



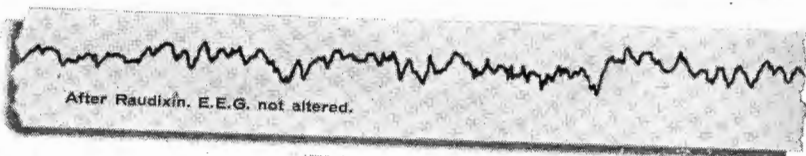
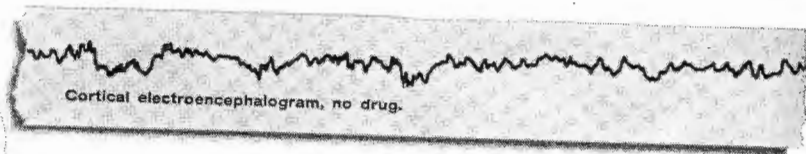
Postgraduate Assembly
OCTOBER 24, 1956

BULLETIN

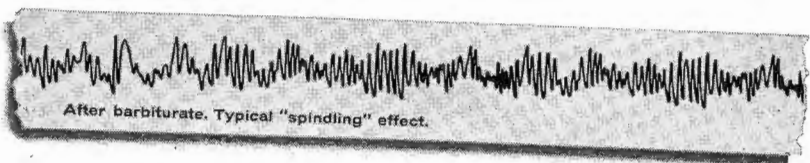
of the
**MAHONING
COUNTY
MEDICAL
SOCIETY**

September • 1956
Vol. XXVI • No. 9
Youngstown • Ohio

comparison of the effect of RAUDIXIN (tranquilizer) and a barbiturate (sedative)



Raudixin acts in the area of the midbrain and diencephalon and does not depress the cerebral cortex, as can be seen in this electroencephalogram. Consequently, the tranquilizing effect of Raudixin is generally free of loss of alertness.



Because barbiturates and other sedatives depress the cerebral cortex, as indicated by this "spindling," the sedation is often accompanied by a reduction in mental alertness.

RAUDIXIN

Squibb Whole Root Rauwolfia Serpentina

SQUIBB



Dosage: Usual initial dosage is 200 mg. daily. Maintenance dosage may be adjusted within a range of 50 mg. to 500 mg. daily, depending on the response observed and the possible appearance of side effects. Most patients can be adequately maintained on 100 mg. to 200 mg. per day. Because of its sustained action, Raudixin may be given in single daily doses if desired. **Note:** Tranquilizing action is usually evident in 3 to 10 days; for a more rapid onset of effect, the patient may be given a priming dose of 200 to 300 mg. twice daily for the first 3 days.

Supply: 50 mg. and 100 mg. tablets, bottles of 100, 1000 and 5000.

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Our President Speaks

As your president I frequently receive letters from patients complaining about medical or surgical fees charged by a physician. In most instances the fee charged is justifiable but the physician involved has not taken time to either explain or itemize the charge. A few words of prevention may save many pounds of cure.

Another frequent cause of complaint is some physicians loose talk about a colleague's handling of a particular case or situation. Conditions may have been different when seen by the first physician or the patient may have misinterpreted the facts to the second physician. "Let he who is without sin cast the first stone."

Earlier in the year I suggested that each physician should have all office hours by appointment. Some of you have tried it and found it to be the best method. Others are still unwilling to try and say "It will not work." It will work and it will make happier patients and the busy physician can budget his time to the best advantage.

Let's start the appointment system now. Do not make any for Wednesday, October 24 but reserve it for yourself. It is the day the Mahoning County Medical Society is host to the Sixth Councillor District Post-Graduate Day Assembly. The daytime sessions are to be held at Stambaugh Auditorium and the banquet and address at Hotel Pick-Ohio. The program and Post-graduate committees have been and are working hard to make this the best meeting yet. I expect to see all of you there.

It will soon be time for the annual Community Fund drive. In the past few years there has been some increased participation by physicians but our record is far from satisfactory. Many physicians are excellent contributors but others do not carry their share of the load. We all benefit from the Community Fund. Let us all contribute.



—G. E. DeCicco, M.D.

BULLETIN of the Mahoning County Medical Society

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Volume 26

September, 1956

Number 9

Bulletin Staff for 1956

AGEY, WAYNE L. New Members and Receiving Hospital	ALLEN, HERMAN L. Society Program and Youngstown Hospital News	BLOOMBERG, L. What's New — T.B. San. Special Assignments
FISHER, JAS. L. 10 and 20 Years Ago	GUSTAFSON, C. A. 6th District News	RESCH, FREDK. A. G.P. News and Activities
RUTH, PAUL E. St. Elizabeth Hospital News	SCHLECHT, FRED AMA News Editor	WALTER, CLYDE K. Special Assignments
STEINBERG, M. H. 50 Year Members and Special Assignments	TORNELLO, R. L. Editor Emeritus	MRS. SAM SCHWEBEL Women's Aux. News

GUEST EDITORIAL

Dr. Chas. W. Sterzbach
Youngstown, Ohio
Dear Chuck:

You have asked me to write something about the Community Chest for your next issue of the bulletin and I am glad to respond. I believe that the Community Chest symbolizes the American Way of Life, and that the more we accept the philosophy of the brotherhood of man in voluntarily supporting Religion, Educational and Health and Welfare Agencies, the stronger will be the Government by the people—and not a Government by the few.

It appears to me that many times we have looked at this whole field of giving in the wrong way. You, as a Doctor choose to practice where there are good hospital facilities available, a good environment for your family, and hope to send your youngsters to a good college for further training. These things were all brought about by voluntary giving. A generation ago we called it philanthropy and only wealthy people could be philanthropists. Times have changed, and if these voluntary agencies are to be supported now, everyone must participate. What I am saying is that we all benefit by assuming our responsibility to support the agencies that make this possible, both financially and by volunteering our services. We have selfish motives as well as charitable for doing this whether we are professional or businessmen.

If I may put it another way, I am simply saying: If we, as free American citizens, should become so indifferent to our liberty and our personal freedom as to let these voluntary community agencies suffer for lack of support, we would be opening the doors for more government control. We would still have to pay the bill—and have less to say about what is to be done, and we would have sacrificed our freedom.

(Continued on Page 372)

COUNCILOR'S PAGE

Vacations are over and the rush of the winter season is just around the corner. We hope you all had a good summer. Some traveled through Europe, flew the ocean (a feat once thought impossible); others spent idle hours fishing a favorite stream and some who didn't care for fishing reclined lazily in an easy chair in full view of some majestic mountain peak. Whatever you did, we hope you had a relaxing time, that did you a lot of good.

