgeon to St. George's hospital, Master of the Barber Surgeons—one of the leading London surgeons of his day—and the first surgeon to do an appendectomy. Claudius Amyand was not a man of genius, but one of solid worth who merits a nod of recognition from medical history, too long denied him.

—Philip G. Creese, M.D., *Surgery Gynecology and Obstetrics*, Nov. 1953

I would never use a long word where a short one would answer the purpose. I know there are professors in this country who "ligate" arteries. Other surgeons only "tie" them, and it stops the bleeding just as well.

—Oliver Wendell Holmes

Upjohn

Bacterial diarrheas . . .

Each fluidounce contains:

Neomycin sulfate 300 mg. ($4\frac{2}{3}$ grs.)
[equivalent to 210 mg. ($3\frac{1}{4}$ grs.)
neomycin base]

Kaolin 5.832 Gm. (90 grs.)

Pectin 0.130 Gm. (2 grs.)

Suspended with methylcellulose
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Supplied:

6 fluidounce and pint bottles

The Upjohn Company, Kalamazoo, Michigan

Kaopectate

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Neomycin



THE ANNUAL INAUGURAL MEETING

The Annual Inaugural Meeting of the Mahoning County Medical Society on Thursday, January 20, 1955 at the Youngstown Country Club was an eminently successful and delightful affair. Dr. James D. Brown, the retiring president, following a custom of many years, took leave of his office in handing one of Dr. A. E. Brant's fine hand-turned gavels to Dr. Ivan C. Smith, our new president. After thanking his various committees for their unstinting cooperation, Dr. Brown retired from the rostrum. Dr. Smith spoke briefly expressing the hope that he would enjoy the usual unflinching efforts of the members of his committees toward the completion of a successful year as our new president.

Dr. John Heberding, roentgenologist of the North Unit of the Youngstown Hospital Association, was awarded a pin honoring his 50 years in the practice of medicine, and in recognition of his devotion to his patients and colleagues, his contribution to the health and wealth of the public and his constant allegiance to the ethics of our profession. Participating in this ceremony were Dr. J. D. Brown; Dr. Ivan C. Smith; Dr. A. E. Brant, representing the Mahoning County Medical Society; Dr. C. A. Gustafson, council of the 6th District, Ohio State Medical Society; and Dr. Ben Brown, son-in-law and associate of Dr. Heberding.

The speaker of the evening was that distinguished pathologist, Dr. William Boyd, whose scholarly presentation of the subject "Words" was a classic both in delivery and as an example of underplayed humor. It was a genuine pleasure to escape the fizzled efforts of the "Panchoes" of the past for such a charming, energetic, and intelligent man. Our thanks go out to Dr. F. G. Schlecht for arranging Dr. Boyd's timely visit.

Robert L. Tornello, M.D.
Editor

CALENDAR OF MEDICAL MEETINGS

AMERICAN COLLEGE OF SURGEONS sectional meeting in Cleveland, Ohio, from February 21 to 24th, 1955 at the Hotels Cleveland and Hollenden. In length and scope this meeting will approach that of the annual Clinical Congress.

10th ANNUAL NATIONAL RURAL HEALTH CONFERENCE will be held in Milwaukee February 24 to 26th with the theme of "Looking Both Ways" . . . a review of the achievements in bettering rural health and planning for the future. Headquarters are the Schroeder Hotel.

CHICAGO MEDICAL SOCIETY'S Annual Clinical Conference from March 1st through the 4th at the Palmer House. This is the major annual function of the Chicago Medical Society and the programs and personnel mustered for this affair is most impressive.

EIGHTH ANNUAL POST GRADUATE COURSE on Diseases of the Chest sponsored by the Council on Postgraduate Medical Education of the American College of Chest Physicians and the Laennec Society of Philadelphia in cooperation with the Pennsylvania Chapter of the American College of Chest Physicians will be conducted in Philadelphia from March 7 to 11th, 1955. The Bellevue-Stratford Hotel is the headquarters for the course.



Banquet



broad spectrum antibiotic of choice



promptly reaches high levels in the urine

crosses the intact meningeal
barrier more readily than the other
broad spectrum antibiotics

produces higher blood levels than the
other broad spectrum antibiotics

less gastrointestinal side effects than
the other broad spectrum antibiotics

Minimum adult dose: 250 mg. q.i.d.
250 mg. capsules, bottles of 16 and 100.
50 and 100 mg. capsules, bottles of 25 and 100.



