



BULLETIN

of the
MAHONING
COUNTY
MEDICAL
SOCIETY

January • 1958
Vol. XXVIII • No. 1
Youngstown • Ohio



Memo to Physicians . . .

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Donald Effler, Chief Thoracic Surgeon
Cleveland Clinic

Subjects: To Be Announced



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Representative to the Associated Hospital Service

J. M. RANZ

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Our President Speaks



It is with great pride and humility that I accept the challenge to serve as your president. This is not only a great honor but a great trust associated with considerable responsibility. I shall do all in my power to enhance the prestige of each and every member by performing my duties with the greatest sincerity and in the most judicious manner.

Our Society is primarily devoted to service to our patients. This is accomplished by improving the competency and increasing the integrity of all members. We must protect those who are not competent and those who do not make the welfare of the patient paramount in their daily work. I am proud of the competence and integrity of our members and also to their devotion to the care of the indigent sick people of Youngstown. Each day our member-physicians are rendering the best surgical and medical treatment to these needy people. This type of service is available to any patient with a hardship problem. No one in Youngstown need go for want of good medical or surgical care. Our Society is dedicated to cultivate and nourish loyalty, diligence and efficiency to whomever the patient may be.

It is hoped that our recent great success in an important civic project, the promotion of the new health ordinance, will stimulate our members to a greater interest and participation in community affairs. This Society stands ready to be of any assistance the Mayor finds necessary to establish this new and improved health department. Our Society is dedicated to pursue the completion of this project with the same vigor with which it was initiated.

The problems of the Society are becoming more and more complex. The entire membership must be eternally vigilant to meet these problems in an honest and realistic fashion. The changing socio-economic trends have resulted in the unions playing a big role in dispensing health services. We as a group must develop, with foresight, deep thinking and sincerity, plans so that our patients (members of unions) may have the best medical care with the least financial burden. I am not pessimistic about making an equitable agreement between doctors and unions. I will welcome the cooperation of the unions in solving mutual problems. Our Society will meet them to explore plans for the care of their members and our patients on a basis of free choice of physicians.

The question of the public's right to medical knowledge and information is difficult to assess. Each member varies on what he thinks should appear in the newspapers and on radio and television stations. Many of us forget that we and our ancillary groups have stimulated the public to a great interest in disease, its cause, treatment and prevention. Since we have done this we must become accustomed to the fishbowl of public scientific interest and knowledge. In 1923 in national magazines 30 medical articles appeared; in 1953 there were 299 such articles. This was to satisfy a medical

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Volume 28**January, 1958****Number 1**

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

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Robert Fisher, M.D.	Richard Murray, M.D.	Samuel Zoss, M.D.

news hungry audience. People want scientific reading material. The press will get it to them in one way or another. Won't we be better off giving them good accurate material than leaving this to chance?

The efficiency of the Society is directly proportionate to the leadership of the committee chairman and to the vigor with which the various committees accomplish their duties. Much committee work has to be done. It is necessary that we meet with the administrators of health insurances to re-evaluate and re-adjust surgical and medical fees. Any organization must never remain static, therefore, a Committee for the Study of Reorganization of the Society will be formed. Its first duty is to recommend, after exhaustive conferences, whether the Society should incorporate. We must be prepared in advance for future epidemics, therefore, a Committee for Epidemic Diseases is initiated now. This committee will develop and recommend a specific program to control any epidemic disease. It will promote the co-ordination of the joint activities of physicians, allied professions and the Youngstown Department of Health. This committee will also keep physicians informed on the proper use of vaccines and therapeutic agents. Above all a policy must be developed to control the distribution of vaccines.

The merit of social security for physicians will be evaluated. Other insurance plans will be studied and recommendations made to the entire membership for its decision. This is only a small part of what faces us next year. The active and full participation of each and every member is essential to expedite the work of the Society. A special Committee on Attendance will be instrumental in getting everyone out to each meeting.

To all of us I say: "THERE IS NO LIMIT TO THE GOOD A MAN CAN DO IF HE DOESN'T CARE WHO GETS THE CREDIT."

A. A. Detesco, M.D.

SOCIAL NEWS

Drs. Gambrel, Mahar, Mangie, Ondash, Pichette, A. K. Phillips, Raupple, Scheetz, Sovik and Stotler attended an "Institute on Medico-Moral Problems" at Detroit, Michigan, Nov. 20-23, and, incidentally, took their wives to the Michigan-Ohio State football game.

Dr. John Benko attended a "Tattersals" (Horse Auction) in Lexington, Ky., Oct. 24-27, but couldn't find any show horses as good as his own. His daughter, Duchess, won three awards at the Interstate Horse Show Association meeting in Pittsburgh, on Nov. 30; Champion five gaited amateur, Reserve Juvenile five gaited amateur, and Reserve Juvenile three gaited amateur.

Drs. Scheetz and J. J. Sofranec and their wives spent two weeks in Florida and had dinner with Dr. Kupec and his wife, who also were in Miami Beach for a few days.

Dr. Ivan Smith and his family moved to 1308 Virginia Trail on Nov. 22.

Our sympathy is extended to Mrs. Melaragno on the death of her brother, Mr. Andrew Dolak.

Dr. Wm. Evans was loaded with presents on Christmas day since it is also his birthday.

Dr. Ondash and his family spent the Christmas holidays in Nashua, New Hamp.

Dr. Elmer Wenaas and Dr. Ruth attended the Cleveland Clinic Ophthalmology meeting in Cleveland, Dec. 11, and 12.

The sisters of St. Elizabeth Hospital served a Christmas dinner to the entire attending staff and the Advisory Board, on Dec. 11. The group presented a portable Television set for the sisters' use.