This winter, when the winds howl or when the slush is ankle deep and that phone rings at 2:00 A.M., you will be able to carry on with a stout heart and an even temper and be glad you studied medicine. (There is just one time when I am dubious about the wisdom of studying medicine, and that is when a call must be made after midnight.)

I often wonder if anyone ever reads these pages. Sometimes I deliberately misspell a simple word just to see if anyone will call it to my attention. Then I know they have read it. We are all prone to find the mistakes/ that's human nature. Sometimes I just misspell because I don't know any better.

Your Legislative Committee has been assigned the task of interviewing candidates for the fall election. This information is on file locally and at State Headquarters, for later use. The Committees of the Sixth Councilor District will meet at Alliance Country Club early in September, to review all of this information, and then pass this information on to you. You vote your own choice; we are not telling you how to vote, but you will be able to know the viewpoints of the candidates on health problems.

We have many times discussed the problem of getting the physicians, as individuals, to take a greater part in politics. We must awaken to our responsibilities as citizens and put our capacities for leadership to work in our various precincts.

I think we should try to avoid publicity for ourselves and let the regular party organization make the headlines. We must avoid frictions and jealousies. We must put forth every effort for the achievement of Better Government, which results from a larger turnout of voters and the election of better people to office. When we are thoroughly awakened to the importance of personal political work, then we can be truly effective.

I quote from Raymond Moley: "The great problem in the United States has been to encourage and inspire people with management capacity to en-



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DEADLINE SEPTEMBER 26TH

gage in what is essentially a problem of management and persuasion—that is, the election of good people to public office." So please be deeply concerned in what your Legislative Committee has to tell you.

On other pages of this Bulletin, you will find the program for the Post-Graduate Day of the Sixth Councilor District. Plan not to attend. Wednesday, October 24, is the day set aside for this meeting. We don't need to tell you how educational these meetings are. They have been good for so many years that their worth can now be taken for granted. An excellent, as usual, program is in store for you. Dr. Craig Wales has been chairman of Post-Graduate Day twice before and knows how to "run the show;" he also has able "lieutenants."

Read carefully, the August issue of the State Journal. It is crammed full of things you should know about your national, state and local medical societies.

You state council meets at Granville, Inn, Granville, on September 14, 15, 16. This is a very busy and important Council meeting. If you know of any problems that you want us to consider, please let me know at once.

I think you will be interested to know that all members of Council, except three, were in attendance at the AMA meeting in Chicago in June.

—C. A. Gustafson, M.D.

MEDICINE CAN TAKE A LESSON FROM WAR STRATEGISTS

The only sure way to get men and materials across oceans in wartime is by grouping ships together in a convoy with proper protective cover. Success crowns the efforts of such ships when they sail together in convoy.

The lesson might be applied to state and county medical societies in relation to the A.M.A., and also to the joint activities of all three groups.

All component units of organized medicine should go together in a convoy. Success for their efforts through the central plan and harmonious action will then be assured.

When traveling in a convoy, the group can go only as fast as the slowest ship. Therefore, all members of the convoy must be strengthened, kept in trim and prepared to share its full responsibility.

With this basic thought in mind, the A.M.A. has just completed a new 30-minute, color and sound movie entitled "The Case of the Doubting Doctor." It tells in dramatic fashion the story of what organized medicine means to the 160,000 practicing physicians who are members of the A.M.A. But the filmed story is NOT about the A.M.A. alone; it embraces, as well, the work of the state and county medical societies.

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Our latest circular describes the bonds of a major bridge construction project which yield approximately 4.75% Tax-Free, based on present price. We believe these bonds are an outstanding buy at current levels.

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FROM THE BULLETIN

Twenty Years Ago—September 1936

Dr. Raymond McKay, a former Youngstown Rayen student, then Medical Director of the Division of Tuberculosis at Cleveland City Hospital addressed the Society on "Collapse Treatment of Pulmonary Tuberculosis." A post-graduate course in Endocrinology consisting of ten lectures by Roy and Perry McCullogh of the Cleveland Clinic started that month. It cost the members \$3.00 for the course.

W. H. Evans was leaving for a tour of South America. John McCann was at Harvard School of Medicine taking a course in Cardiology. J. J. Wasilko and Elinore Flynn were married. Dr. and Mrs. P. J. Mahar had returned from their honeymoon on the Great Lakes. President Coe said, "It has not been such a bad year for most of us so far."

The Citizens Intelligence League was trying to interest the doctors in an insurance plan for the payment of hospital expenses. The Economics Committee announced a new agreement with the County Commissioners raising fees for the care of the indigent to the fee schedule of the Medical Society.

Ten Years Ago—September 1946

Golf Day that year was a great success. According to the Bulletin, "the scores were high, the price was high and so were some of the doctors." Some narrow minded persons raised their eyebrows when Jim Brown pulled his own name out of the hat for a door prize. Other winners were J. K. Herald, Sam Goldcamp, Dick Gross, Paul Harvey and S. R. Cafaro. The fact that Jim's prize was the best was purely coincidental.

The membership was called to a business meeting on Sept. 17th to vote on raising the dues from \$20.00 to \$35.00 a year. The Youngstown Receiving Hospital Staff held a meeting on the last Tuesday of the month. Dr. Oscar Turner spoke on the diagnosis and treatment of Epilepsy.

New members that year were: E. E. Elder, R. V. Clifford, P. B. Giber, U. A. Melaragno, James D. Miller, S. W. Ondash, A. K. Phillips, C. E. Pichette, Jr., J. J. Sofranec, Jr., and O. A. Turner.

—J.L.F

GOLF MEET

Approximately 100 members of the Mahoning County Medical Society, Medical Dental Bureau, and Corydon-Palmer Dental Society attended the annual Golf Meet held at the Youngstown Country Club on August 23rd. Low Gross winners among the dentists were Drs. Bellino and Kinsey. The medics Low Gross winners were Drs. Wenaas and John Goldcamp. Blind Bogey winners were Drs. Bowser, Katz, R. L. Zellers, Gordon, Harvey, Welsh, Balmanti, Ross, Zimmerman, Gregg, Morrison, Meikle, and Goodwin. Winners of a four club matched set of woods and an iron were Drs. Pichette and R. L. Zellers respectively.

Mr. Floyd Swonger of Lyons Physician Supply presented a cocktail shaker to Dr. Squicquero as a blind bogey special prize.

A man's two-suiter was won by Dr. Gaylord, and a portable radio was won by Dr. Foster as door prizes. The gifts were donated by the Medical Dental Bureau.

Our appreciation to Dr. John Goldcamp and Dr. Walter Tims for their excellent and efficient handling of the affair.