STECLIN IS A SQUIBB TRADEMARK

VENEREAL DISEASE CLINIC, REPORT FOR 1954

TOTAL NUMBER OF PERSONS SEEN DURING THE YEAR	1043
New people not previously seen	720
Of these:	
Admitted for Syphilis	83
Admitted for Gonorrhoea	372
Admitted for Chancroid	8
Persons not infected and not admitted	242
Still under investigation	2
Referred to private physician	13
	720
SYPHILIS	
Number of cases treated this year	325
Carried over from 1953	201
Delinquent patients or patients previously dismissed who came back for check-up or treatment	41
Admitted this year	83
	325
Primary and secondary	4
Early latent	24
Late latent	40
Central nervous system	6
Congenital	5
Cardiovascular	4
	83
Males admitted	48
Females admitted	35
	83
Of the 325 cases treated this year:	
Patients on active list	122
Transferred to private physician	13
Died (including one suicide)	5
Under observation	122
Delinquent	63
	325
Number of blood tests taken	1409
Positive	668
Negative	741
	1409
Number of spinal puncture	51
Positive	10
Negative	41
	51
NUMBER OF CLINIC VISITS FOR SYPHILIS	1608
GONORRHEA	
Number of cases treated this year	453
Carried over from 1953	81
Admitted this year	372
	453
Males	246
Females	126
Of these 372 patients, 40 are still under observation.	
Number of cultures taken (on females only)	251
Positive	100
Negative	151
NUMBER OF CLINIC VISITS	1111

LYMPHOPATHIA VENEREUM

One case, a 19 year old girl, a transient from Chicago, had a primary lesion on the posterior fourchette and positive serology for Lymphopathia venereum.

NUMBER OF CLINIC VISITS MADE BY PERSONS NOT INFECTED AND NOT ADMITTED OR REFERRED TO OTHER AGENCIES 572
 GRAND TOTAL OF CLINIC VISITS 3313

Due to reduced federal appropriations for venereal disease control, the State Department of Health discontinued the services of Mr. Robert Fedyski at the end of the fiscal year, June 30, 1954. He had been assigned to this district as a special investigator in case finding and had been with us for over a year.

From July 1st, this work was done by the Visiting Nurses. At first, Mrs. Ruth Mehl, R.N., who had been with us in the past, was again attached to the Clinic as a part time investigator and interviewed patients for contacts at each clinic session. Later Mrs. Friedl Polk, R.N., replaced Mrs. Mehl and has been with us since.

Our visiting nurse not only interviews patients for contacts but also processes the "Venereal Disease Epidemiologic Reports" including our own and all those sent to Mr. Mellon by the State Department of Health which deal with cases of private physicians.

Case finding and case holding require many house visits. In this particular work our Visiting Nurse has the assistance of all the other Visiting Nurses so that the City is well covered.

From January 1st to June 30th, the reports of the State Investigator were sent to Columbus and are not available to us at the present time.

- a. From July 1st to December 31st our Visiting Nurse interviewed 168 patients at the Clinic,
- b. She processed 321 epidemiologic reports.
- c. In addition, the Visiting Nurses as a whole, made 387 home visits which means on the average 35 visits per nurse per year (22 nurses in the field at all times.)

All this activity was responsible for bringing to the Clinic:

104 venereal disease suspects:

57 gonorrhea suspects (mostly females) of which 54 were infected and 3 not infected.

47 syphilis suspects of which 36 were infected and 7 not infected.

4 were already under treatment and had been reported by other health departments.

Respectfully submitted,

HENRI SCHMID, M.D.

EMPLOYMENT OF DIABETICS

1. A diabetic seeking employment should be required to present a note from his physician or clinic to the plant physician or the personnel manager, stating that he is a controlled diabetic and is examined at regular intervals.

2. Diabetics are capable of performing any kind of work for which they are physically, mentally and educationally equipped. Those diabetics who are taking large doses of insulin should not, however, be assigned work in which hypoglycemic attacks might result in injury to themselves and others.

3. An effort should be made to see that diabetics work the same hours on a steady shift; or, if they must work on a rotating schedule that they avoid the 'graveyard' shift from midnight to 8 a. m. This is the only concession in terms of hours that a well-controlled diabetic should ask.

