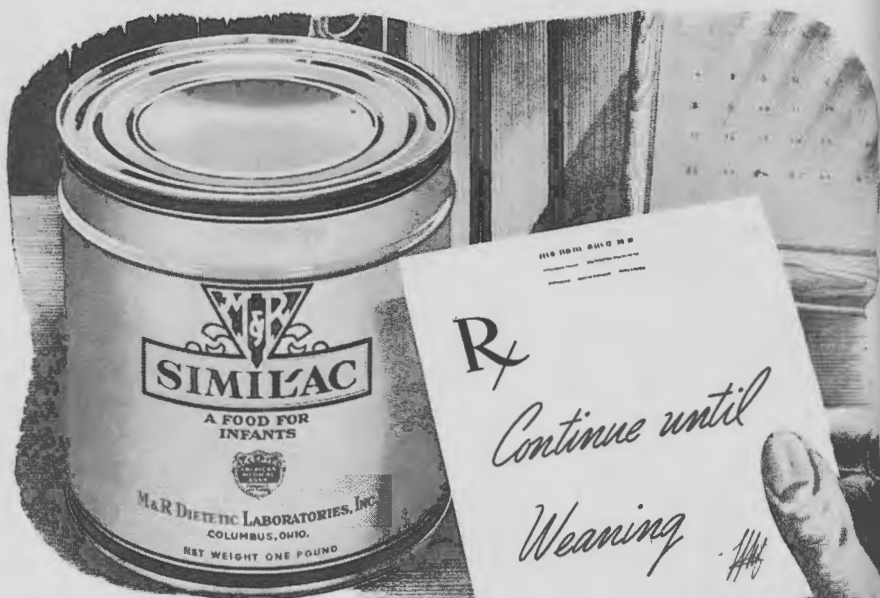


Times of general calamity and confusion have ever been productive of the greatest minds. The purest ore is produced from the hottest furnace, and the brightest thunderbolt is elicited from the darkest storms.

—Colton.

# BULLETIN

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MAHONING  
COUNTY  
MEDICAL  
SOCIETY



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# PRESIDENT'S PAGE

---

## War On Tuberculosis

A subject of vital concern and one which should command the attention of the Mahoning County Medical Society as a public health problem and challenge, is the rapid increase in the prevalence of tuberculosis in our community. This disease, during the last few years, has become more widespread and has been claiming more and more lives.

Due to the fact that during and immediately after any war or national calamity, the incidence of tuberculosis increases, I wish to stress the primary importance of "TUBERCULOSIS CONTROL AS A PUBLIC HEALTH PROBLEM". It is our Society's obligation to assume an even greater measure of leadership in this field and keep ourselves fully informed with respect to important developments.

I wish to voice medicine's gratification over the excellent co-operative relationship between the Health Commissioners in Mahoning County, the Tuberculosis Sanitarium, the Director of State Public Health Nurses, and the Mahoning County Tuberculosis and Health Association, who met recently to advise ways and means of combatting this scourge. It was decided that the Health Commissioners in conjunction with the Superintendent of the T. B. Sanitarium were to draw up regulations from the State Public Health Code that suited our own problems and present them to our respective health districts for approval. When approved, the regulations will be published in the Bulletin for your guidance.

The Society is holding its first annual dinner, since before the war, on Tuesday, February 19th, 1946, at the Youngstown Country Club. Every member should be present to make this a really big event. Active members who have served during this second world war will be guests of the Society and tickets will be mailed to them.

Our 18th Postgraduate Assembly will be held on April 17th, at the Hotel Pick Ohio. Details will be published in the March issue of the Bulletin.

E. J. REILLY, M. D.

*President*



# BULLETIN of the Mahoning County Medical Society

F E B R U A R Y

1 9 4 6

## PRURITUS ANI

By PAUL J. FUZY, M. D.

*(This is an abstract of the paper presented by Dr. Fuzy at the January meeting of the Youngstown Hospital Staff.)*

There is no royal road to the treatment of pruritus ani, nor is any one form of treatment always successful. Perhaps this is true because the causes of pruritus are protean. Volumes have been written about this disabling condition and still is, to this date, no universal agreement among writers as to its etiology, or how best to treat it. The onset is usually gradual and at first intermittent. Home remedies are tried and often these aggravate instead of allay the itch. As time goes on, these people turn from home remedies, to those suggested by neighbors and friends. This is followed by the purchase of advertised medications from the drug stores. Then starts the list of various doctors, cults, and so called pile specialists. Before he is thru the patient has had ointments, suppositories, pile cures for "itching" piles, quartz lamp, ultra violet rays, injection of hemorrhoids, operations for "crypts" and even hemorrhoidectomy. He still has the itch. There is no such thing as "itching" piles. If the internal hemorrhoids are angry looking, the external anal skin oedematous, and the crypts inflamed—they are so undoubtedly—because they have been badly irritated by all the salves, pile cures and other therapeutic measures applied to the area. By this time, not only these anal changes have occurred, but the patient has probably developed many other general symptoms due to the debilitating nature of the ailment. He has become nervous, irritable, even morose. He has lost much sleep, lost his appetite, become constipated, developed some bleeding from the rectum, and developed cancer phobia. He is tortured in body and mind. He feels he is an economic failure—and is a nervous wreck. He needs not only sympathy but also your help. Stop his itch and give him some restful sleep; help restore him to useful citizenship. These people really *need* your help. Some writers call it a symptom, others call it a disease. When our teachers disagree it is natural that many of us disagree among ourselves.

However, we can for convenience sake assume that there are two types of pruritus ani. Direct and indirect. In the direct type we can class itching that is caused by parasitis, fungus or ring worm. Dermatologists have found some due to psoriasis. These should be apparent to the examiner. The indirect type is that in which the cause is "obscure." The examiner finds no "apparent" case. We have been taught to look for infected crypts, sinuses, fistulae and infected hemorrhoids. These conditions, when found, have been corrected, yet following these procedures, the patient still has his pruritus. Is it not natural then to assume, that many of these "infected hemorrhoids" and "infected crypts" are *secondary* to the pruritus ani? I believe it is. Some patients who have never had pruritus, develop pruritus after hemorrhoidectomy. In this indirect type, there is a large group of patients who present a characteristic skin with their pruritus. Early manifestations are pinkness at the anal verge extending up to the muco-cutaneous junction. Superimposed



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on this pinkness are a few, to many radial skin cracks or rhagades. One gets the impression that these radial cracks in the anal skin could be allied to the cheilosis—which is caused by riboflavin deficiency. Later, as the condition becomes worse, that part of the periaanal skin that is in contact with the skin of the opposite side, becomes involved with this pink color. The patient rubs the anal skin with his clothes while dressed, and at night actually scratches it with his nails. In the bath, he rubs it fiercely with a wash cloth, for it "feels so good." These maneuvers cause friction burns, and excoriation by the nails. The lymphatics are thus opened and the natural flora of colon and *strep fecalis*, etc., find their way into the lymphatics. This causes oedema of the peri anal skin which is thrown up into folds or pleats. Some of the external fibrotic skin tags become quite large. They also become painful. Aside from crypts and hemorrhoids, both of which are aggravated by the pruritus, ■ctosigmoidoscopic examination fails to reveal any gross pathology. However, many of these colons, show a dry mucosa.