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DEADLINE SEPTEMBER 26TH

LEGISLATIVE COMMENTS

"To us, the members of the medical profession, this (H.R. 7225) was one of the worst pieces of legislation that has been passed by an American Congress in many, many years. I do hope that something may be done to repeal, at least the provisions for total permanent disability payments to those who are fifty years of age. This was an impossible social and medical situation." So speaks Elmer Hess, M.D., immediate past president of the A.M.A. It is important that we build up the expectation that the worst features of H.R. 7225 can be repealed when the new Congress opens. Repeal can be achieved only if there is widespread understanding of the problem at the bar of national public opinion.

This bill was brought up late at night, and rushed through in the closing hour of the Senate session. Although its major provisions had been strongly opposed by the Administration, the bill was signed by the President.

The Senate vote on these provisions was 47 Yea and 45 Nay, (38 Republicans and 7 Democrats). Had one more Senator voted Nay, there would have been a tie that could have been broken by Vice-President Nixon's voting against the bill.

At this writing, the San Francisco Convention is in its second day and their platform is not available. In our next issue we will give you excerpts from their planks, having to do with social security and health matters.

The general welfare plank of the Democratic Party platform adopted this week opens with the following: "The Democratic party believes that America can and must adopt measures to assure every citizen an opportunity for a full, healthy and happy life. To this end, we pledge ourselves to the expansion and improvement of the great social welfare programs under Democratic administration."

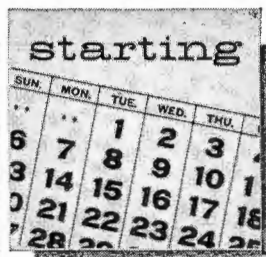
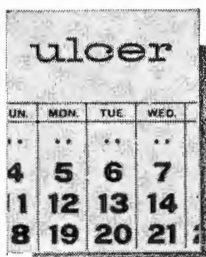
It then spells out a number of areas of particular interest to physicians. They include:

SOCIAL SECURITY—"By lowering the retirement age for women and disabled persons, the Democratic Eighty-Fourth Congress pioneered two great advances in Social Security, over the bitter opposition of the Eisenhower Administration. We shall continue our efforts to broaden and strengthen this program by increasing benefits to keep pace with improving standards of living; by raising the wage base upon which benefits depend, and by increasing benefits for each year of covered employment."

HEALTH AND MEDICAL CARE—"The strength of our nation depends on the health of our people. The shortage of trained medical and health personnel and facilities has impaired American health standards and has increased the cost of hospital care beyond the financial capacities of most American families. We pledge ourselves to initiate programs of Federal financial aid, without Federal controls, for medical education. We pledge continuing and increased support for hospital construction programs, as well as increased Federal aid to public health services, particularly in rural areas."

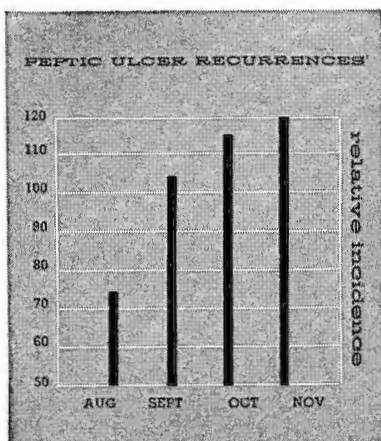
MEDICAL RESEARCH—"Mindful of the dramatic progress made by medical research in recent years, we shall continue to support vigorously all efforts, both public and private, to wage relentless war on diseases which afflict the bodies and minds of men. We commend the Democratic party for its leadership in obtaining greater Congressional authorizations in this field."

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(1) Ivy, A. C.; Grossman, M. I., and Bachrach, W. H.: Peptic Ulcer, Philadelphia, The Blakiston Company, 1950, p. 626. (2) Steigmann, F., and Dolehide, R. A.: Am. J. Digest. Dis. 22:37, 1955. (3) Riese, J. A.: Am. J. Gastroenterol. 23:223, 1955.

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DEADLINE SEPTEMBER 26TH

PHYSICALLY HANDICAPPED—"There are today several million physically handicapped citizens, many of whom could become self-supporting if given the opportunity and training for rehabilitation. We pledge support to a vastly expanded rehabilitation program for these physically handicapped including increased aid to the states, in contrast to the grossly inadequate action of the Republican Administration."

Recently, you received a request for a contribution to the Campaign for Social Security for Doctors. I hope you did not send them any money. Your own A.M.A. is the proper organization to put on that campaign, if you want it put on.

In our rather recent postal card poll we voted by about 80% that we are opposed to compulsory social security for physicians. Forty percent of our members, however, did not even return the postal card. If you feel that there has been a change of opinion among doctors, with regard to their social security, and that you want Congress to grant us social security, the proper channel is through the A.M.A. via your State Society.

According to Marion B. Folsom, Secretary of Health, Education and Welfare, voluntary coverage for physicians is out of the question because it is not actually sound. "Never in a million years would Congress pass a bill giving this special privilege to self employed physicians" one influential Congressman is said to have remarked privately. Nor is it likely that doctors will obtain a tax-deferment retirement program, as provided in the Jenkins-Keogh Bill, until they are covered by compulsory social security.

The A.M.A. is doing what you asked them to do—oppose compulsory social security for physicians.

C. A. Gustafson, M.D.

NEW GENERAL PRACTICE HEADQUARTERS

Dr. Dwight H. Murray, president of the A.M.A., was the principal speaker at the formal dedication of the new American Academy of General Practice national headquarters building in Kansas City, Missouri.

Built at a cost of \$600,000, the building is finished in brick, Indiana limestone, and Minnesota granite, and houses the Academy staff and the editorial and business offices of GP magazine. Two 50-ton units provide complete air conditioning with separate controls in each private office, of which there are enough to accommodate the 64 men on the staff. Ten additional staff members have offices in Washington, D.C., New York City, Chicago, and Los Angeles.

Some of the unique features of the T-shaped building include a lobby of Lido marble, which only one other building in America contains. The main conference room has African cherry wood panelling and electrically operated draperies. An oval fruitwood conference table was custom-built in New York. A portrait of the late Sir Alexander Fleming, discoverer of penicillin hangs on the main floor, and the original culture, from which all penicillin is derived, is on display in the conference room. The second floor lobby will overlook the new Milnes fountain and a planned walk leading to the steps of the Nelson Gallery of Art. There is a complete kitchen, a second conference room to accommodate 200 people, and automatic addressing equipment. The air-conditioning is controlled by electronic ray. Landscaping plans include a fountain, courtyard, and patio.

Mac F. Cahal, J.D., 5325 Mission Woods Terrace, is the Academy's executive secretary, general counsel, and managing publisher of GP.