4. Wherever diabetics are employed, it is often wise to inform certain key people in labor and management organizations, as well as the plant physician and personnel managers, as to the nature of diabetes and the possibility of coma or insulin reactions. (This is not always a necessary procedure, since in some instances it may create prejudice against the diabetics. The decision as to the advisability of indoctrinating key plant personnel on the problem should usually be left to the plant physician, or in the absence of such a physician, the personnel manager).

5. Diabetics should carry cards or tags identifying their condition at all times, so that in case of coma they can be rushed to a doctor or the hospital.

HAVE YOU MET

WAYNE L. AGEY, M.D., whom we welcome as a Junior Active Member of the Mahoning County Medical Society? A native Youngstown, born on November 28th, 1920, Dr. Agey obtained his premedical education at Wittenberg and Hiram Colleges. After receiving his AB from Hiram College in 1944, he attended Ohio State University College of Medicine graduating with his MD in 1948. A rotating internship was taken at Ohio State University Hospital from 1949 to 1950 and the next year was spent there as a resident in medicine. Dr. Agey's training was continued at the Henry Ford Hospital in Detroit, Michigan, from 1951 to 1953 where the first year was devoted to medicine and the second to gastroenterology.

He remained on the staff of the Henry Ford Hospital as an Associate Physician for one year and then returned to Youngstown to open his offices at 6960 Market Street during October of 1954. Dr. Agey has limited his practice to internal medicine with gastroenterology as a subspecialty. During World War II, Dr. Agey was an Aviation Cadet in the U. S. Navy Reserve. Mrs. Agey, the former Grett Rothermund, with children Lee Ann and Sue Ellen, complete the Agey family residing at 5260 Pinetree Lane.



MYRON C. HANYSH, M.D., was born in Youngstown, Ohio February 1, 1916. He is the son of Mr. and Mrs. Michael Hanysh of this city. Later the family moved to North Jackson where he attended High School. He received his Bachelor of Science degree in Pharmacy from Ohio State University in 1939 and graduated from Hahnemann in Philadelphia in 1943. Following his internship at Youngstown Hospital Association he served in the U. S. Army Medical Corps. From 1945 to 1952 he practiced general medicine in Lisbon and the surrounding rural area. During this time he attended lectures in Cleveland on various phases of medicine and for six years acted as assistant to a surgeon on the Salem

Hospital Staff. In 1952 Dr. Hanysh opened his office at 2514 Mahoning Ave. for the practice of general medicine. He resides with his wife, the former Gloria Cassidy of Lisbon, and their children Virginia, John and Carl on Norquest Blvd. in Austintown.

New Discoveries

Whenever a new discovery is reported to the scientific world, they say first: 'It is probably not true.' Thereafter, when the truth of the new proposition has been demonstrated without question, they say: 'Yes, it may be true, but it is not important.' Finally, when sufficient time has elapsed to fully evidence its importance, they say: 'Yes, surely it is important, but it is no longer new!'

—Montaigne

THE YOUNGSTOWN AREA HEART ASSOCIATION, INC.
 MAHONING COUNTY MEDICAL SOCIETY
 MAHONING ACADEMY OF GENERAL PRACTICE

COMBINED MEETING

Sponsored by
 THE YOUNGSTOWN AREA HEART ASSOCIATION

February 15, 1955 — Youngstown, Ohio



SPEAKERS

HELEN B. TAUSSIG, M.D.

Physician-in-Charge, Cardiac Clinic, Harriet Lane Home,
 Johns Hopkins Hospital

Author of the most popular textbook on Congenital Heart Disease
 Co-Originator of the Blalock-Taussig Operation

Subject: "SIGNIFICANCE OF MURMURS WITHOUT
 OTHER EVIDENCE OF HEART DISEASE"

HARRY UNGERLEIDER, M.D.

Director of Research
 Equitable Life Assurance Society of United States

Subject: "THE LIFE HISTORY OF HYPERTENSION"

6:00 P.M.

Subscription Dinner (\$4.00) Youngstown Club

8:00 P.M.

ELKS CLUB — 220½ West Boardman Street

Those wishing to have dinner with the speakers at 6:00 P.M. sharp, at the Youngstown Club, may make reservations by calling the Heart Association, Riverside 4-0021, before noon, February 15.