The interne and resident staff of St. Elizabeth held a party at the Mural Room on Dec. 12 for the attending staff. They entertained the doctors with a lively skit while the attendings retaliated with some lampooning of their own.

J. R. Sofranec, M. D.

It was a strenuous season, with Asian flu stampeding thru the community, followed closely by the festivities of Tranksgiving and Christmas.

It was a season that was hard on doctors. Dr. Dave Belinky and Dr. F. Biercamp both landed in the hospital but are home now, convalescing. Dr. Bob Tornello had trouble recovering from the flu and took off for Florida earlier than planned. Dr. Rummell had a bout with labyrinthitis and took to bed at home.

But with all this gloomy news, there was a brighter side. Dr. Fred Friedrich returned from three weeks in Florida looking tanned and healthy. Dr. Wendell Bennett is still there finishing out two months of rest and relaxation, and at last report, Dr. Stechsulte was making last minute preparations to depart for the Sunshine State.

Drs. Fry and Mathay moved into Gene's new office building in Girard. It is a beautiful place complete with drug store. They threw an open-house party that did much to add to the festivities of the season.

Doctors Robert Kiskaddon, Frederick S. Coombs, Morris S. Rosenblum, and Arnoldus Goudsmit attended the American Federation for Clinical Research and the Central Society for Clinical Research meetings in Chicago, Illinois from October 31 to November 2, 1957. Also attending the Central Society for Clinical Research Meeting were Doctors Lewis K. Reed, William Bunn, Jr., Bernard Schneider, Raul Hernandez, Engelbert Hecker, and Rudolfo Martinez.

R. R. Fisher, M. D.

A PHYSICIAN'S RESOLUTION

In this fast, complicated world that we are now living, there are many problems that confront us. These we must accept with good graciousness to keep our equanimity. As physicians, we have a fine heritage, which is best expressed by Moses Maimonides, a great philosopher and physician of the 12th Century. It would be good to start our new year with a reminder of his appropriate prayer.

*"Be thou with me, Almighty Father of Mercy,
in all my efforts to heal the sick . . .*

*Grant that I may be filled with love for my
fellow-men. May the thirst for gain and
the desire for fame be far from my heart.*

*. . . Preserve my strength, that I may
be able to restore the strength of the rich
and the poor, the good and the bad, the
friend and the foe. Let me see in the sufferer
the man alone.*

*When wiser men teach me, let me be humble
to learn; for the mind of man is so puny,
and the art of healing so vast. But when
fools are ready to advise, or to find fault
with me, let me not listen to their folly.
Let me be intent upon one thing, O Father
of Mercy, to always be merciful . . . Give
me strength, and leisure, and zeal to
enlarge my knowledge. Our work is great and
the mind of man presses forward forever!
Thou hast chosen me in Thy grace to watch
over the life and death of Thy creatures.
. . . Guide me in this immense work, so
that it may be of avail."*

Maimonides' Prayer,
A. D. 1165

Morris S. Rosenblum, M. D.
Editor

COUNCILOR'S PAGE

Morris says the *Bulletin* goes to press tomorrow, and that he is determined to have it come out on time this year. I thoroughly endorse this policy, and at the same time admit that my page has many times, not been in on time.

I, as editor, always tried to have the *Bulletin* out each month before the council meeting. Best wishes, Morris! I think you will do an excellent job.

For those of you who carefully read the journal of the OSMA and the AMA, it is difficult to find something to write about. The State Journal always gives a very complete report on the proceedings of Council.

I am glad to report that the Postgraduate Assembly this year is in the black about \$200.00. Each speaker was presented with an honorium, in addition to his expenses, not very large, but large enough to show our appreciation.

Someone has said that socialism is like a pregnancy; one can't have just a little of it, it grows and grows and grows. There are many things going on in Washington that should give us plenty to be concerned about. Many of you will recall that on March 14, 1953, the AMA House of Delegates met in an extraordinary session in Washington to act on President Eisenhower's proposal to establish a Department of Health, Education, and Welfare. Our own delegate, the late Bill Skipp, was in attendance at that meeting and voted for the proposal. Senator Taft spoke in favor of it. The president of the AMA said that this was an opportunity to "rid ourselves of the socializers", and urged approval of the scheme.

He said, it would, among other things, strike a blow at socialism by facilitating dismissal of two Federal Security Agency officials who organized medicine regarded with suspicion. And so the House of Delegates approved the new department. But in the last five years, this department proved to be something different from what we thought it would be. It has been hatching disability freezes, disability insurance and other innovations branded as socialistic by the AMA. So that—to quote the Washington Report—"some leaders of the AMA at the recent Philadelphia meeting all but came out openly for the good old days of Oscar Ewing."

I want to pass on to you the following editorial from the Massachusetts Physician. I think it is excellent. If you are of the same mind, pass the word along. We have great obligations to society.

In a recent conversation a colleague was asked if he would like to serve as a Councilor. He replied that he didn't like medical politics. Because of the derogatory connotation the word politics has assumed in everyday American speech his reluctance to become involved in any kind of politics is understandable. Barton's definition of a medical politician, however, gives quite a different coloration: 'A medical politician means to me a physician . . . who not only talks about unclinical medical problems but tries to do something about them. He is actively concerned with the ethics, the economics and all the other social implications of his profession.' (Appreciation of Medical Politicians, Basil E. Barton, M. D. NEW ENGLAND J. MED., vol. 250, No. 20)



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As our socio-economic problems become more acute and complicated, so the need for medical politicians increases. Not too long ago, the New York Times asked: 'What does the Medical Society of the State of New York see as changes in the practice of medicine in the foreseeable future?' Replied Dr. James Greenough, president: 'In the foreseeable future, changes in the practice of medicine will be concentrated more in the field of medical economics rather than in the area of scientific medicine.'