—Amer. Acad. of General Practice

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WOMAN'S AUXILIARY NEWS

At the annual meeting of the Woman's Auxiliary to the American Medical Association in Chicago, Ohio had the distinction of having the largest number of delegates. We also were proud to receive top awards in the American Medical Education Foundation and Today's Health contests.

The program for the year will include most of the projects that have been sponsored in the past, with additional emphasis being placed on safety, the studies of community health facilities, and support of the American Medical Education Foundation.

Our slogan for 1956-1957, is "Health is our greatest heritage."

The Fall Conference for County Presidents, Presidents-Elect, County Chairmen, County Treasurers, and members-at-large will be held at the Deshler-Hilton Hotel, Wednesday, September 12, 1956, in Columbus, Ohio.

The guest speaker at the luncheon will be Dr. Richard L. Meiling, President of the Ohio State Medical Association.

—Mrs. Samuel Schwebel

NEWS NOTES

Dr. Irving Berke announces the opening of his office for the practice of obstetrics and gynecology at the Bel-Park Professional Bldg., Belmont Ave.

Dr. Robert E. Carr, 243 Lincoln Avenue, was elected to Fellowship in the American College of Chest Physicians at the recent meeting of the College in Chicago.

Dr. and Mrs. J. P. Harvey spent the month of July in Europe. They flew to England spending the first week in London sightseeing with their son, Dr. John C. Harvey, Assistant Professor of Medicine at John Hopkins Medical School, who is taking an exchange fellowship in medicine at Guys Hospital, London. Dr. and Mrs. Harvey, their son, and niece toured through Holland, Germany, Switzerland, Italy, and France the remaining part of the month.

Dr. and Mrs. Stanley Curtis just recently returned from a six weeks tour of Europe, visiting in England, France, Ireland, Italy and Switzerland. They enjoyed their ocean voyage aboard the Dutch liner "New Amsterdam." They also visited in Monaco, saw Prince Ranier's castle and the famous Monte Carlo Casino. They particularly enjoyed Ireland, Switzerland and Venice, Italy.

Dr. and Mrs. Fred Schellhase and daughter Elaine spent two weeks in Canada, angling unsuccessfully, only to come home to little Lake Cohasset and catch one within ten minutes!

THE MOUNT SINAI HOSPITAL

A course, "Recent Advances in Cardiovascular Diseases," is being held at The Mount Sinai Hospital, New York, October 8th thru 12th, 1956, under the auspices of The American College of Physicians. The co-directors will be Arthur M. Master and Charles K. Friedberg. The fees for members of The American College of Physicians will be \$30.00, non-members \$60.00. Registration should be filed with the Executive Secretary, American College of Physicians, 4200 Pine Street, Philadelphia 4, Pennsylvania.

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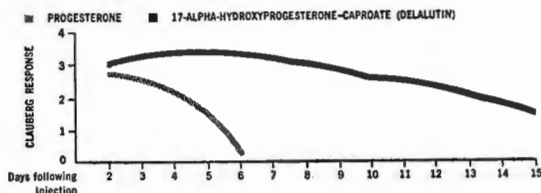
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Vials of 2 and 10 cc. Each cc. provides 125 mg. of 17-alpha-hydroxyprogesterone-caproate

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Serpatilin Tablets, 0.1 mg./10 mg., each containing 0.1 mg. Serpasil® (reserpine CIBA) and 10 mg. Ritalin® hydrochloride (methyl-phenidylacetate hydrochloride CIBA).

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DEADLINE SEPTEMBER 26TH

WOODSIDE RECEIVING HOSPITAL

Youngstown 8, Ohio

August 21, 1956

G. E. DeCicco, M.D.

President

Mahoning County Medical Society

Youngstown, Ohio

Dear Dr. DeCicco:

We are very grateful that you mentioned the Woodside Receiving Hospital in the August issue of the "Bulletin" with a few kind words stating that Youngstown can boast of the Receiving Hospital and that it is the first of its kind and has been copied throughout the country. We are very proud that we are still able to keep up the good name of the hospital, and we hope that in the future with our experience increasing that we can do even better.

The yearly report which is sent to the Medical Society each year will be forwarded to the "Bulletin" soon, and it will be evident from this report that the number of admissions has been decreased with about fifty patients during the year. This is mainly because of the new pharmaceutical approach of Thorazine, Reserpine, Miltown, Equinal, etc. A larger number of patients can be kept outside with the use of these drugs who would ordinarily be admitted as in patients. Also with the use of these drugs, the patients are much quieter and happier on the ward than they were formerly. They sort of live with their delusions and hallucinations in a happier mood. However, we do not notice that a greater number of patients go home as previously. The number of improved patients or those who go home on a trial visit is 81.4%, the same as the previous year. This same experience, that is the decrease of admissions is the same throughout the state of Ohio, as Dr. Porterfield recently announced.

Again our heartfelt thanks for your kind remarks about our hospital. We remain

Respectfully yours,

Eugene E. Elder, M.D.
Superintendent

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THE EFFECTS OF CARBONIC INHIBITOR IN ADDISON'S DISEASE

George J. Hamwi, M.D. and David B. Brown, M.D.

The carbonic anhydrase inhibitor, Diamox, was given to five patients with adrenal insufficiency in order to determine any possible interrelationship between the action of carbonic anhydrase and the adrenal cortical steroids on renal tubular function, since it has been shown that the distal tubule of the kidney is a site of action of both the adrenal hormones and carbonic anhydrase.

Each Addisonian patient was placed on a measured dietary and electrolyte intake. No patient had received any adrenal replacement therapy for at least four days prior to starting the study. Daily determinations were made for serum sodium, potassium, chlorides, and CO_2 , and twenty-four hour urinary volume, sodium, potassium, and chlorides.

After a control period of no less than two days, each patient was given eight milligrams per kilogram of body weight of Diamox in a single dose in the morning. Since the patients manifested symptoms of early adrenal crisis twelve to thirty-six hours after receiving the Diamox, adrenal replacement therapy was necessarily instituted and the Diamox discontinued. After stabilization had occurred in two of the patients in response to adrenal steroid therapy, Diamox was again given in the amount that previously had produced adrenal crisis.

In four of the patients, the administration of Diamox resulted in an increase in the urinary volume and total excretion of sodium, potassium, and chlorides. The fifth patient showed an increased urinary volume with no significant change in the electrolytes. There was an increase in the serum potassium in four patients, and three showed a decrease in the serum concentration of sodium and chlorides. In general, the serum electrolytes behaved in a fashion similar to that observed in patients in Addisonian crisis. In the absence of steroid therapy, the patients reacted to Diamox in a fashion similar to patients with intact adrenal glands. Associated with these electrolyte changes, four of the patients manifested within twelve to thirty-six hours definite signs and symptoms or early adrenal crisis which responded rapidly to intravenous adrenal steroid replacement therapy. Two of the patients were given Diamox after they had been placed on maintenance steroid therapy. While showing the same urinary and electrolyte response, they did not manifest any untoward clinical signs or symptoms.