PERSONALITIES OF THE MONTH

February brings as our personalities of the month two figures of great stature in the field of cardiology. A combined meeting of the Academy of General Practice, Mahoning County Medical Society, and Mahoning County Chapter of the Youngstown Area Heart Association will be held at the Elks' Club at 8:00 P. M. on Tuesday, February 15, 1955 and our illustrious speakers will be Helen B. Taussig, M.D. and Harry E. Ungerleider, M.D.

Dr. Taussig needs no introduction to any segment of the medical profession. Her work in congenital heart disease has made her name synonymous with these malformations. Indeed, the most famous operative procedure for congenital heart disease bears her name as the co-originator: the Blalock-Taussig operation for Tetralogy of Fallot and related malformations.

Dr. Taussig received her undergraduate training at the University of California, graduating in 1921. She received her medical degree at Johns Hopkins University School of Medicine in 1927. She became physician-in-charge, Cardiac Clinic, Harriet Lane Home, Johns Hopkins University, in 1930, a position retained to the present date. Her interest in heart disease preceded this appointment; however, this gave Dr. Taussig the opportunity to study and accumulate the material which we all use today in the diagnosis of these lesions.

Dr. Edwards A. Park writes in the forward of Dr. Taussig's now famous book, "She has done for the clinician what Dr. Maude Abbott did for the pathologists, namely, made the malformations of the heart understandable and accessible, but her work has a practical usefulness which Dr. Abbott's, owing to its nature, could not possess."

Dr. Taussig's honors are too numerous to mention here, but in evidence of her world-wide acclaim, she has received the following foreign awards: Chevalier Legion d'Honneur 1947, Passano Award 1948, Feltrinelli Prize (Rome, Italy) 1954.

Our second speaker is Dr. Ungerleider, whose interests have centered more on acquired heart disease.

Following graduation from the Graduate Medico-Chirurgical College in Philadelphia in 1916, Dr. Ungerleider was, for a period, an instructor at Temple University School of Medicine. He then entered the field of insurance medicine.

At the present time he is Director of Medical Research, Equitable Life Assurance Society in New York City. His contributions to the medical literature are numerous and fundamental. In addition, he has written sections on Roentgenology of the heart for several textbooks, and at present is serving as associate editor of the journal "Geriatrics."

Dr. Ungerleider is a member of the American Heart Association, having served as its secretary in 1947-48. He has been a member of the Board of Directors of this organization since 1942.

HOSPITALS AND MAHONING COUNTY LABOR UNIONS BLOOD BANK PROGRAM

The CIO Council and medical representatives have announced a program to supply blood for transfusions to members on a one for one basis. The program to go into effect March 1, 1955.

This program is sponsored by the Mahoning County CIO Council, the Youngstown Hospital Association, St. Elizabeth Hospital, and is approved by the Mahoning County Medical Society, and months of negotiations took place before the program was completed.

Representing the Youngstown Hospital Association was Mrs. Pauline Tweedale; the St. Elizabeth Hospital, Sisters Vincentia and Consolata; the Mahoning County Medical Society by Drs. J. LoCriccio, R. A. Brown and A. E. Rappoport; and the CIO by members of the Community Service Committee, John Panko, Fred Knight, Ray Russo, and Labor Liaison Representative, Mr. Irvin H. Ryan. Mr. Ryan is also a member of the Community Services Committee of the CIO.

The establishment of such a blood program would make available to members of the CIO and their families, in time of need, blood for transfusion on the basis of one pint for every pint donated, and at a time when they were not faced with a serious emergency. Those individuals eligible to receive blood are members of local unions affiliated with the Mahoning County CIO Council, and all members of the immediate families living with the union members, including husband or wife, children, mother or father, sister or brother, or any other dependent. Eligibility will also extend to retired or pensioned members or their families, members laid off from work but in good standing, and families and widows and children of deceased members.

This blood will be furnished to in and out patients at the participating hospitals as well as to those patients eligible under the program who may be hospitalized at the Mahoning County TB Sanatorium, Woodside Receiving Hospital, or AMA approved hospitals in Warren, Sharon and New Castle.