The Councilors of the Massachusetts Medical Society can be considered medical politicians since the Council is the legislative body of the Society. In their acceptance of the position no self-interest is involved. The time, thought and effort expended by a Councilor in attending pre-Council and Council meetings are for the benefit of all members of the State Society. He is there to look after the interests of the 20 colleagues whom he represents. In the Council he votes what he believes will benefit his colleagues; he protects them—though they may be unaware that their interests need protection.

To qualify as a Councilor (and not everyone does), a physician must believe, as did Theodore Roosevelt, that every professional man owes some of his time and money to the profession in which he is engaged. Moreover, he should be able to think clearly and express his thoughts lucidly. Nor should he be afraid to speak his views openly and frankly. He should have some knowledge of parliamentary procedure. But above all, he should be interested in the problems of organized medicine.

While the position of Councilor entails obligations, there are some compensations for the man who accepts: the knowledge that he enjoys the confidence of his colleagues; the satisfaction of contributing to the welfare of the public and the profession; the enlargement of his scope of interests; and the widening of his circle of friends and enemies.

Yes, it is a privilege to be permitted to participate in the work of the council, even though it may be labeled politics. Viscount Morely expressed succinctly and well the writer's intent when he wrote: "Those who treat politics and morality apart will never understand the one or the other."

And Best Wishes for the New Year.

C. A. Gustafson, M. D.

THE MEDICOLEGAL CORNER

If a telephone call is emergent, do not accept it, unless you can visit with reasonable promptness.

If you do not have the time, do not undertake to see a patient.

Do not be callous or indifferent, or in any event, do not give that impression.

Be frank with your patients. Concealment of a condition is rarely justifiable and when necessary, the next of kin must be fully informed and have him acknowledge such communication in writing.

Invite discussion of your charges, before performance as well as after.

Take the time to record pertinent medical facts, while the patient is still present.

When making a notation about an extremity, be sure to indicate right or left.

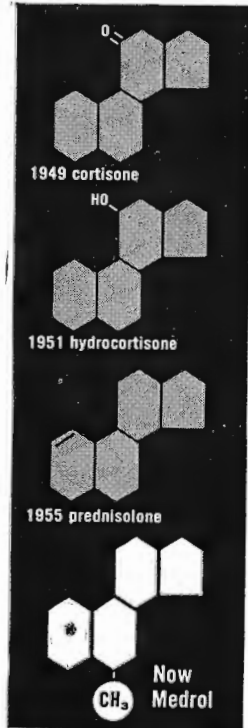
Let your nurse or receptionist listen to the lengthy repetitious conversation of the neurotic, but do not be curt to him or show impatience.

If you agree to do something for a reduced fee or no fee, do it graciously and efficiently.

Good public relations by the individual physician helps avoid legal difficulties.

Comments, suggestions, and questions will be appreciated.

Sidney Franklin, M. D., LL.B.



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FROM THE BULLETIN

Twenty Years Ago — January 1938

The late Claude Norris was President that year. He was Youngstown's first dermatologist, a man of keen mind and charming personality. He came from Oklahoma and was part Cherokee in ancestry. When he got to talking it was impossible to stop him. His President's Page that month ran over three pages.

The late Bill Skipp was President-Elect, Robert Poling was Secretary and Elmer Nagel Treasurer. James Brown was the Editor and Morris Rosenblum the Business Manager of the *Bulletin*. Jim Brown said he would welcome criticism if it were constructive.

There was a group of 15 doctors those days studying public speaking under the tutelage of Roy Fellers of South High School. They met every Wednesday night and every man had to make a speech. Sometimes they were prepared and sometimes impromptu on a subject assigned by the teacher. Those Wednesday nights were full of sweeping gestures, viewings with alarm and pointings with pride. Heckling was unconfined and the competition became white hot when the prize for the best speech was a ten cent cigar. We shall never forget the time when McClenahan impersonated the father telling his young son the facts of life or when King was exposing the chiropractors, with Fuzy heckling. In that group were two past-presidents, the president-elect and the present incumbent of 1938.

The Board of Health and the hospital laboratories were busy that winter with Neufeld tests for the typing of pneumonia. When the type was determined, serum was available to combat all the 32 types of pneumococci. In serious cases the serum was administered intravenously in amounts from 40 to 100 cc. To quote from the *Bulletin*, "The quality of the serum is wonderful, the technique of administration very simple, but the cost is prohibitive to the average patient."

On November 13, 1872 the physicians of this city (all ten of them) held a meeting and resolved to organize themselves into an association to be known as the Mahoning County Medical Society. That makes us 85 years old last November. The names of those doctors were: Woodbridge (the first president), Brooke, Whelan, McCurdy, Fowler, Buechner, Starr, Cunningham, Matthews and Powers. Dr. Woodbridge had a national reputation for his treatment of typhoid fever. The writer can remember that as late as 1916 some drug stores carried the tablets known as the Woodbridge Treatment. Some of our old timers can still remember Buechner and Whelan.

Dues were increased to \$20.00. The reason given was that Postgraduate Day was an established activity of the Society and should be included in the dues so that everyone would attend. When Postgraduate Day was discontinued no one thought to reduce the dues.

New members were William E. Maine, Samuel R. Zoss and Stanley A. Myers.