It has been known that in patients with adrenal insufficiency there is a decreased urinary excretion of hydrogen and potassium ions. Pitts had theorized that the adrenal steroids exert an "energizing" action in the renal tubule which results in an increased exchange of hydrogen and potassium ions for sodium ions across the cell membrane. The adrenal steroids have been shown to account for the reabsorption of approximately two per cent of the total tubular load of sodium by this mechanism. The adrenal steroids also effect renal excretion of electrolytes by other mechanisms.

The renal tubular exchange of ions is dependent in part upon the availability of hydrogen ions. One mechanism that has been demonstrated for providing hydrogen ions in the renal tubule is the rapid formation of carbonic acid from CO_2 and H_2O in the presence of carbonic anhydrase. The carbonic acid, in turn, is rapidly dissociated into hydrogen and HCO_3 . Thus, it would seem reasonable to assume that the carbonic anhydrase

DEADLINE SEPTEMBER 26TH

mechanism is independent of the ion transport system which has been postulated to be influenced by the adrenal steroids.

Our studies have borne out this contention. The Addisonians to whom Diamox was given responded to it in a manner similar to patients with intact adrenal glands. Since the carbonic anhydrase mechanism was thus inhibited in our patients with adrenal insufficiency, it points to the fact that the carbonic anhydrase mechanism operates in the absence of physiological amounts of circulating adrenal hormones.

In all four patients in whom adrenal crisis were precipitated by Diamox, rapid and dramatic relief of symptoms was obtained by treatment with intravenous administration of compound F, and/or alpha fluorohydrocortisone as well as with intramuscular DOCA and Cortisone. It can therefore be stated that Diamox does not alter the response of the patient to adrenal steroids.

It was also shown that the two patients who received Diamox while being maintained on adrenal cortical replacement therapy had increased urinary excretion of electrolytes, but had no clinical manifestations of adrenal insufficiency.

The possible use of Diamox as an indirect test of the salt retaining activity of the adrenal cortex is presented. The usual tests of adrenal cortical function using ACTH and measuring the urinary steroid response may not be an accurate estimate of the salt retaining activity of the adrenals, since it has been shown that the primary salt retaining hormone of the adrenal (Aldosterone) acts independently of corticotropin secretion.

—Archives of Internal Medicine June 1956, Vol. 97, No. 6, p. 778

MEDICINE CAN TAKE A LESSON

The A.M.A. has purchased 25 prints of the film, which will be available on loan to medical societies after September 1. Since it is quite likely that requests for the film will be heavy, state medical societies are being encouraged to purchase prints for their own film libraries.

The movie has three objectives; to stimulate greater member participation in the activities of organized medicine; to create a better informed membership, and to enhance individual members' appreciation of the benefits of participation in medical organizations.

A.M.A. Public Relations Director Leo Brown said that the movie will help doctors to realize that they are stockholders in a great institution. "As a stockholder, he pays \$25 a year in dues," Mr. Brown said, adding: "In addition to the Journal, for every dollar in dues, he receives five-dollar dividends in service. The new movie tells what these dividends are."

The film, which can be shown to medical students, interns and residents, hospital staffs, allied medical groups, the Woman's Auxiliary, and even civic groups such as Kiwanis and Rotary, pulls no punches. It gets to the heart of many misconceptions that some doctors have about medical societies—local, state and national. These misunderstandings were pointed up in the opinion survey conducted across the country for the A.M.A. earlier this year.

—Secretary's Letter, A.M.A.

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DEADLINE SEPTEMBER 26TH

Sixth Council
OHIO STATE MEDIC

October 24, 1956--S

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PROG

- 8:30 Registration
- 9:30 **MEDICAL** Dr. William S. Hoffman, Professorial Lecturer in Medicine, University of Illinois College of Medicine, Chicago, Illinois. "Fluid Balance."
- PEDIATRICS** Dr. Eli Gold, Department of Pediatrics and Contagious Diseases, City Hospital, Cleveland, Ohio. "Newer Aspects of Virology."
- SURGICAL** Dr. Anthony V. Partipilo, Associate Clinical Professor, University of Illinois School of Medicine, Chicago, Illinois.
Dr. Robert J. Coffey, Professor of Surgery, Georgetown University School of Medicine, Washington, D.C.
Dr. Aaron L. Lictman, Professor of Surgery, New York Polyclinic and Medical School, New York, New York.
Dr. Robert Priest, Department of Gastroenterology, Henry Ford Hospital, Detroit, Michigan.
"Panel: Gastro Intestinal Hemorrhage."
- OB & GYN** Dr. Herbert E. Schmitz, Professor and Chairman, Department of Obstetrics and Gynecology, Stritch School of Medicine of Loyola University, Chicago, Illinois.
Dr. Charles J. Smith, Clinical Professor, Department of Obstetrics and Gynecology, Stritch School of Medicine Loyola University, Chicago, Illinois.
Dr. Chester Gajewski, Clinical Instructor, Department of Obstetrics and Gynecology, Stritch School of Medicine of Loyola University, Chicago, Illinois.
Dr. John Isaacs, Clinical Assistant, Department of Obstetrics and Gynecology, Stritch School of Medicine of Loyola University, Chicago, Illinois.
"Fourth Stage of Labor."
- 10:30 **MEDICAL** Dr. Mario Stefanini, Director of Research, St. Elizabeth Hospital, Brighton, Massachusetts. "Hemorrhagic Disorders."
- PEDIATRICS** Dr. Sam Spector, Professor of Pediatrics, Western Reserve University, Cleveland, Ohio. "Common Endocrine Problems in Pediatrics."
- SURGICAL** Dr. Coffey—Dr. Partipilo—Dr. Lictman—Dr. Priest.
"Panel: Duodenal Obstruction."
- OB & GYN** Dr. Schmitz—Dr. Smith—Dr. Gajewski—Dr. Isaacs.
"Panel: Endometrial Carcinoma."

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ORTHWHILE EXHIBITS

AM

11:30 MEDICAL Dr. Priest. "Hemachromatosis and Needle Biopsy of the Liver."

PED. & SURG. Dr. C. Everett Koop, Surgeon in Chief, Childrens Hospital, Philadelphia, Pennsylvania.

Dr. Malcolm Holliday, Assistant Professor in Pediatrics, Childrens Hospital, Pittsburgh, Pennsylvania.

"Panel: Abdominal Emergency in the Neonatal Period."

SURGICAL Dr. Partipilo. "Diagnosis and Treatment of Tumors of the Thyroid."