Each local union associated with the Mahoning County CIO Council will be given a monthly quota of blood donations based upon the number of members, a quota which will insure that each of the local hospitals will have a sufficient amount of blood on hand at all times. The member hospitals will collect, process and store the blood until needed, and will dispense upon prescription, the blood through their existing blood bank organizations.

Member Unions of the United Labor Congress, AF of L have also participated in the planning of this program, and it is anticipated that such labor unions will shortly enter into the program.

The responsibility of the program resides in a permanent working committee composed of representatives of the CIO, Hospitals and the Mahoning County Medical Society. Monthly meetings are held by these representatives to supervise the operation of the hospitals and Mahoning County Labor Union Blood Program, and to revise quotas and estimates for future donations as the need arises.

The three Youngstown Hospital Blood Banks are making their facilities available and will accept blood donors between the hours of 9:00 a.m. and 4:00 p.m. every day, including Sunday. In addition, the blood banks will be open on Wednesday at North Side and Friday at South Side until 7:00 p.m. and on Friday at St. Elizabeth until 9:00 p.m.

FROM THE BULLETIN**TWENTY YEARS AGO — FEBRUARY, 1935**

There were many references to George Washington in this issue. Dr. Louis Deitchman wrote an article purported to come from the diary of a medical friend of Washington's who was at the bedside during the great man's last illness. According to him death was caused by "Cynanche Trachealis," an epidemic and highly fatal throat affection usually affecting children. The symptoms were hoarseness, dysphagia, high fever and prostration. The patient was treated by copious bleeding, throat gargles of sage tea and vinegar, cantharides blisters on the throat, calomel and tartar emetic. The first symptoms were noted on Friday morning and death occurred at 10:00 P.M. Saturday evening. The illness was short and fulminating. The treatment was according to the accepted methods of the time. Such infections were then believed (according to the famous Dr. Charles Caldwell) to be due to the coincidence of a peculiar constitution of the atmosphere possibly depending on noxious exhalations from the bowels of the earth. Washington's personal physician was Dr. James Craik who was educated in Scotland and served with Washington from Braddock's Campaign in the French and Indian War to the end of the Revolutionary War. He was criticized for neglecting to perform a tracheotomy but claimed that such a procedure would have been highly speculative and dangerous.

One hundred eighty members attended the banquet last month. Drs. T. K. Golden and E. Di Iorio were new members. A doctors-lawyers banquet was announced for March 7th. The Medical-Dental Bureau was promoting a dinner meeting for doctors and their secretaries. Some of the doctors wives were very unhappy.

The Society mourned the loss of Dr. Harold Baird on January 30th. You could buy a Knox hat at Scott's for four dollars.

TEN YEARS AGO — FEBRUARY, 1945

Dr. George Curtis of the Ohio State University addressed the Society on "The Surgical Treatment of Bronchiectasis." Drs. J. B. Birch and A. J. Brandt spoke to St. Elizabeth's Staff on "Erythroblastosis." Dr. Paul Mahar presented a case of rheumatic periarteritis. Dr. H. E. Patrick spoke to the Youngstown Hospital Staff on penicillin in treatment of syphilis in the newborn. Some promise that the method would be helpful was given.

Dr. Horace Giffen was appointed pathologist at Youngstown Hospital. Dr. J. F. Stotler became a new member. The Society was conducting a radio program over WKBN every Saturday morning at 11:30. The Auxiliary was busy and there was no talk of dinners with Secretaries.

Capt. T. J. Tims was in Paris celebrating his third Christmas away from home. Hathhorn celebrated his Christmas by working right through the day and having a drink of grape fruit juice punch that evening in the nurses lounge — he said. Henry Sisek and John Goldcamp were at Leyte in the Philippines sweating it out in the mud and mosquitoes while John Rogers was freezing in Italy. Bill Evans and John Renner were home for a visit after two years at sea. Stan Myers was convalescing at the Chelsea Naval Hospital after an operation. Nate Belinky was alive and well in a Japanese prison camp working in a hospital, according to an enemy propaganda broadcast. It was a winter long to be remembered.

James L. Fisher, M.D.

THE SIGNAL

The signal node—the sentinel node—Virchow's node—these terms all refer to a palpable supraclavicular lymph node said to be an indicator of gastric cancer. Actually, Virchow (in 1848) and Troisier (in 1898) called attention to the frequency of enlarged supraclavicular nodes in abdominal cancer and did not limit their observations to malignancies of the stomach.