Ten Years Ago — January 1948

John Noll was President, J. N. McCann the President-Elect, V. L. Goodwin, Secretary and J. K. Herald, Treasurer. C. A. Gustafson was Editor of the *Bulletin* and Mary Herald the Executive Secretary. There were 234 active members, 12 non-resident, 15 interne, 9 associate and 9 honorary. The Treasurer's report showed a balance of \$178.59 income over expenditures and total assets of \$17,153.89.

The Youngstown Club was no longer available, so the Pick-Ohio Hotel was chosen for a meeting place.

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The Medical Crier's column predicted that in ten years there would be no new general practitioners. Dr. Eugene Elder was advocating a three month period of service in the Receiving Hospital for internes. Ivan Smith was elected Commander of the Walter F. Bartz Post of the American Legion.

Dr. Oscar Axelson died of a heart attack. He had a strenuous war service in France, Belgium and Germany. He was an ideal physician well loved by his patients and colleagues.

Dr. Sidney Franklin became a member of the Society.

J. L. Fisher, M. D.

MEDICAL GLEANINGS

Pearls from the Thirtieth Scientific Session of the American Heart Association

Dr. Bernard Berman reports the importance of eliciting the history of dyspepsia associated with effort or following effort. He pointed out that in selected cases these symptoms may be equally valid as the "angina of effort".

Dr. Francis Claps and Alfred Kaltman concluded from a correlated catheterization and ECG study that in patients with rheumatic heart disease with mitral stenosis an isolated "R" wave or an "R" wave taller than the "S" wave in "VI" is a good index of high right intraventricular pressure.

Dr. Alfred Pick reported data on the action of Isuprel. The beneficial effects in the management of the various complications of "A-V" block are mediated by two different mechanisms, (a) in complete "A-V" block by acceleration of supraventricular pacemakers, (b) in incomplete "A-V" block (with "A-V" dissociation) by improvement of "A-V" conductivity leading to secondary suppression of activity of all subsidiary pacemakers.

Pearls from the Midwestern Section Program, American Federation for Clinical Research, Chicago, October, 1957

Dr. Carl Kobert reported data that indicate the heart in the anemic subject maintains a normal myocardial oxygen supply mainly by adjustments in volume of coronary blood flow, but also by maximum oxygen extraction. It is suggested that the anemic heart has a higher mechanical efficiency than the normal.

Dr. Timothy Regan reported data on eight patients that suggest Nalline has a stimulating action on the sino-auricular node, auriculo ventricular node and the atria which is primary and not related to Digitalis. This resembles the action of the sympathomimetics, but without the tendency to ventricular ectopic beats. There was no effect on "Q.R.S." duration and no significant effect on blood pressure. This action makes Nalline practical in treatment of complete "S-A" block and "A-V" dissociation.

Dr. M. D. Milne reported the interesting data showing that Mecamylamine is excreted in an acid urine and patients with acid urine have a less satisfactory blood pressure response. If the urine is made alkaline with Diamox or Sodium Bicarbonate, there is retention of Mecamylamine and lowering of blood pressure.

There were several papers on the new diuretic, Chlorothiazide. This is a potent oral diuretic of the carbonic-anhydrase inhibiting type which seems to lower blood pressure in combination with Reserpine by potentiating effects of the hypotensive agents. A word of warning was given in regard to chronic administration of the drug. The drug causes changes in body electrolytes and renal function leading in some patients to severe acidosis probably due to disproportionate loss of sodium and retention of organic acids.

R. L. Jenkins, M.D.

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YOUNGSTOWN HOSPITAL NEWS

If you had a patient who was seriously ill who could not be admitted to Youngstown Hospital in the last few months, no one needs to remind you of the acute shortage of hospital beds the Youngstown area is facing. All the scientific advancements now available in our hospitals do not help the patient who is unable to get a bed. The flu and its complications has made apparent ever-widening gaps that have been steadily increasing since the war years. With the growth of new industry, the St. Lawrence seaway, the war babies due to mature in the next ten years, and the steadily increasing geriatric load, it would seem inevitable that the shortage of beds will grow progressively worse for some time.

How many hospital beds does Youngstown need? The population which depends on Youngstown's hospitals for care is estimated to be more than 350,000. At the present time Youngstown is 350 beds below the 4.5 beds per 1000 population recommended. The welcome and beautiful addition to St. Elizabeth's Hospital has made approximately 550 beds available there. The Youngstown Hospital now has 700 beds, and the construction of a new wing at North Side Hospital will add another 136 new hospital beds, as well as an emergency room, orthopedic facilities, and changes in X-ray and laundry facilities.

Hospital construction is an expensive proposition as the charge of 2.4 million dollars for the changes at North Side Hospital will attest; this expense, however, is not only needed but is essential.

Plans for further expansion should not stop here; the new total of 1336 general hospital beds in Youngstown is not enough.

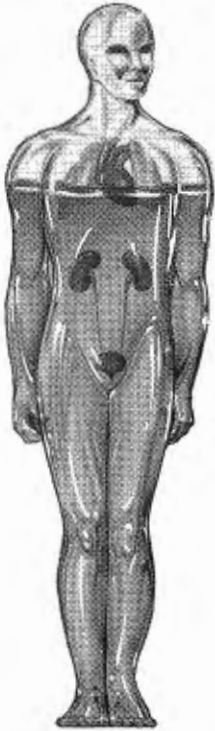
It is interesting to review the history of Youngstown Hospital, presently the largest general hospital in Ohio with 700 beds and 30,000 yearly admissions. The original North Unit was built in 1929 for 2 million dollars. The four-story wing at South Unit (which includes the X-ray department and Children's Ward) was built in 1937 for 300 thousand dollars—a dollar meant something then. The north wing of North Unit was built in 1947 for one million dollars. The new hospital construction completed at South Unit in 1954 cost 3 million dollars. Miscellaneous construction and equipment cost 1.7 million. Therefore, the construction and equipment for 700 beds and 100 bassinets has been about 8 million dollars but the replacement value at today's prices is about twice that amount.