In a large number of these patients, a history of "gall bladder" disturbance, gas and indigestion is often elicited. In patients who have had ileostomy, one of the annoying factors, both to patient and the surgeon, is the *skin* irritation caused by the ileal contents coming into contact with the surrounding skin. It burns and digests the skin.

Diarrhoea whether from hydrochloric acid dyscrasia or acute enteritis, very often causes skin irritation in and about the anus. This might be due to the "too rapid" progress of small bowel contents thru the intestinal tract, not allowing for the complete digestion of the food before it is expelled as feces or "diarrhoeic stool." Here, the irritant may be completely digested food—or enzymes or both. The difference between this skin and the ileostomy skin can be one of degree.

Some patients have an "intolerance" for some food or drink. I do not consider it an allergy. The intolerance to the food is the cause of its not being properly digested or handled by the gastro-intestinal tract.

#### Treatment:

Buie advises alcohol injections.

Ball developed his famous undercutting operation.

Hanes used injections of fairly large amounts of dilute hydrochloric acid. The radial skin cracks have been diagnosed as fissures and surgery performed for its cure. Crypts and hemorrhoids have been excised hoping for cure. The first consideration is relief of symptoms with compresses, soothing lotions, etc. In severe cases, procaine in oil can be injected beneath the involved skin, for its anaesthetic effect. This stops the itching, the patient does not scratch and the skin improves in appearance. The next step is to study the patient and his history for evidence of hepatic, gastric or pancreatic dysfunction. Gastric analysis helps. If the acid is low, replacement therapy, together with other aids as liver by mouth and parenterally, and vitamin B complex, etc. If there is an achlorhydria, it is wise to get an X-ray study of stomach outline and rule out carcinoma of the stomach.

Ofter with a low HCl, a cholegogue will be helpful—not the "bile salts" type of tablet—but dehydrocholic acid, such as Decholin, Triketol or Desicol, in addition to adequate replacement therapy. Stool studies can be done to see if there are any undigested food particles.

Try to ascertain if the patient is sensitive to any foods. One patient with a very high HCl improved under the aluminum hydroxide therapy but did not



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FEBRUARY

clear up entirely until he quit eating an excessive amount of butter. Excessive coffee intake has caused pruritus in two patients recently.

#### Summary:

A type of dermatitis ani with pruritus, is described. Its cause is attributed to a deviation from the normal physiology of digestion, whether this be inherent in the digestive tract, or produced by food, drink or even drug intake.

Emphasis is placed upon the utter misery these patients suffer, and a plea is made that we, as physicians, study these patients seriously. There is no *one* form of treatment that will apply to all pruritus patients.

## CLINICO-PATHOLOGY CONFERENCE

By WM. BEAM, M. D.

At the weekly Youngstown Hospital Clinic-Pathology Conference a single case was presented.

The case reported concerned a 61 year old white male whose only past history of significance was that he had a rhythmic pulsating mass in his lower abdomen on a previous admission a year or more ago.

The present illness was marked by pain in both legs, located principally in the medial aspects of the thighs, for a period of three weeks. The night before admission the complaint was accentuated by abdominal and lumbar pain. This was followed by vomiting and eventual collapse. On admission the patient was pulseless and cyanotic.

Physical examination at this time revealed a well developed, well nourished white male confused and unable to answer questions directly. The skin was moist and cold. Temperature and respirations were normal but the pulse was rapid (110) and the BP. 48/36. Save for a large rhythmically pulsating mass approximately 15 cm. in diameter in the abdomen with two smaller pulsating masses, one in each inguinal region—the examination was negative.

The hospital stay was terminated fatally in less than 48 hours during which time the B. P. rose to 120/50 following I. V. administration of 5% glucose. The blood during this admission was found to contain 3,850,000 RBC/CMM: 68% hemoglobin: with 21,250 WBC of which 9% were polys. The patient remained poorly oriented throughout his stay but slept well the first night of the first hospital day, and answered questions "yes or no." Shortly after noon of the second hospital day the patient's respirations became labored and the pulse weak and thready, and the patient expired.

Postmortem examination verified the clinical impression of ruptured abdominal aneurysm and that the masses in the inguinal regions were similarly aneurysms. The aortic aneurysm was fusiform in shape in the lower abdomen of approximately 12 cm. in diameter and 20 cm. in length from which it was apparent considerable retroperitoneal bleeding had occurred.

The apparent silence of the aneurysm for a year or more in a man 61 years of age and being fusiform in the lower abdomen designates arteriosclerotic origin although the picture cannot be definitely differentiated from syphilis microscopically in this case because of chronic inflammation in the media of the aorta. There was marked generalized sclerosis. Although it was believed that the blood had been negative for lues on the previous admission no report was definitely made.

The conclusion was reached that this had been sclerotic in origin and the importance of the Kahn and Kline emphasized.

## SECRETARY'S REPORT

The regular monthly Council Meeting was held at the office of the Secretary, 509 Central Tower Bldg., Monday, January 7th. The following doctors were present: E. J. Reilly, G. M. McKelvey, V. L. Goodwin, P. J. McOwen, E. H. Nagel, W. H. Bunn, W. M. Skipp, E. J. Wenass, C. A. Gustafson, W. J. Tims and J. J. McDonough.

A letter from the Red Cross, containing the following was read: "Confirming our discussion yesterday at the meeting of the Medical Committee will you please advise the Medical Society at its next meeting of the following decisions on the part of the Chapter:

"1. When Red Cross is asked to assume payment for shots, we cannot approve payment of more than \$1.00 per shot, plus medication, cost to doctor. If we are to assume payment it must be understood that \$1.00 per shot (plus cost of medicine to doctor) is the full payment. Client is not to be billed for the balance, and subject to approval of Medical Committee.

"2. When Red Cross is asked to assume payment for any medical treatment we will pay the fees of only one physician in attendance at one time. For example, in a surgery case, surgeon's fees would be paid, but hospital calls for family doctor would not be paid.