12:30 Lunch and Exhibits

1:30 MEDICAL Dr. Maurice S. Segal, Clinical Professor of Medicine, Tufts School of Medicine, Boston, Massachusetts. "Chronic Pulmonary Emphysema."

PEDIATRICS Dr. Holliday—Dr. Spector—Dr. Hoffman. "Glomerulo Nephritis and Nephrosis."

SURGICAL Dr. Koop. "Etiological and Embryological Approach to Therapy to Cryptorchidism."

OB & GYN Dr. Schmitz—Dr. Smith—Dr. Gajewski—Dr. Isaacs. "Panel: Endometriosis."

2:30 MEDICAL Dr. Frank H. Bethel, Professor of Internal Medicine, University of Michigan, Ann Arbor, Michigan. "Recent Advances in Treatment of Leukemia and Lymphomas."

PEDIATRICS Dr. Robert Klein, Associate Professor in Pediatrics, Childrens Hospital, Pittsburgh, Pennsylvania. "Inborn Errors of Metabolism."

SURGICAL Dr. Lictman. "Treatment and Prophylaxis of Athletic Injuries."

Dr. Coffey. "Indications for Splenectomy."

3:30 Exhibits

4:00 Clinical Pathological Conference. Dr. Emmerich Van Haam, Professor of Pathology, Ohio State University, Columbus, Ohio.

5:30 Reception at Hotel Pick-Ohio.

6:45 Banquet at Hotel Pick-Ohio Ballroom.

Speaker: Dr. Douglas Bond, Professor of Psychiatry, Western Reserve University, Cleveland, Ohio.

Subject: "The Psychiatrist Looks at His Fellow Physician."

.00 (Inc. Dinner)

(Continued from Page 349)

I think it is understandable that many men in the medical profession might feel that they have less responsibility to make financial support to Community Chest agencies than the so-called businessmen, because the doctors do so much charitable work in the practice of medicine. This is of course a matter of individual concern to each doctor. It is also true that many doctors do not have time to serve on agency boards because of the hours required in their professions. This very fact makes it necessary that a large part of the responsibility for voluntary participation in the work of the agencies falls on men and women other than doctors. However, these volunteers who give their time are also the ones who give most generously of their money.

As you know, I have been close to the Community Chest and its agencies and worked on many campaigns. We are concerned as to what we can do to get our story across to professional groups. Whenever people such as you have among the members of the medical profession become completely aware of the work of the voluntary agencies, which comprise the Community Chest, their enthusiasm grows and their financial support is readily forthcoming. Last year there was some increase in the financial support, which indicates a growing interest in these agencies on the part of professional men. On the other hand, it is shocking that 23% (almost one-fourth) of the doctors in Youngstown made no contribution to the Chest last year, and 21% (more than one-fifth) of the remaining ones gave \$20.00 or less. It doesn't seem to me that this truly reflects responsibility for good citizenship and for leadership which this group should accept. Possibly the Medical Society may have some suggestions for the Community Chest, which would help to get the correct story across.

This year's budget will be greater than ever before. I can assure you that the support and cooperation from all members of the medical profession is urgently needed and will be greatly appreciated.

Your sincerely,
Frank B. Warren

The first hospital under the auspices of the Christian Church was established at Seasarica, near Antioch, by St. Basil about the year 400. At this hospital, where the first nursing order, Our Lady of Mt. Carmel, originated, "... disease was investigated and sympathy proved ..."

—William B. McCunniff, M.D., *Missouri Medicine*, November, 1954

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



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DEADLINE SEPTEMBER 26TH

Mrs. Mary B. Herald, Executive Secretary
Mahoning County Medical Society
Youngstown 3, Ohio

Dear Mrs. Herald:

From time to time vacancies occur in the various offices of the Veterans Administration requiring the services of qualified physicians for administrative positions.

These positions should be particularly attractive to physicians who by reason of age or physical disability would prefer sedentary occupations on a regular five day, 40 hour work week yet offer the opportunity of continued contact with medicine.

These positions also provide other benefits which are more fully discussed in the following article. The latest information indicates vacancies exist in Cleveland, Ohio; Los Angeles, California; Muskogee, Oklahoma; Wichita, Kansas; Detroit, Michigan; Lubbock, Texas; Nashville, Tennessee and San Francisco, California.

Physicians interested in this type of employment should communicate with the Personnel Officer at any of these Veterans Administration offices.

Your assistance in recruiting personnel in this category would be a service both to the Government and the employee. For any further questions or assistance, contact the Personnel Officer, Veterans Administration, Cuyahoga Building, Cleveland 14, Ohio.

WILLIAM HOLSINGER
Manager

ATTRACTIVE POSITIONS FOR DOCTORS NOW AVAILABLE IN THE VA

1. The well-known advantages of Federal Civil Service includes annual and sick leave privileges and retirement benefits. An employee with less than three years of federal service accrues 13 days annual leave each year. When he enters his third year of service and until he completes his 14th, he will accrue 20 days a year; and after 15 years, 26 days. All federal employees also accrue 13 days sick leave each year. The government provides low-cost group life insurance for federal employees, who pay 25c per \$1,000 of insurance each bi-weekly pay period, by payroll deductions. The salary for a Medical Rating Specialist is \$8,645 per year, which entitles him to purchase \$9,000 worth of insurance. To participate in this insurance program, no further medical examination is required other than the one given prior to entrance on duty.

2. Regular working hours. The work week consists of only 40 hours with all week-ends and holidays free. A physician in this specialty is never subject to night calls or "O.D." duty. He can plan his home life and vacations to suit his personal desires rather than being controlled by the demands and restrictions inherent in a busy private practice. In this capacity there is no need or occasion to carry home with you the pressing problems of the office. Also, as a private practitioner the income would have to be \$25,000 to \$30,000 annually to net the equivalent of the stipulated salary. Physicians in private practice must have a receptionist, expensive equipment, office space and belong to many clubs and associations. All of these things are essential and require the expenditure of a large percentage of the income of a private physician.

REGISTER TO VOTE

SEPTEMBER MEETING

Our monthly meetings starting with September
will be held at the

ELKS CLUB

Date—

Tuesday, September 18, 1956

Time—

8:30 P.M.

Speaker—

**Preston C. Iverson, M.D., Associate
Professor in Plastic Surgery. Graduate,
School of Medicine, University of
Pennsylvania.**

Subject—

**"The Use of Abrasive Techniques
in Medical Practice."**

DEADLINE SEPTEMBER 26TH

3. The work is if a combined medical, legal, and occupational nature, requiring that the physician function on a three-member team in close cooperation with other personnel. These three-member teams consider all claims for disability and death benefits filed by veterans or their dependents. The rating specialist, medical, is responsible for advising on all inquiries from a medical point of view and advises and instructs the other members in regard to medical aspects of any legislation. The problems presented for solution in disposing of claims for disability and death benefits are interesting and absorbing and many find the pursuit of this work to be stimulating and challenging.