The increase in medical practice done at Youngstown Hospital in the last ten years reflects what further increase may be needed in the next ten years. From 1946 to 1956 the hospital admissions have increased 40% to 30,287 yearly (the largest in Ohio); obstetrics up 47% to 4,781 yearly (the second largest in Ohio); surgery up 38% to 12,766 yearly; medical cases up 59% to 8,616 yearly; emergency department exams up 136% to 25,552 yearly; out-patient exams up 305% to 8,140 yearly; X-ray exams up 96% to 61,174 yearly; laboratory exams up 73% to 331,750 (when all three categories of clinical exams, autopsies and surgical specimens are considered, the laboratory is leading the state). How much increase would there have been if sufficient beds had been available?

The 175 doctors using Youngstown Hospital have been asked to contribute 155 thousand dollars to the present building fund. This is not a contribution but an investment in our work to care for the sick.

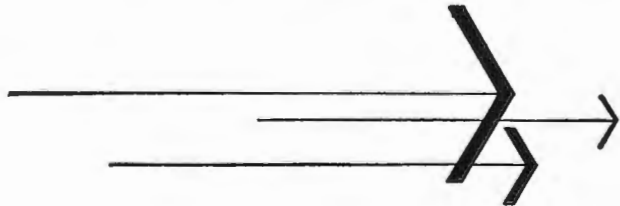
To what extent will the 175 physicians using Youngstown Hospital be served by the Hospital in the next three years? The Hospital will admit 26,000 medical, 38,000 surgical, and 14,000 obstetrical cases. It will perform 183,000 X-ray examinations and 1,000,000 laboratory tests.

**MERCK SHARP & DOHME
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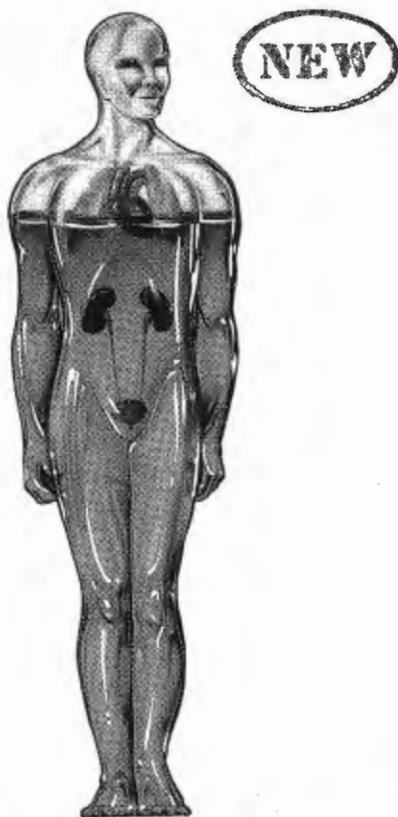


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INDICATIONS: Congestive heart failure; premenstrual edema; edema of pregnancy; renal edema—nephrosis, nephritis; cirrhosis with ascites; drug-induced edema. May be of value to relieve fluid retention complicating obesity.

DOSAGE RANGE: one 500 mg. tablet 'DIURIL' to two 500 mg. tablets 'DIURIL' once or twice a day.

SUPPLIED: 250 mg. and 500 mg. scored tablets 'DIURIL' (Chlorothiazide); bottles of 100 and 1,000.

BIBLIOGRAPHY: Baer, J. E. *et al.*: *Fed. Proc.* **16**:278, (March) 1957; Beyer, K. H. *et al.*: *Fed. Proc.* **16**:282, (March) 1957; Ford, R. V. *et al.*: *M. Rec. & Ann.* **51**:376, (April) 1957; Ford, R. V. *et al.*: *Arch. Int. Med.* **100**:582, (October) 1957; Ford, R. V. *et al.*: *Antibiotic Med. & Clin. Therapy* (in press); Moyet, J. H. *et al.*: *Proc. Soc. Exper. Biol. & Med.* **95**:529, (July) 1957; Novello, F. C. and Sprague, J. M.: *J. Am. Chem. Soc.* **79**:2028, (April 20) 1957; Russo, H. F. *et al.*: *Fed. Proc.* **16**:333, (March) 1957; Hollandet, W. and Wilkins, R. W.: *Boston Med. Quart.* **8**:69, (Sept.) 1957; Freis, E. D. *et al.*: *J.A.M.A.* (in press); Finnerty, F. A.: *N. Y. State J. Med.* **57**:2957, (Sept. 15) 1957; Freis, E. D. and Wilson, I. M.: *Med. Ann. District of Columbia* **26**:468, (Sept.) 1957; Freis, E. D. *et al.*: *Circulation* (in press).

HYPERTENSION

- 'DIURIL' provides basic therapy to improve and simplify the management of hypertension.
- 'DIURIL' often reduces dosage requirements of antihypertensive agents below the level of serious side effects.
- 'DIURIL', added to the regimen, is often effective in controlling the blood pressure of even highly resistant cases of hypertension.
- 'DIURIL' maintains its effectiveness even during prolonged therapy.
- 'DIURIL' smooths out blood pressure fluctuations.
- 'DIURIL' is orally administered with simple dosage schedules.

INDICATIONS: Hypertension of all degrees of severity.

DOSAGE RANGE: one 250 mg. tablet 'DIURIL' two times daily to one 500 mg. tablet 'DIURIL' three times daily.