"3. Please call to the attention of the members our feelings in regard to 'city care' for families well known to relief agencies whose financial difficulties are more or less permanent and not directly due to the service of a member in the armed forces.

"4. Please also state our position in refusing to assume back bills. In accordance with social work procedure we must plan with the family in advance of commitment for medical care.

"We appreciate very much your cooperation in helping us get these points straightened out."

Above was accepted after revising paragraph 1 as follows:

1. When Red Cross is asked to assume payment for shots, we cannot approve payment of more than \$1.00 per shot, plus medication (cost to Doctor). If we are to assume payment it must be understood that \$1.00 per shot, (plus cost of medicine to Doctor) is the full payment. Client is not to be billed for the balance, and subject to approval of Medical Committee. Bills to be itemized.

Motion made, seconded and duly passed, that the February meeting be a dinner and entertainment in honor of our returned veterans. The veteran members being guests of the Society, other members to buy tickets.

Dr. Reilly appointed the following committee to arrange an exhibit at the Centennial Anniversary of the Canfield Fair. Dr. S. G. Patton, Chairman, Mrs. L. G. Coe, co-chairman, Drs. W. M. Skipp, O. M. Lawton, G. Delfs, J. M. Cavanaugh, C. F. Wagner and R. B. Poling, auxiliary advisor.

V. L. GOODWIN, M. D., Secretary

FEBRUARY

## OHIO STATE NURSES ASSOCIATION

### District Number Three

It is with keen appreciation District Number Three of the Ohio State Nurses' Association accept the courtesy of the Mahoning County Medical Society's generosity in providing space in their monthly bulletin for the nurses' interests and viewpoints. We share with you the belief that a common understanding of each other's particular position should improve harmony and unanimity. (Quote from Nursing Journal.)

Awareness of professional deficiencies and a desire to improve nursing practices, is indicated through the efforts of the American Nurses' Association by means of a series of surveys to find out our weak points and get constructive suggestions for correction. (Unquote) The result of several of these surveys conducted by Edward L. Bernays, has been published in recent numbers of the American Journal of Nursing. The questionnaire returned by the physicians, as published seemed to us to lack sincerity and frankness in many instances indicating a lack of understanding or apathy.

No one should be more qualified to evaluate and to give constructive help to the nursing profession than the Medical Profession provided we can keep our relationship cordial and objective.

The most acute problem today is to find nurses to meet the immediate need. The plight of the hospitals is desperate, the public is growing critical of the quality of nursing service. It can no longer be put off by some reference to the war. The situation

calls for group thinking by such co-operative agencies as hospitals, medical societies and nursing associations.

Although sixty-five nurses from this locality have returned from military service to civilian life, a much smaller number have returned to nursing. Several reasons seem apparent, marriage, some returning to Veterans' Hospitals or other locations, some are taking well earned rests. Personnel Practices and salaries deter some from returning to positions left for military service.

Many of the married nurses helping for the duration are daily withdrawing due to the return of husbands from service and other personal reasons.

The annual report of the local Bureau of Nursing gives a picture of the problems in relation to the Special Duty Nurses. Although 212 nurses were members at some time during the year, 180 was the maximum number available for any one month. But 87 of this membership were nurses free to give their entire time to active service; the remaining number were married nurses with home responsibilities, who were willing to help when able to arrange their time. Of the 7,500 calls received, 4,654 were supplied.

It all adds up to a shortage of nursing personnel.

Elizabeth A. Evans. R. N.  
General Secretary

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## REDUCING PSEUDO-EMERGENCY CALLS

"Hello, doctor, would you stop at our house on your road to the office this evening?" or, "Doctor, will you come out to 21 something, Sharon Line after office hours tonight?" Two or three of these and you never get to your office or never get home till midnight. However, Sonny has been sick for two or four days and his temperature is elevated and Mrs. Public wants him examined stat. After a hard day of history taking, examining and treating patients, do you ever wish you could work eight hours like the union member? No. In spite of having been declared a union, the profession takes pride in alleviating pain and the ills of mankind at any time when necessary and the financial return is good. This union has never called a strike and yet a strike might solve some problems. Look over your practice and note the list of evening and night calls. One in ten is necessary, the remaining nine were the chronic offenders who wait until night to summon help when this morning or tomorrow morning would suffice.

During the past three years, evening and night summons have been fewer. The public are trained to respect a doctor's rest and sleep and minimize night disturbances. None has suffered from lack of medical care in the past three years and we have had fewer night calls than ever before. Will the returning doctors be stampeded into running like rabbits when Junior sneezes or will they help to educate the public that doctors are human beings and must rest to give clear advice and efficient service.

The horse and buggy days are over when the physician spread his potions over a wide area and his knowledge and technique were scanty. Today, he has precision instruments, scientific truths and principles and must have clear head and hands to function and time for study daily.

At the last medical meeting one noted that more doctors were called from the lecture than has occurred in four years. Is it a man's wife or fear of competition that makes him leave a meeting and miss the lectures on scientific advancement? Let's stop kidding ourselves and insist on respect and consideration from the public. Let us insist that no one lack necessary emergency care, but try to educate those who have little or no regard for the doctor's health and strength.

## DEPARTMENT OF MEDICINE AND SURGERY IN THE VETERANS ADMINISTRATION

With the signing of H. R. 4717 by the President, now Public Law 293, there was created in the Veterans' Administration a Department of Medicine and Surgery under a Chief Medical Director. General Bradley announces that he has designated General Paul R. Hawley to serve as Acting Chief Medical Director. This act will bring professional personnel into an organization comparable with the Army and Navy Medical Corps and the U. S. Public Health Service.

General Bradley immediately authorized the employment of physicians, nurses, and dentists to fill existing vacancies. There is an immediate need for 1,125 doctors, 1,200 nurses and 100 dentists.

Among the major provisions are:

1. Specialists certified by VA will be paid 25 per cent more salary up to a ceiling limit of \$11,000 a year.
2. Residencies will be set up in VA hospitals where younger doctors may study to qualify as specialists. This will mean that veterans will be

# ANNUAL BANQUET

**Tuesday, February 19th—6:30 P. M.**

**YOUNGSTOWN COUNTRY CLUB**



**Subject:**

**“LAUGHING AT THE CLOUDS”**



**Speaker:**

**A. K. (“ROSEY”) ROWSWELL**

**Humorist — Philosopher — Author**



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# **March Meeting**

**3rd TUESDAY, MARCH 19th**

**YOUNGSTOWN CLUB**

**Speaker:**

**RICHARD H. LYONS, M. D.**

University of Michigan  
Ann Arbor

**Subject:**

**"THE MANAGEMENT OF EDEMA"**

---

## **IMPORTANT MEETING**

**Chicago Medical Society  
Annual Clinical Conference**

**Palmer House, Chicago, March 5, 6, 7 and 8, 1946**

The program committee has invited outstanding members of the medical profession to present papers of general interest to all the profession. The space in the Exhibition Hall has been completely allotted to a carefully selected group of Technical Exhibitors and the Committee on Scientific Exhibits is busy processing the large number of applications submitted for presentation at this meeting. These plans assure the success of this the first major general meeting in Chicago since the cessation of hostilities. It should prove intensely interesting to all physicians in and near Illinois.