Reviewing 4,365 cases of cancer from the Memorial Hospital, Viacava and Pack in 1944 reported that cancer of the lung was the most common lesion associated with an enlarged "signal" node. In addition, a higher percentage of cases with cancer of the lung had supraclavicular metastases than did patients with other tumors.

Virchow's node is not common. It was present in only 2.8 percent of over 4,000 patients with abdominal and thoracic cancer.

McKusick has recently reported on three cases of carcinoma of the gall bladder with Virchow's nodes. From these and other reports, it would seem clear that the stomach is not the most common source of the metastasis.

There is a tremendous variation in frequency of abdominal and thoracic tumors. Given a patient with Virchow's node, the most likely primary sites, in order of frequency, are as follows: lung, stomach, esophagus, ovary, testes, cervix, uteri, and others. The first three are far more frequent than the others.

Troisier made the pertinent observation that the greater frequency of left-sided supraclavicular metastasis is due to the anatomic position of the juncture of the thoracic duct with the jugular and supraclavicular veins in that region. Involvement of the right side, or of both sides, strongly suggests thoracic neoplasm.

Here, then, is a signal—a signal that danger is full-blown—and, regretfully, a signal too often too late.

MEDICAL METHODS IN POLICE WORK

A recent case in which a physician assumed the role of an investigator has just been decided by the United States Supreme Court (*Leyra v. Denno*, 347 U. S. 556, June 1, 1954). A man in police custody in New York City, suspected of killing his parents, after five days of intensive police interrogation, complained of a painful sinusitis and asked the police for medical assistance, whereupon a physician employed by the state (actually a psychiatrist experienced in hypnosis) was brought in. There followed an interview of over an hour (the transaction being recorded on tape) of hypnotic suggestion, urgings, promises of leniency and threats. Finally the prisoner succumbed to the procedure and confessed the murder. As the Court phrased it: "An already physically and emotionally exhausted suspect's ability to resist interrogation was broken to almost trance-like submission by use of the arts of a highly skilled psychiatrist." The Court found that "the use of confessions extracted in such a manner from a lone defendant unprotected by counsel is not consistent with due process of law," and reversed the conviction.

The use of medical skills to coerce a defendant into a confession, as the Court found happened in this case, is beyond the accepted function of the physician and happily is extremely rare. The duty of the medical man is primarily to treat the ill; his knowledge may also be useful in the process of administering the law, but only within the limitations imposed by the principles of fair play, which after all is what is meant basically by "due process of law."

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WOMAN'S AUXILIARY NEWS

The January meeting of the Woman's Auxiliary to the Mahoning County Medical Society was a dinner at Raver's on January 18, 1955. Mr. Kenneth McKinney of the G. M. McKelvey Co. gave an interesting talk on interior decorating and showed slides. The dinner tables were decorated with spring flowers. The hostesses included Mrs. Wayne Hardin, Mrs. Robert Brown, Mrs. Robert Foster, Mrs. Kenneth Hovanic, and Mrs. John LaManna. Mrs. John Scarnecchia was the program chairman for the evening assisted by Mrs. Richard Goldcamp.

The February meeting will be a luncheon at the Elks Club, Tuesday, February 15, at 12:30 P.M. The program will be "The Plays the Thing" presented by members of the Youngstown Playhouse and will be a prologue to Mental Health.

For philanthropic work in the organization the members are distributing and collecting "hearts" for the Heart Fund Drive starting February 1, 1955.

Blodwyn Rogers

MEETING OF THE ACADEMY OF GENERAL PRACTICE

The Mahoning County Chapter of the American Academy of General Practice conducted the January meeting on the 11th at the South Side Unit of the Youngstown Hospital. After the routine business of the academy, there was a very interesting and vital two hour lecture on Psychosomatic Medicine presented by Dr. Guy Williams of the Department of Neuropsychiatry of the Cleveland Clinic Foundation.

EIGHT-DAY BERMUDA-NASSAU CRUISE

An outstanding eight-day cruise to Bermuda and Nassau has been arranged for physicians and their wives following the A.M.A. meeting at Atlantic City in June.