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The expansion and improvement of hospital facilities should be considered by every physician as an extension of the arm of service he holds out to his patients, for it is of equal importance to his office practice. Why does the physician choose to spend 35% of his income to provide medical facilities in his practice outside of the hospital, and to contribute less than 1% to provide a better hospital for the treatment of his patient?

The physician must lead the way to show the people the need for a steady increase in hospital facilities. The community campaign for the present building fund will begin after Christmas. The physician must not leave the responsibility of raising this money to others who know much less about the need for an even better hospital. It is up to the physician to put over this campaign for adequate hospital facilities. If he does not, the socialistic-minded Federal Government will do the job for him.

James L. Smeltzer, M. D.

ST. ELIZABETH HOSPITAL NEWS

On October 15, 1957, construction of a tunnel was undertaken to connect the student nurses' quarters with the hospital. This project, although long desired and often times thwarted, will be a major contribution to the hospital. The tunnel will be two hundred seventy feet long and eight feet wide. The total cost will be \$97,000 and includes the re-routing of storm and sanitary sewers, gas and water lines, as well as telephone cables. The purpose of the project is the protection of the student nurses must travel back and forth from the hospital of the nurses' home many times, both day and night. The financial expenditure may appear great, nevertheless, to many of us, who have been fearfully awaiting a fatal accident on the Belmont Avenue crosswalk, the cost is far cheaper than that of one life, which cannot be measured in dollars and cents.

Another welcomed contribution of the new expansion program has been the firm establishment of the heart station which is located on the first floor of the North Wing. This department, together with two full-time technicians is doing a very fine job. A new requisition form is now required which supplies important details to the cardiologist evaluating the electrocardiogram. The new furniture as well as the colorful pictures of famous cardiologists gives the department a very attractive atmosphere.

Although the newspapers and radio have adequately covered the recent case of rare blood type, we thought you would be interested in some of the background details.

On November 21, 1957 blood was typed on a maternity patient of Dr. S. V. Squicquero, and often, many cross matchings proved the blood to be uncompatible. It was felt by the laboratory staff that this patient was sensitized to some unknown factor, and it was therefore sent to Dr. James J. Griffiths of Miami, who reported the case to bet that of a "U" Negative type. This set into action a series of events which received national attention.

The Laboratory and the attending staff should be congratulated on their accurate and careful attention for a rather difficult problem. Special thanks are due Dr. Griffiths, of Miami, Dr. Lester J. Unger of New York, Dr. T. J. Greenwalt of the Milwaukee Blood Center; Ortho Laboratories; the Wisconsin Air National Guard, 79th Fighter Group, United States Air Force, and the St. Elizabeth Blood Bank for their efforts in behalf of this case.

It is unofficially reported that this may be the first known child born with a hemolytic reaction to the "U" Negative factor that has survived!

L. P. Caccamo, M. D.

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'Trisogel' combines the prompt antacid action of aluminum hydroxide with the more sustained effect of magnesium trisilicate.

In the treatment of peptic ulcer, the usual adult dose is 1 or 2 tablespoonfuls every one to three hours.

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*'Trisogel' (Magnesium Trisilicate and Colloidal Aluminum Hydroxide, Lilly)

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MEETINGS — January 1958

- AMERICAN COLLEGE OF SURGEONS, Regional Meeting, Statler Hilton Hotel, Jan. 9-11. Dr. Frank H. Kidd Jr., 4000 Janius St., Dallas, Texas., Chairman.
- AMERICAN COLLEGE OF SURGEONS, Regional Meeting, Hotel Heidelberg, Jackson, Miss., Jan. 16-18. Dr. James H. Johnson Jr., 710 N. State St., Jackson, Miss., Chairman.
- AMERICAN SOCIETY FOR SURGERY OF THE HAND, Waldorf-Astoria Hotel, New York, Jan. 31-Feb. 1, Dr. George S. Phalen, 2020 E. 93rd St., Cleveland 6, Ohio, Secretary.
- NEUROSURGICAL SOCIETY OF AMERICA, Key Biscayne, Fla., Jan. 15-18. Dr. Frank P. Smith, 260 Crittenden Blvd., Rochester 20, New York., Secretary.
- WESTERN SOCIETY FOR CLINICAL RESEARCH, Carmel, California., Jan. 30-Feb. 1. Dr. Arthur J. Seaman, University of Oregon Med. School, Portland 1, Oregon, Secretary.
- INTERNATIONAL SYMPOSIUM ON RADIOACTIVE ISOTOPES IN CLINICAL MEDICINE AND RESEARCH, Bad Gastein, Austria, Jan. 7-10. For information address: Dr. Herbert Vetter, 2nd Medical University Clinic, Wien IX, Garnisonsgasse 13, Vienna, Austria.

MEETINGS — February, 1958

- AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS, Waldorf Astoria Hotel, New York, Feb. 1-6. Mr. John K. Hart, 116 S. Michigan Ave., Chicago 3, Executive Secretary.
- PAN AMERICAN CONGRESS OF OPHTHALMOLOGY, New York, N. Y., U. S. A., Feb. 1. For information address: Dr. William L. Benedict, 100 First Avenue Bldg., Rochester, Minn., U. S. A.

MEETINGS — March, 1958

- CONGRESS OF INTERNATIONAL ANESTHESIA RESEARCH SOCIETY, New Orleans, La., March 24-27. Dr. A. William Friend, East 107 and Park Lane, Cleveland 6, Ohio, Executive Secretary.
- INTERNATIONAL SCIENTIFIC CONGRESS OF INTERNATIONAL COLLEGE OF SURGEONS, Los Angeles, Calif., March 9-14. Dr. Karl A. Meyer, 1516 Lake Shore Drive, Chicago 10, Ill., Secretary.