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(Continued from Page 49)

able to obtain the most up-to-date medical treatment—the same kind as if they were admitted to hospitals connected with the nation's leading medical schools and centers.

3. Promotions will be made on recommendations of special VA boards which, in general, compare with the "selection boards" operating in the Army and Navy for higher ranking officers.
4. Office of Chief Medical Director. The director will be paid a salary of \$12,000 a year. A Deputy Medical Director will receive \$11,500 and Assistant Medical Directors—not to exceed eight in number—will be paid \$11,000 each.
5. Medical Service.  
 Chief grade, \$8,750 minimum to \$9,800 maximum.  
 Senior grade, \$7,175 minimum to \$8,225 maximum.  
 Intermediate grade, \$6,230 minimum to \$7,070 maximum.  
 Full grade, \$5,180 minimum to \$6,020 maximum.  
 Associate grade, \$4,300 minimum to \$5,180 maximum.  
 Junior grade, \$3,640 minimum to \$4,300 maximum.
6. Appointments of key executives will be for a four-year term, subject to removal by the Administrator for cause. Reappointment will be for the same term.
7. Doctors, dentists, nurses and technicians now employed by the VA will be continued on their present jobs pending determination of their qualifications for appointment in the new medical department.
8. Another provision of the act which will permit professional improvement of VA medical personnel will allow up to five per cent of such employees to study or do research work for periods of time up to 90 days. This will enable doctors, dentists, nurses, and technicians to attend recognized schools or work with the U. S. Public Health Service or other research groups. Officials pointed out that this would enable workers to keep abreast with the very latest developments in their respective fields.
9. Although they are not subject to selection or promotion by Civil Service, the members of the new VA Department of Medicine and Surgery will be under the Civil Service Retirement Act of 1920 and will receive its benefits.

General Hawley, commenting on the President's action, said:

"With the signature of the medical department act, our objective is clear—a medical service for the veteran that is second to none in the world. Around the splendid nucleus of excellent men and women in the VA medical service we shall build such an outstanding service."

COUNCIL ON MEDICAL SERVICE AND  
 PUBLIC RELATIONS, WASHINGTON OFFICE

### REPORT FROM WASHINGTON OFFICE

The Second Session of the Seventy-Ninth Congress has opened. It promises to be a very busy Congress. Some of the most vital legislation is on the opening program. As yet we have heard nothing regarding the hearings that we expect the Senate Committee on Education and the House Committee on Interstate and Foreign Commerce may conduct on the Wagner-Murray-Dingell

bills. The Chairmen of both Committees have stated that they intend to give the bills hearings as soon as they can arrange their programs. In the meantime it is well to remember that the other Wagner-Murray-Dingell bills, namely S. 1050 and H. R. 3293 are on the dockets of the Senate Finance Committee and the House Ways and Means Committee. It is altogether possible that these Committees may give the bills a hearing, especially since the House Ways and Means Committee is making a study of the Old Age Security law with the idea of suggesting revisions. You will recall that the Dingell bill includes amendment of the Old Age Security law.

These two bills were analyzed in the Journal of the American Medical Association in the June 2, 1945 edition, but it might be well to emphasize a few of the important points brought out in that analysis:

Provisions for grants and loans for hospitals and health center construction. Title corresponds closely with the provisions of the Hill-Burton Hospital Construction bill with significant exceptions. The Hill-Burton bill which is more acceptable, has passed the Senate and will very likely pass the House.

Another section proposes grants to states for maternal and child health services, for services for crippled children and for child welfare. This is similar to S. 1318 which the House of Delegates disapproved by resolution.

It also proposes grants to states for the development of more effective measures for the prevention, treatment and control of venereal diseases and tuberculosis.

It would grant subsidies to states for use in providing medical care for needy individuals.

But the section to which we are particularly opposed is that which would set up a national social insurance system as a part of the Social Security system. Some of the objectional features are:

#### **Bureaucracy**

It is appalling the bureaucratic control that would be necessary to administer a scheme of this type which would include, according to Senator Wagner's estimate, 135,000 people. It would require an army of inspectors, continually checking on the relationships of patients to physicians, to hospitals, to pharmacies; another army of auditors checking on the expenditures of funds; a smaller army of statisticians who would collect the data for the justification of the expenditures. If the experiences of European countries can teach us anything many small bureaus and offices will be necessary throughout the country as centers for the local administration. All of these will be equipped with stenographers, clerks, bookkeepers, and will require rental and equipment appropriations. No small expenditure will be involved in the provision of printed forms which are so necessary in all government activities.

#### **Free Choice**

It is said the bill offers the insured free choice of physicians. It must be remembered, however, that free choice can be exercised only among the physicians who are willing to accept government employment, and experience in other countries has shown us that where physicians are too popular, the government limits the number of patients permitted a physician; thus, obliging some to be content with a second or third choice. In the rural districts where medical care is limited and the government must provide, of course the residents will be obliged to be satisfied with whomever the government employ

### Eligibility

To be eligible for medical benefits, the individual must have been currently insured for a period of at least a year and a half immediately preceding the time of making a claim, and must have earned not less than One Hundred Fifty Dollars (\$150.00) in the first twelve (12) months of that period. The bill provides, however, that the Surgeon General may determine for any calendar year or part thereof that every eligible individual "pay a fee with respect to the first service or with respect to each service in a period of sickness or course of treatment," and "shall fix the maximum size of such fee." He may also "limit the application of such fees to home calls, to office visits or to both, and may fix the maximum total amount of such fee payments" and further, "may also provide for differences in the maximum size of such fees or total amount of such fee payments for urban and rural areas" where differences occur between states or communities.

### Cost

S. 1050 and H. R. 3293 provide that every employed person shall contribute four per cent of his wages while the employer contributes another four per cent, and the self-insured shall contribute another two and one-half per cent, and the self-insured shall contribute two and one-half per cent of his income while the state or community contributes another two and one-half per cent. The amounts of these contributions will, of course, vary with the prosperity of the country. The deficits, naturally, will have to be met with funds from general taxation.