The party will sail from New York at 7 p.m. Friday, June 10, aboard the palatial Furness Line steamer Ocean Monarch. The ship docks early Sunday at historic St. George's Bermuda, for church services and a tour of the city. A sightseeing trip, a visit to Castle Harbour Hotel for tea and a calypso concert are set for the afternoon. On Monday morning a tour of Hamilton, the island's capital, is scheduled prior to sailing at 1 p.m.

Tuesday is spent at sea with a variety of programs planned — or the day can be used to rest up for Nassau — the next port of call. The party goes ashore at Nassau, capital of the Bahama Islands, early Wednesday. Beaches and cabanas of the British Colonial Hotel are available and a dinner dance will be held there that evening.

The ship leaves Nassau at midnight and the last two days of the tour are spent at sea — with the traditional gala party set for the last night aboard. The ship docks in New York at 9 a.m. Saturday, June 18.

All space is being held for the A.M.A. and reservations should be made immediately. For further information contact W. M. Moloney, Chicago, Burlington and Quincy Railroad, 105 West Adams St., Chicago.

AN EPITOME OF

E P O N Y M S

Here is an opportunity for refreshing (and frustrating) relaxation.

Can you define the following, sometimes and unfortunately known by the name of an early describer?

(We, too, deplore the use of eponyms to describe medical entities; but we fear that, for the present, they are very much with us.)

A score of 60 percent makes you erudite.

what is . . .

MALPIGHIAN BODIES?

MANTOUX TEST?

MARFAN'S SYNDROME?

MAZZINI TEST?

MECKEL'S DIVERTICULUM?

MEIGS'S SYNDROME?

MENIERE'S SYNDROME?

MILES'S OPERATION?

MONCKEBERG'S SCLEROSIS?

FORAMEN OF MONRO?

(Answers on next page)

ANSWERS TO EPONYMS

MALPIGHIAN BODIES (OR CORPUSCLES): The terms have been applied to two different structures—the glomeruli of the kidneys and the lymph nodules of the spleen. These and many other minute structures were described in the seventeenth century by the pioneer Italian anatomist and histologist Marcello Malpighi.

MANTOUX TEST: The name of the contemporary French physician Charles Mantoux is applied to the intracutaneous tuberculin test.

MARFAN'S SYNDROME: Arachnodactyly, a condition in which long, narrow longbones (including fingers and toes) are associated with relaxation of the ligaments, generalized underdevelopment of the musculature, and frequently other developmental anomalies such as dislocation of the ocular lens, malformations of the heart, prominent ears, and a highly arched palate, was noted as a syndrome by Antonin Bernard Jean Marfan, of France.

MAZZINI TEST: A flocculation test for syphilis described by Louis Y. Mazzini, a contemporary American serologist. Addition of powdered egg yolk to heart-muscle antigen renders the latter more reactive to positive serums.

MECKEL'S DIVERTICULUM: Johann Friedrich Meckel (1781-1833) described the persistent end of the yolk stalk remaining as a diverticulum in the ileum.

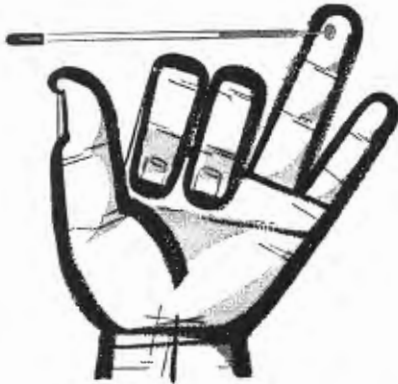
MEIGS'S SYNDROME: Fibroma of the ovary with ascites and hydrothorax, named after the Boston gynecologist Joe Vincent Meigs.

MENIERE'S SYNDROME: Attacks of vertigo often associated with deafness, tinnitus, nausea, and vomiting, described by Prosper Meniere, a nineteenth-century French otologist.

MILES'S OPERATION: The one-stage abdominoperineal resection for carcinoma of the rectum, introduced by William E. Miles (1869-1947), of England.

MONCKEBERG'S SCLEROSIS: This form of medial calcification of the arteries is named after Johann Georg Monckeberg, a German pathologist, who died in 1925.

FORAMEN OF MONRO: About one hundred and fifty years ago, the Scottish anatomist Alexander Monro II described the foramen between the lateral and third ventricles of the brain.



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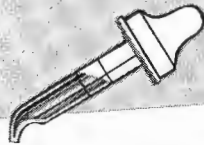
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