Sam Zlotnick, M. D.

WOMAN'S AUXILIARY

No regular meeting of the Woman's Auxiliary is held during the busy month of December. We are very happy to announce that our next meeting will be a dinner meeting at 6:30 P. M. on January 14, 1958 at the Youngstown Club. We are fortunate to have as speaker that evening, Dr. Leonard Lovshin of the Cleveland Clinic, who will discuss "The Tired Mother Syndrome"—a most appropriate topic for that season of the year.

Our Safety Chairman, Mrs. William K. Allsop still has some "Personal Health Information" cards available to those who may be interested. She has distributed about 7,000 of these wallet-sized medical history cards to various local social and service organizations, including the League of Women Voters, P.T.A. groups, and many others.

*Mrs. Harold J. Reese
Publicity Chairman*

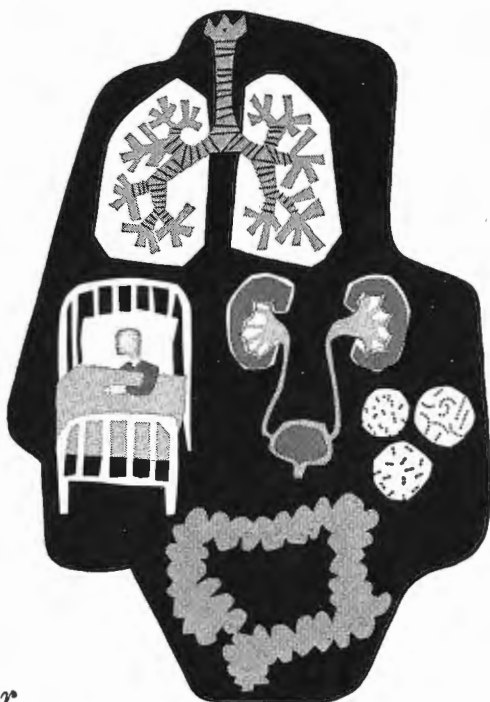
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MEET THE OLD PRO'S

DR. A. EARL BRANT



Dr. Brant has probably had as much influence on the standards of the Youngstown Hospital as anyone before or after him. As chief of surgery from 1937 through 1954 he was influential both by his own example and by his conscientious efforts at maintaining a high level of medical standards among his surgical colleagues.

Dr. Brant was born in Youngstown in 1889, was educated at Rayen High School and took his medical training at Jefferson, graduating in 1912. He returned to the Youngstown Hospital where he interned for one year, and chief resident his second year. In 1914 he associated himself with Dr. A. M. Clark, Dr. C. R. Clark, Dr. H. E. Patrick and Dr. J. Sherbondy. In 1915 he went back to Jefferson for post-graduate training in urology, and returned to Youngstown with the same group. In 1917 he began to assist Dr. Sherbondy in his surgery, this being interrupted by a tour with the U. S. Army as a surgeon, during World War I. He resumed practice in 1919, and in 1922 he and Dr. Sherbondy set up a separate office for the practice of surgery. This association continued until 1935 when ill health caused Dr. Sherbondy to retire from his practice.

Dr. Brant served as president of the Mahoning County Medical Society in 1932, and was president of the 6th Councilor District in 1933. In 1937 he was made Chief of Surgery at the Youngstown Hospital and continued in this post until 1954. This same year he was elected president of the hospital staff and was re-elected each year until he voluntarily retired from this post in 1947.

He is a member of the A.M.A., became a member of the American College of Surgeons in 1922, a member of the Society for the Study of Neoplastic Diseases, and a founding member of the American Board of Surgery.

Dr. Brant was married to the former Viola M. Evans on September 14, 1916, and has a son and a daughter. Well known to most of the Youngstown Hospital staff is Earl, Jr., who is now a radiologist at Lennox Hill Hospital in New York City, and who has made Dr. Brant a grandfather on two occasions. Besides his interests in medicine, his community and his family, Dr. Brant has been keenly interested in photography, fishing and woodworking.

Of all his surgical techniques he is especially proud of his work in plastic surgery, especially in the repair of cleft palate. He became interested in the repair of cleft palate in 1920, at a time when there was little work being done in this field. There are many grown persons in this vicinity who are much happier because of his early interest in plastic surgery.

When asked if, on reflection about the changes in hospitals, medical training, and medical care, he had any comments, he said that he did and this his comment would be, "I would a darn sight rather get sick now than when I started into practice." It is of course true that physicians like Dr. Brant have played a large part in making this an obvious fact.

—Hugh Bennett, M.D.

To: County Medical Society Members
 From: Irwin, Neisler & Co.

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DR. ROBERT POLING

Dr. Robert Poling has practiced Internal Medicine in Youngstown since 1926. He graduated from the University of Louisville in 1923 and served his internship at Louisville City Hospital. From 1926 to 1936 he was Chief Pathologist at St. Elizabeth Hospital. Dr. Poling limits his practice to Internal Medicine which includes considerable allergy. He has taken many courses over the years in internal medicine with emphasis on cardiology. He is a member of the American Heart Association, the American College of Allergy and is a Fellow of the American Society of Clinical Pathologists and the American College of Allergy.

In 1948 he served as President of the Saint Elizabeth Hospital Staff and in 1940 he was President of the Mahoning County Medical Society.

His hobbies include fishing, photography, and hunting which he pursues with avid enthusiasm. Dr. Robert Poling is a fine physician, gentleman, and a great asset to his community.

—Lester O. Gregg, M.D.