### Associated Press Poll of Congressmen

The Associated Press, as reported by Science writer Carey, conducted a poll of the Congressmen just before the Christmas vacation asking this question:

"Do you favor President Truman's proposal for a national prepaid 'health insurance' plan to be financed by additional social security taxes and by general government revenues?"

One hundred forty-one ballots were returned. Of these seventy-two voted "No"; forty-three voted "Yes"; seventeen were undecided; three were "non-committal" and six others gave qualified answers.

Of the seventy-five designated Republicans who returned ballots, only four expressed themselves in favor of the Truman proposal; nine were undecided, three were non-committal and one said that while he was against it at present, if modifications were made perhaps he would go along. Of the 63 designated Democrats, thirty-eight were for the proposal; twelve were opposed; eight were undecided and five gave qualified answers.

\* \* \*

The Baltimore Sun of January 8 carries an editorial more than a column in length on the subject of "Improvement in Medical Care." The editorial writer, Mr. Beirne advocates very strongly that the government should not institute compulsory insurance until ample time is given the voluntary agencies to develop by evolution which is the American way. These are the opening paragraphs:

"Those who are agitating for an elaborate Federally controlled national health program, such as that proposed by President Truman in his message to Congress, lay great stress on the shortcomings of the existing system. They thereby create the impression that individual states and communities have 'failed' to solve the nation's health problem, and that therefore it is time for the Federal Government to take over the job.

"In making that assumption they ignore an impressive movement looking toward improved health care that is now showing intense activity

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throughout the country. It is a movement not inspired from above but initiated by the communities. It is not revolutionary, but a continuation of a health program that has been going on for years. It is what used to be called typically American, in that it is an effort on the part of the people to help themselves instead of waiting for somebody else to help them."

COUNCIL ON MEDICAL SERVICE AND PUBLIC RELATIONS  
*Washington Office*

## WHITE HOUSE COMMENDS THE HOME SAVINGS AND LOAN COMPANY

In an address to the Southern Medical Association at Cincinnati in November, Col. Wallace H. Graham, personal physician to President Truman, said that doctors coming home from war are finding that their offices "have been taken over by broadcasting companies, chain stores, other doctors, chiropractors and osteopaths." He also said that such tenants "give us their best wishes and hopes for the future and let us know what a fine job we have been doing and how they would like to help us succeed, but they are very sorry that they can do nothing for us in the way of helping us find suitable office space. The returning doctors need real help on this soon." After reading this article, Mr. Fred W. Green, Secretary of the Home Savings and Loan Company wrote a letter to Col. Graham and enclosed a tear sheet from the October issue of the *Mahoning County Medical Society Bulletin* which contained an article by Dr. W. K. Allsop. The former tenants of the Home Savings and Loan Building did not find it difficult to relocate after they were discharged from the service. The Home Savings and Loan Company deserves a special citation from the War Service Members Committee. Sixteen service doctors have or will be returned to their previous offices to find them as they were when they departed for service. This required the persistent refusal to rent 8,604 sq. ft. of floor space. This building charged no retaining rent or storage charges. In addition, the furniture and equipment was cleaned at least every two weeks.

This information was mailed to Col. Graham. A few days later Mr. Green received the following letter:

THE WHITE HOUSE  
WASHINGTON

November 21, 1945

My Dear Mr. Green:

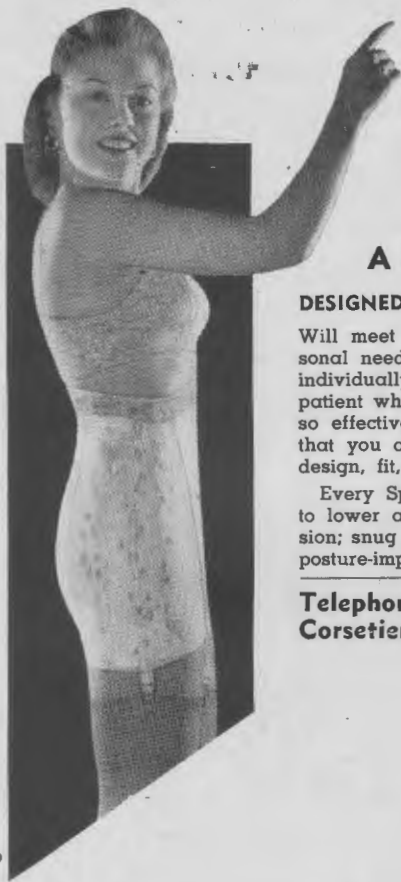
Thank you very much for your kindness in sending me the tear sheet from the Mahoning County Medical Society Bulletin. I have called this to the attention of many and wish to express appreciation not only for myself but for all medical officers with whom I have had contact. This remarkable bit of work by the Home Savings and Loan Building officials is to be highly commended; it is one of the most excellent examples of true fellowship in behalf of the service veterans that I have ever seen or heard of in the United States.

I was indeed interested in reading this article, and greatly appreciate your courtesy.

Mr. Fred W. Green  
Youngstown, Ohio

Sincerely,  
WALLACE H. GRAHAM  
Colonel, M. C.

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Mrs. Laura Wilcox  
Ph. 7-6656 or 8-3575

122 Park Ave.  
Youngstown, Ohio

Mrs. Ellen Henry  
Ph. 9-5942

1928 Mahoning Ave.  
Youngstown, Ohio



## NEWS ITEMS

Born to Dr. and Mrs. Michael Sunday, 15 N. Beverly Ave., a son, January 19th.

Major F. S. Coombs addressed our Society at the February meeting on the 19th. A transcript of his address arrived too late for this issue but will appear in the March issue of the *Bulletin*.

Dr. and Mrs. Joseph P. Keogh have recently returned from a vacation in Quebec where they were guests at the Chateau Frontenac. Joe says the temperature was 22° below zero.

Dr. H. E. McClenahan is the new president of the Kiwanis Club.

Dr. Eugene E. Elder addressed the Youngstown Section of the National Council of Jewish Juniors on the subject of the Youngstown Receiving Hospital.

Dr. and Mrs. W. O. Mermis, with their son, Walter, Jr., left by motor for several weeks' vacation at Coral Gables, Florida.

Dr. and Mrs. O. W. Haulman are on a hunting expedition in Florida.

Dr. Samuel Sedwitz went to California for a month's vacation—instead he got sick with the flu and after he recovered from that he fell down stairs and injured his back, so Sam's vacation isn't exactly as planned.

Dr. Morris Steinberg has just returned from a month's vacation in California.