4. Opportunity is afforded the physician to make a critical review of a wealth of clinical material, inasmuch as the large number and variety of case records include many which are unusual and which have been thoroughly developed from every clinical and pathological standpoint.

5. In addition to Cleveland, Ohio, there is a wide choice of locations with Regional Offices in every state as well as in Hawaii, Alaska, Puerto Rico and Manila.

6. Advancement in position classification is possible with the Board of Veterans Appeals in Washington, D.C.

IT COSTS A DOCTOR \$40,000 TO EARN HIS FIRST FEE, MAGAZINE REPORTS

Oradell, N. J.—Some 5,000 internes and residents entered the private practice of medicine this summer. It cost each of them between \$40,000 to \$50,000 to do so.

So says an editorial in the July issue of *MEDICAL ECONOMICS*. Here's how the magazine arrives at its estimate:

Four years of college cost the student a total of about \$6,000. Medical school costs him some \$9,200 more. And while the young man is studying medicine, "most of his college classmates are out earning money. During each of his four years at medical school," notes the magazine, "they'll be getting salaries that average at least \$4,000. That means an earnings loss to the medical student of \$16,000." Thus, by the time he gets his M.D. degree, the doctor will have invested more than \$31,000 in himself.

His one-year internship costs him another \$4,000 earnings loss, estimates *MEDICAL ECONOMICS*. (He may earn \$1,000, but his college classmates are making an average of \$5,000.) Then there's the cost of setting up his office. "According to a *MEDICAL ECONOMICS* survey," says the magazine, "the average doctor now spends (during his first twelve months of practice) a total of \$3,500 on furnishings and equipment." That pushes the total cost of his shingle close to \$39,000.

What about the specialist? He, of course, "has undergone additional years of earning loss. While he was a resident earning, say \$2,500 a year, his classmates were averaging at least \$6,000." Thus, if he's been a resident for four years, he's suffered an additional earnings loss of \$14,000. And that ups his total investment in himself close to \$53,000.

No wonder, says the magazing, that "the new physician—when at least he does get going—feels he deserves a higher income than, say, the brick-layer."—*MEDICAL ECONOMICS*.

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A SENATOR WITH VISION

Senator Curtis (R., Neb.) is a man with vision.

He unexpectedly interviewed the press the other day and came forth with some sound reasons why the President should veto amendments to the social security act (H.R. 7225) which were given final approval by Congress just before adjournment.

The main feature of the legislation—expansion of retirement benefits to include physically disabled men and women at the age of 50 instead of 65—will inevitably lead to socialized medicine, he said.

"If the President signs this measure it will be a very bad mistake," Curtis said, adding:

"When the heavy costs are being felt after this program is expanded in a few years, we will be faced with the proposal that it will be cheaper to cure these people than to pay them benefits. That will put the government in the medical business."

About the same time that Senator Curtis was talking with reporters, the August 3 issue of U.S. News & World Report hit the newsstands. An editorial by David Lawrence was entitled "The Give-away Congress."

He labeled the 84th Congress as the "most extravagant in giving away the taxpayers' money, the biggest in 'log-rolling' deals."

"More than 60 billion dollars were appropriated at this session, and much of it as a plain subsidy to big voting groups," Mr. Lawrence said, and then concluded:

"Where is all the money coming from to meet the new obligations just piled up on the taxpayers by Congress? It may turn out that the 84th Congress made a new record of some kind in preventing any income-tax cuts for many years to come. The spending drive now is so strong that, if the American people do not check it, they will find the 85th Congress outdoing its predecessors in giving away public funds.

"What is needed now are nonpartisan groups of taxpayers in every congressional district to organize a lawful revolt and to encourage those candidates to run for office who will check the spending streak. For the 84th Congress was the 'giveaway' Congress of the century."

—Secretary's Letter, A.M.A.

DISPLAY RACKS FOR HEALTH INFORMATION

To help physicians arrange health information material neatly in their waiting rooms, the Columbus (O.) Academy of Medicine provides physicians with attractive natural wood and plastic racks designed to hold pamphlets and leaflets. Through a coordination of the Academy and the Columbus Tuberculosis Society, more than 175 such display racks have been distributed to physicians, and a supply of printed material is readily available as needed. Academy members who are using the racks report enthusiastic response from their patients. Pamphlets are easier to see and get at and the doctor's office looks more attractive, too.

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Analgescic, Antipyretic, Antirheumatic

These tablets are Enteric Coated and are intended for use when massive doses of salicylates are indicated, and for those who can not tolerate plain Aspirin. Also useful in the treatment of rheumatic disorders, symptomatic relief of headache, neuralgia, and muscular aches and pains.

Administration: Adults, up to 70 grains daily may be prescribed.

Supplied in bottles of 1000, 500 and 100

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Pittsburgh, 13, Pa.



— First Thought in Rheumatoid Arthritis —

A-C-K Tablets (G. F. Harvey Co.)

Each tablet contains:

Acetylsalicylic Acid	333. mg. (5 grs.)
Menadione	0.33 mg. (1/200 gr.)
Ascorbic Acid	33.3 mg (1/2 gr.)

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REGISTER TO VOTE

POSTGRADUATE REFRESHER COURSES DEDUCTIBLE

The U.S. Internal Revenue Service has just issued a regulation which is important to physicians.

Efforts over a long period of time by the A.M.A. Law Department to get the Internal Revenue Service to issue a regulation permitting physicians to deduct their expenditures in taking postgraduate "refresh" courses have finally paid off.

The regulation, effective on August 9, provides that expenditures for education are deductible if they are for a "refresher" or similar type of course taken to maintain the skills directly and immediately required by the physician in his employment or business. An educational course to be covered should be designed for established medical practitioners to help them keep abreast of current developments in the profession; it should be of short duration; it should not be taken on a continuing basis, and should not carry academic credit. Education designed to prepare the practitioner to enter a specialty will not be acceptable.

When a physician travels away from home primarily to obtain "refresher" education, his expenditures for travel, meals, and lodging while away from home are deductible. However, expenses for personal activities such as sight-seeing, social visiting or entertaining, or other recreation will NOT be allowed.—SECS Letter.

GENERAL ELECTRIC MAKES SOUND DECISION

In a letter to the Ohio State Medical Association, Dr. E. M. Kline, medical director of the Lamp Division, General Electric Company, states that his company will follow the recommendations made by the Association regarding a medical examination program for the company's employees. These recommendations were drafted after very careful study and many conferences. They were published on pages 413-414 of the April, 1956, issue of *The Ohio State Medical Journal*.