Dr. W. S. Curtis has returned from a month's vacation in Florida and New York.

In May of 1945 the Industrial Commission of Ohio issued a booklet on Rules of Procedures, Fee Schedules, and General Information for physicians, dentists, nurses and hospitals. If you do not have this book-

let, write to the Industrial Commission at Columbus and they will send you one.

Additional copies of the fee schedule for the Mahoning County Medical Society are being printed and will shortly be sent to all the members.

Lt. Fred G. Schlecht is now visiting here prior to overseas assignment. After completing a course at Carlisle Barracks, he was sent to Fort Sam Houston, Texas, where he was stationed until assigned overseas duty. His destination is not definitely known at this time.

### Just a Little Late

After Dr. DeCicco returned from service overseas and had started to practice medicine at his old location, he received notice that he was a Major! Uncle Sam just forgot about him for a while.

### Worthwhile Speaker

Capt. Harold E. Stassed will address the Youngstown Business and Professional Women's Club Tuesday, February 19th at 8:00 P. M., Stambaugh Auditorium. His subject will be, "Responsibilities of Victory."

Tickets sold in advance at Blair's Cleaners and Furriers, 8 N. Phelps St., Phone 33225. Prices are \$1.75, \$1.25 and 75 cents, tax included.

## CLINICAL CONFERENCE

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### THE CHICAGO MEDICAL SOCIETY

The tremendous success of the First Clinical Conference held two years ago served as a mandate to the Chicago Medical Society for the annual continuation of this type of program. Last year the Conference was called off because of government re-

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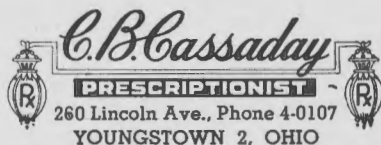
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strictions on travel. This year the Society has been able to go ahead with its plans and the Conference will be held at the Palmer House, Chicago, Illinois, on March 5, 6, 7 and 8.

There will be scientific programs consisting of half-hour lectures beginning at 8:30 A. M. and continuing until 5:00 P. M. with intermissions for viewing the scientific and technical exhibits which promise to be most outstanding.

Speakers have been secured from all sections of the United States and the program committee promises a discussion of the important fields of

medicine.

A banquet is being planned for Thursday night when a speaker of international reputation will talk on a topic of general interest.

Reservations for rooms should be made through the Chicago Convention Bureau, 33 North LaSalle Street, Chicago 2, Illinois. It is important that those planning to attend this Conference make their reservations as soon as possible and arrange to room with a friend. Hotel rooms are at a premium. Early planning and reservation will prevent disappointment.

## SERVICE RECORDS

### MAJOR S. W. WEAVER

Dr. Weaver entered active duty in the Air Corps on October 29th, 1942, at the Officers Training Camp at Miami Beach, Florida. His next assignment was the Radio Station Hospital at Chicago where he remained until July 19, 1943. He was then transferred to Santa Ana Army Air Base at Santa Ana, California, where he has remained until he was discharged from active duty December 8th, 1945. He was promoted to Major on the 28th day of April, 1944 and was assigned as Chief of neurosurgical Sections at the Chicago and Santa Ana Regional Hospital. He was consulting neurosurgeon for the Western Flying Training Command and later for the Redistribution Command. He was in the service for three years, three months and three days. We are very sorry to have to state that Dr. Weaver will not resume his practice in Youngstown. He has chosen to locate in sunny California and will live at 2215 North Flower Street in Santa Ana.

### COMMANDER MARVIN B. GOLDSTEIN

Dr. Goldstein entered the Navy Medical Corps three and a half years ago as a lieutenant commander. At Newport, R. I., he was in charge of the skin disease department. After two years at Newport he was transferred to MacArthur's Seventh Fleet, with headquarters at Base Hospital 17 at Hollandia in Dutch New Guinea. There he organized a skin department in a naval hospital just being built. With the Philippine invasion, the hospital overflowed with patients. Survivors of naval disasters were frequently patients since prolonged exposure to the sun and sea damage the skin. At the conclusion of the Philippine campaign, he also became dermatologic consultant in the New Guinea area, traveling by jeep, plane and ship to check skin cases in outlying dispensaries and Seabee camps. Later the Dutch government bought the hospital and Dr. Goldstein was returned to the United States and separated from the service in December of 1945.

### LT. COL. IVAN C. SMITH

Dr. Smith was called to service as a captain in 1941. He first was sent to Camp Campbell, Kentucky as chief of medical service. He later took a refresher course in physical medicine at the Mayo Clinic, after which he was sent to Billings General Hospital at Fort Benjamin Harrison, Indiana where he was chief of physical therapy, reconditioning service and fever therapy.

## THE LIBRARY CORNER

**John H. Powers: Bulletin of the New York Academy of Medicine, V. 22, January, 1946. "Evaluation of Early Postoperative Activity."**

(Note: *The contents of this article are so precise and to the point that to abstract them properly would require an almost complete reprint of the article. It is recommended that those interested read the original article.*)

The author concluded that early postoperative activity, walking and other accelerated modifications in customary convalescent care, provided safe innovations in postoperative management by which the process of reconditioning may be largely eliminated and early rehabilitation achieved. Early activity is defined as arising from bed, standing, walking, and sitting in a chair on the first day after operation. To arrive at this conclusion, data is presented on three groups of postoperative cases: (1) A control group of 120 patients who were not permitted early activity; (2) 114 patients permitted activity on the first postoperative day; and (3) 108 patients allowed even greater activity, up and walking about, on the first postoperative day.

The types of operations in the study included hernioplasty, appendectomy for acute appendicitis, cholecystectomy, abdominopelvic surgery, and exploratory laparotomy. Data was compiled on the temperature, pulse, blood pressure, vital capacity, toleration to diet, gastrointestinal function, pain, postoperative complications, and time of convalescence. Types of sutures used, healing, and effect of anaesthesia are discussed.

1. Early postoperative activity does not affect adversely the temperature or the pulse.

2. There is no greater drop in blood pressure or rise in pulse rate.

coincidental with early arising out of bed postoperatively.

3. The drop in vital capacity is less precipitous and pronounced and the return to normal more prompt among patients ambulatory on the first postoperative day.

4. Regular diet is well tolerated; gas pains are minimized, and there is only a negligible loss of weight with early postoperative activity, gastrointestinal functions are more nearly normal and the need for laxatives and enemaes is diminished.

5. Postoperative pain caused less discomfort in early ambulation.

6. Comparative postoperative complications showed:

(a) No wound disruption in any group.

(b) Postoperative hernia; 3 in control group, 1 in early ambulation.

(c) Pulmonary and vascular complications about the same in both groups although postoperative atelectasis was greatly diminished in the early ambulatory group.

(d) There was a lessened amount of genito-urinary and gastro-intestinal complications in the early ambulatory group.

7. Days in hospital and weeks of convalescence were greatly decreased in the early activity group.

Silk and cotton suture were the ones most commonly used by the author. The type of anaesthesia used was no contraindication to early ambulation. Immobilization was not considered essential for the proper healing of coated tissues.

The contraindications to early ambulation are generalized bacterial peritonitis, marked debility, thyroid crisis, coronary thrombosis, and non-fatal pulmonary embolism.

(Continued on following page)

Guy P. Youmans and John C. McCarter: *American Review of Tuberculosis*, November, 1945 pp. 432-439. "Streptomycin in Experimental Tuberculosis."

Mice were infected with human type strain tubercle bacilli and were divided into control and treated groups. It was found that streptomycin had a marked suppressive effect on experimental tuberculosis in mice when administered in large enough doses and over sufficient length of time.

There is now available at the Youngstown Hospital Staff Library, the new journal "Blood."

### Bits From Washington

Rumor has it that the Priest Committee in the House of Representatives will set a time for hearings on the Dingell bill shortly after the reconvening of the Congress.

Significance is given to the fact that President Truman in his recent radio talk mentioned his health program only in connection with "other bills that are pending before Congress," and not once mentioned compulsory health insurance. Senator Taft in his answer to President Truman's original message to Congress termed the compulsory health insurance proposal of the President as communistic and asked "can anyone be surprised that there is some delay in enacting such a left wing communistic program?"

#### Farm Bureau Statement Against Compulsory Health Insurance

At a recent annual meeting of the Farm Bureau, the following statement was made in regard to rural health problems:

"One of the rural America's most urgent problems is to provide a pro-

gram to bring about better facilities in rural areas for hospitals, medical care and improved health. It will take the combined efforts of the medical profession and rural people to solve the problem.

"The solution must provide for comprehensive health education for well trained doctors, dentists, nurses, technicians and laboratory scientists, as well as the establishment of Public Health Centers, hospitals and clinics accessible to all sections of rural America.

"The care of our former service men and women, of the mentally sick and the indigent and the control of communicable disease is a public obligation and should be supported from public taxation. In some communities, after careful surveys it may be found advisable to use Federal grants-in-aid to assist groups to erect and equip hospitals. These must be controlled by the local people themselves.

"We believe in the extension of voluntary group pre-payment services on some type of an insurance plan that provides greater flexibility and would be more likely to succeed over a wide area than rigid uniform plans on a compulsory basis. We believe that a plan which will provide for prevention as well as curative measures and the right of the free choice of doctors should be zealously guarded."

Council on Medical Service and Public Relations of the American Medical Association.

We note with regret the passing of Dr. Graham, Corry, Pa., one of our faithful Postgraduate attendants. He was well known and highly respected and his passing has saddened a wide circle of friends.

## WOMEN'S AUXILIARY OF THE MAHONING COUNTY MEDICAL SOCIETY

**Mrs. L. George Coe, President**

**Mrs. C. A. Gustofson, Vice President**

**Mrs. John Rogers, Secretary**

**Mrs. W. K. Allsop, President-Elect**

**Mrs. M. M. Kendall, Treasurer**

A meeting of the program committee was held January 22 at the Y.M.C.A. to plan the program for the year.

The first meeting will be a bridge tea, to be held at the Women's City Club, February 18 at one-thirty, honoring the wives of the doctors who have returned from service and the new members of the auxiliary.

There will be a brief business meeting preceding the social hour and it is hoped every one will make a special effort to be on time so we can start the meeting promptly at one-thirty.

Our treasurer wishes to remind those who have not paid their dues for 1946 to please do so at once in order that her report may be complete and sent to the state treasurer. The dues are two dollars and may be sent to Mrs. M. M. Kendall, 1817 Selma Ave., Youngstown, Ohio.

### Chairmen and Co-chairmen of Committees

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Mrs. J. N. McCann, chairman  
Mrs. E. H. Hake, co-chairman

**Telephone—**

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Mrs. William Skipp, co-chairman

**Social—**

Mrs. E. E. Kirkwood, chairman  
Mrs. W. O. Mermis, co-chairman

**Publicity—**

Mrs. W. Z. Baker, chairman  
Mrs. L. J. Goldblatt, co-chairman

**Membership—**

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**Hygeia—**

Mrs. H. E. Hathhorn, chairman

**Finance—**

Mrs. P. J. McOwen, chairman  
Mrs. Raymond Lypse, co-chairman

**Project—**

Mrs. I. C. Smith, co-chairman  
Mrs. J. J. McDonough, chairman  
Mrs. B. M. Brandmiller, co-chairman

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Mrs. Dean Nesbit, chairman  
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**Historian—**

Mrs. R. B. Poling, chairman  
Mrs. C. D. Hauser, co-chairman



## BUREAU HEADQUARTERS MOVED TO 125 W. COMMERCE STREET

---

The Medical-Dental Bureau has moved to new and spacious quarters in the Schween-Wagner Building. The building has been remodeled completely and the new offices are well adapted to the enlarged activities contemplated by the Board of Directors. There has been a substantial increase in the membership. With twelve new members added and every old member returning from the armed services reinstated, there has been an increase of fifty in the last ninety days.

The secretarial employment service has been busy placing assistants in the new offices now being opened. Many applications are on file and doctors who need office help should avail themselves of the service which is free to members. The switchboard will soon be equipped to capacity and those who wish to use the telephone secretarial service can be accommodated. This service gives 24 hour coverage of the phone in the doctor's office so that when the phone rings, if it is not answered in the office, the Bureau operator answers and handles the call.

A new service of great value has been added since the Bureau now has access to the master credit file of the Credit Bureau of Youngstown. For years the Bureau officials have been trying to sell the commercial agencies on the value of considering the professional paying habits of the individual in establishing his credit rating. This has now been accomplished with the largest commercial agency in Youngstown and the advantages to both groups is inestimable. Not only will the doctors have access to information on the individual commercial rating, but the merchant members of the Credit Bureau will hesitate to advance much credit to a person who treats his professional credit with light regard.

During the war the Youngstown doctors in the service had many occasions to be thankful that there was a well organized Bureau at home to look after their accounts. The Bureau has always followed the policy of remitting collections to the members promptly each month and the Bureau statement enclosing a substantial check was as welcome as a letter from home, very good for the morale. Now that most of the vets are back they are glad to find that the Bureau has weathered the hurly burly of wartime, that it is still owned and operated by physicians and dentists of Mahoning County and stands to serve their financial interests in the future as it has for the past twelve years.