One of the recommendations was that every possible effort be made to maintain and further the usual doctor-patient relationship in such a program.

Another one was that discussions be held with the local County Medical Society before any such program is put into effect.

Dr. Kline and the General Electric Company are to be congratulated for having agreed to suggestions made by the Association. Obviously, they are to be congratulated also for having shown such a direct and active interest in the health of the company's employees.

Industry and the Medical profession must pull together on matters of this kind. They can do so providing the leaders on both sides take a reasonable point of view and are willing to sit down around the conference table to work out mutually acceptable methods to accomplish their aim—better health and more health protection for industrial workers.

If all industries would make the same decision General Electric, Lamp Division, has made, namely, to work closely with local medical societies on such activities, everyone will benefit.—OSMJ.

DEADLINE SEPTEMBER 26TH

WESTERN RESERVE UNIVERSITY
In cooperation with
THE CUYAHOGA COUNTY CORONER'S OFFICE

An Institute Presents

THE HEAD: A LAW-MEDICINE PROBLEM

Friday and Saturday, September 21 and 22, 1956
9:00 A.M.—5:00 P.M.

In the Courtroom, School of Law
2145 Adelbert Road, Cleveland, Ohio

Registration Fee: \$25.00 (payable in advance, by mail)

Prominent medical scientists will lecture on and discuss THE HEAD:

The Anatomy of the Head

Acute Head Injury: Anatomic Findings

Clinical Evaluation of Acute Head Injury

Clinical Evaluation of Remote Sequellae of Head Injury

Long Range Pathological Changes Following Trauma to the Head

Indications and Evaluations of the Electroencephalogram

Psychometric Testings

Psychiatric Evaluation of the Post Traumatic Syndrome of Head Injury

Eye Injury Injury to the Auditory Apparatus Plastic Surgery

NEW A.M.A. MOVIE ON AUTO CRASH INJURIES

The public will learn about the role played by physicians in prevention of auto crash injuries in a new motion picture just completed by the American Medical Association in cooperation with the Ford Motor Company.

The 15-minute film, titled "On Impact," incorporates information on auto crash injuries presented at the A.M.A.'s annual session last June and an analysis of recent safety improvements in motor vehicle design.

Featured are Dr. Fletcher D. Woodward of the University of Virginia School of Medicine, Chairman of the A.M.A.'s Committee on Medical Aspects of Automobile Injuries and Deaths, and John O. Moore of Cornell University Medical College.

"On Impact" will be released to television stations across the nation on September 1. After that date, county and state medical societies and auxiliaries can obtain prints from the A.M.A.'s TV Film Library for showing at either professional or public meetings. —Secretary's Letter, A.M.A.

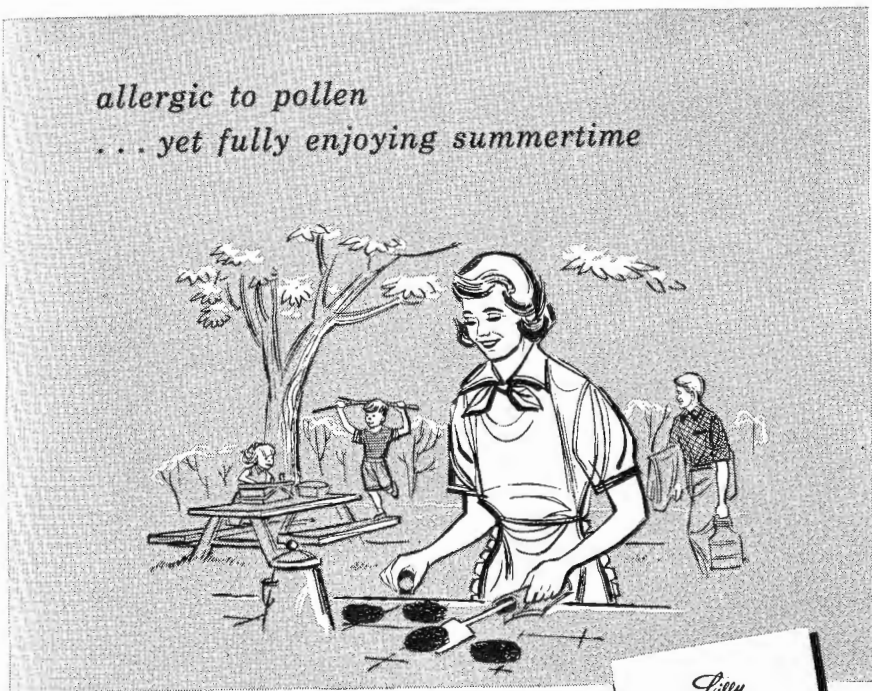
STUDY OF 1956 STATE MEDICAL ASSOCIATION DUES

The Michigan State Medical Society recently surveyed each of the 49 constituent state medical associations (District of Columbia and the 48 states) on current state dues.

The study showed that the average American physician pays between \$50 and \$60 per year state association dues. His county society dues range from \$20 to \$70 per year depending upon whether the county or component society maintains an executive office.

Detailed information on the study may be obtained from Rowland Kennedy, executive secretary of the Mississippi State Medical Association, or William J. Burns, executive director of the Michigan State Medical Association.—SECS Letter.

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... yet fully enjoying summertime*



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... usually eliminates distressing symptoms without causing side-effects; allows the allergic patient to enjoy fully this "funtime" season of the year.

rapid-acting ... relief usually noted within fifteen to thirty minutes.

long-acting ... relief often maintained for eight to twelve hours; thus continuous relief is provided on a convenient dosage schedule.

complete relief ... more frequently obtained because of the complementary actions of two antihistamines and a sympathomimetic.

Supplied as pulvules, pediatric pulvules, and suspension.

prescribe relief from allergy ... prescribe 'Co-Pyronil'

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Squibb Therapeutic Formula Vitamin Liquid

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Liquid is equivalent to

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For patients of all ages who
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The six vitamins almost
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with chronic vitamin
deficiency states.

Each Theragran Capsule, or 5 cc. teaspoonful of Theragran Liquid, supplies:

Vitamin A (synthetic)	25,000 U.S.P. Units
Vitamin D	1,000 U.S.P. Units
Thiamine	10 mg.
Riboflavin	10 mg.
Niacinamide	150 mg.
Ascorbic acid	150 mg.

Usual Dosage: 1 or 2 capsules or teaspoonfuls daily. Infants: Not more than 1 teaspoonful daily.

THERAGRAN CAPSULES: bottles of 30, 60, 100 and 1000.

THERAGRAN LIQUID: bottles of 4 ounces.

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