J. L. F.

We are pleased to announce the removal of our offices to new and more spacious quarters,

**SECOND FLOOR SCHWEEN - WAGNER BLDG.**

You are cordially invited to visit us and inspect our increased facilities for serving you.



## Medical-Dental Bureau, Inc.

125 W. Commerce St.

Youngstown, Ohio

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Each fluid dram contains:

Iron Peptanized . . . . .	4 gr.	Strychnine Phosphate	1-500 gr.
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Youngstown, Ohio

## RETURNED SERVICE MEMBERS

The following is a list of our members who have been discharged from service and are practicing medicine. Any omissions should be reported immediately.

W. H. Atkinson, M. D.	3370 Wilson Avenue	
O. A. Axelson, M. D.	Medical Arts Bldg.	84118
Joseph Colla, M. D.	518 Dollar Bank Bldg.	32256
C. H. Cronick, M. D.	160 W. Princeton Avenue	25300
G. E. DeCicco, M. D.	1008 Market Street	31215
Samuel Epstein, M. D.	2004 Elm Street (Dr. Yarmy's Office)	32625
W. H. Evans, M. D.	Dollar Bank Bldg.	42147
J. L. Fisher, M. D.	224 N. Phelps Street	
B. I. Firestone, M. D.	508 Home Savings & Loan Bldg.	36722
S. D. Goldberg, M. D.	506 City Trust & Savings Bldg.	31223
John Goldcamp, M. D.	810 Dollar Bank Bldg.	34168
M. B. Goldstein, M. D.	Stambaugh Bldg.	32554
R. A. Hall, M. D.	Home Savings & Loan Bldg.	36656
H. H. Ipp, M. D.	304-6 Home Savings & Loan Bldg.	27086
P. M. Kaufman, M. D.	304-6 Home Savings & Loan Bldg.	45121
J. P. Keogh, M. D.	812 Home Savings & Loan Bldg.	79217
J. E. L. Keyes, M. D.	617 Home Savings & Loan Bldg.	73643
Samuel Klatman, M. D.	409 City Bank Bldg.	31422
Herman Kling, M. D.	317 So. Solan St., Albuquerque, New Mexico	
O. M. Lawton, M. D.	Mahoning Bank Bldg.	33314
A. Marinelli, M. D.	1204 Central Tower	
P. R. McConnell, M. D.	19 Lincoln Avenue	38112
W. D. McElroy, M. D.	1006 Central Tower Bldg.	41677
R. H. Middleton, M. D.	Medical Arts Bldg.	
A. W. Miglets, M. D.	61 E. Florida Avenue	
Stanley Myers, M. D.	810 Dollar Bank Bldg.	34168
G. G. Nelson, M. D.	138 Lincoln Avenue	77650
S. W. Ondash, M. D.	2514 Mahoning Avenue	95358
Asher Randall, M. D.	5th Floor, Schween-Wagner Bldg.	
John A. Rogers, M. D.	603 Home Savings & Loan Bldg.	41944
M. S. Rosenblum, M. D.	406 Home Savings & Loan Bldg.	31912
C. W. Sears, M. D.	3031 Market Street	24617
Henry Sisek, M. D.	317 Home Savings & Loan Bldg.	39873
M. M. Szucs, M. D.	608 Dollar Bank Bldg.	47315
W. J. Tims, M. D.	19 Lincoln Avenue	37698
John Welter, M. D.	19 Lincoln Avenue	
Herman Zeve, M. D.	228 Lincoln Avenue	77650
J. M. Russell, M. D.	2726 Market Street	29113
William E. Sovik, M. D.	20 Twelfth Street, Campbell, Ohio	550012
R. E. Odum, M. D.	510 Dollar Bank Bldg.	42147
J. J. Sofranec, Jr., M. D.	1007 City Bank Bldg.	79249
Ivan C. Smith, M. D.	210 Home Savings & Loan Bldg.	73257
R. V. Clifford, M. D.	19 Lincoln Avenue	77322
M. W. Neidus, M. D.	Home Savings and Loan Bldg.	31912
	Professional Pharmacy . . . . .	16
B. M. Brandmiller, M. D.	2020 Market St.	29114
L. S. Shensa, M. D.	Dollar Bank Bldg.	75125
Robert L. Piercy, M. D.	613 Home Savings & Loan Bldg.	34189
H. J. Reese, M. D.		
A. R. Cukerbaum, M. D.	Home Savings & Loan Bldg.	73211
B. M. Bowman, M. D.	604 Home Savings & Loan Bldg.	41396

## Old Way . . .

### CURING RICKETS in the CLEFT of an ASH TREE

FOR many centuries,—and apparently down to the present time, even in this country—ricketic children have been passed through a cleft ash tree to cure them of their rickets, and thenceforth a sympathetic relationship was supposed to exist between them and the tree.

Frazer\* states that the ordinary mode of effecting the cure is to split a young ash sapling longitudinally for a few feet and pass the child, naked, either three times or three times three through the fissure at sunrise. In the West of England, it is said the passage must be "against the sun." As soon as the ceremony is performed, the tree is bound tightly up and the fissure plastered over with mud or clay. The belief is that just as the cleft in the tree will be healed, so the child's body will be healed, but that if the rift in the tree remains open, the deformity in the child will remain, too, and if the tree were to die, the death of the child would surely follow.

\*Frazer, J. G.: *The Golden Bough*, vol. 1, New York, Macmillan & Co., 1923



It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with rising of the sun, the light of which we know is in itself one of Nature's speci-

## New Way . . .

### Preventing and Curing Rickets with MEAD'S OLEUM PERCOMORPHUM

NOWADAYS, the physician has at his command, Mead's Oleum Percomorphum, a Council-Accepted vitamin D product which actually prevents and cures rickets, when given in proper dosage.

Like other specifics for other diseases, larger dosage may be required in extreme cases. It is safe to say that when used in the indicated dosage, Mead's Oleum Percomorphum is a specific in almost all cases of rickets, regardless of degree and duration.

Mead's Oleum Percomorphum because of its high vitamins A and D content is also useful in deficiency conditions such as tetany, osteomalacia and xerophthalmia.

**COUNCIL-ACCEPTED:** Oleum Percomorphum With Other Fish-Liver Oils and Vio-sterol. Contains 60,000 vitamin A units and 8,500 vitamin D units per gram and is supplied in 10 c.c. and 50 c.c. bottles; and in bottles containing 50 and 250 capsules.

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March