FULL TIME EXECUTIVE SECRETARY


Just as the City of Youngstown was behind the times in regard to a qualified health commissioner, our Society is behind in not having a full time executive secretary. The many constructive things that have been done were the result of great sacrifice of time and effort by our previous presidents and councils. But even that would not have been enough without the utilization (almost exploitation) of the facilities of the Medical-Dental Bureau. The effective and sincere service of Paul Herald (without proper remuneration) is obvious and known to all. Our Society is deeply grateful to him for his unselfish enterprise.

The social and economic trends have increased our responsibilities and have added numerous complex and time consuming activities to our agendas. Therefore, to make our efforts more effectual, we cannot do without a full time executive secretary.

It is impossible to operate a Society of 300 members with today's prices or yesterday's assessment of thirty dollars a year. This is the lowest dues of all groups of our size and the reason why we do not have the proper administrative set up. Our vital activities cannot be expedited or coordinated to make us a first rate modern medical organization.

It is the duty of each member to give this important matter serious and objective thought. Definitive and appropriate action must be soon taken to remedy the shortcomings of the Mahoning County Medical Society.

A. A. Detesco, M. D.
President



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"barbiturate
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MEET THE ROOKIES



ROBERT G. WARNOCK, M. D. who is joining the County Society as a junior active member? Bob is thirty three years old and was born September 21, 1924, the son of George C. Warnock, M.D., who practiced medicine in Youngstown for many years. Doctor Warnock attended the College of Wooster and Bates College in Lewiston, Maine. His training at Bates was with the Navy V-12 program. Following his college duty he was a Naval Hospital Corpsman and Laboratory Technician at the U. S. Naval Hospital in Portsmouth, New Hampshire. After discharge from the service in 1945, he attended the University of Maryland, School of Medicine and graduated in June, 1949. His internship and residency in internal medicine was carried out at the Youngstown Hospital Association from July, 1951 to June, 1955. After his residency training he went back into the Service and was Chief of Medicine at the U. S. Army Hospital, Fort Lee, Virginia. Since April, 1957, Bob has been in private practice with Doctor Fred Coombs in the Home Savings and Loan Building.

Mrs. Warnock is the former Dorothy Keturakis of Baltimore, Maryland and they have one son, Richard George, who is two years old. Doctor Warnock lives at 6131 Glenwood Avenue in Boardman.

* * * *

DOCTOR I. WERBNER who was born in 1910 in Lwow, Poland? Doctor Werbner received his M. D. degree from the University of Genoa in Italy in 1938 and after medical school, was on the staff of the Los Banos Camp Hospital until 1945. During that time he was interned there by the Japanese army during its occupation of the Philippine Islands. He completed a rotating internship at Mt. Zion Hospital in San Francisco in the years 1947 and 1948 and had a year of graduate study at the University of California, School of Public Health where he received the Master of Public Health degree in 1949.



The next four years were spent in residency training in psychiatry and on the staff at Crownsville and Springfield State Hospitals in Maryland. He was also a fellow in the Child Guidance Center and Adult Out-Patient Service at the Psychiatric Institute of the University of Maryland. The following year, he was on the staff of the Veterans Administration Neuropsychiatric Hospital at Roseburg, Oregon. In November, 1956, he came to Youngstown to fill the post of Director and Psychiatrist at the Child Guidance Center.

He is in private practice, specializing in Child Psychiatry and is eligible for the American Board of Psychiatry and Neurology.

His wife, Libby, has an M. A. in Social Science from Smith College, Massachusetts, and is a former social worker. They have two children, Gina, age 7 and Debbie, age 4.

Doctor Werbner has many interests ranging from hi-fi to fish, photography and traveling.

Welcome to Youngstown, Doctor Werbner.



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Magnesium (as MgCl ₂ •6H ₂ O)	2 mg.
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Alcohol	18%



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Vitamin B ₁₂	1 mcgm.
Niacinamide	50 mg.
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Pantothenic Acid (as panthenol)	10 mg.
Choline (as tricholine citrate)	100 mg.
Inositol	100 mg.
Calcium (as Ca glycerophosphate)	48 mg.
Phosphorus (as Ca glycerophosphate)	39 mg.
Iodine (as KI)	1 mg.
Potassium	10 mg.
Magnesium (as MgCl ₂ •6H ₂ O)	2 mg.
Zinc (as ZnCl ₂)	2 mg.
Manganese (as MnCl ₂ •4H ₂ O)	2 mg.
Iron (as ferrous gluconate)	20 mg.
Alcohol	18%



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ROY L. THOMAS, JR., M.D. who lives at 421 W. Scott St. Doctor Thomas was born in 1921 in Youngstown and he is now doing general surgery from his office at 312 East Federal Street.

Doctor Thomas attended Morehouse College in Atlanta, Georgia and the University of New Hampshire. He was an army medical corpsman in 1943 and 1944. In 1944, he began his medical school at Meharry Medical College in Nashville and he interned at the Homer G. Phillips City Hospital of St. Louis in 1949 and 1950. His residency was at the same institution. It was in general surgery lasting until 1953.

Dr. Thomas saw army duty as a Captain in the Medical Corp in Korea in 1954 and 1955. He began practice in Youngstown in January, 1957 and is associated with Doctor H. Holden, who was a classmate in medical school. Roy married a school teacher from New Orleans and she has presented him with two children, Ahmed, aged twelve who is in the seventh grade and Venita Lorraine, who is in the tenth grade.

Doctor Thomas' commendable plans are to become an asset to Youngstown, both as a physician and as a citizen.

We are happy to have you with us, Doctor Thomas.

Wayne Agey, M. D.

BOLOGNESE RENAISSANCE

In the sixteenth century the Studium of Bologna was considered to be one of the oldest and most respected universities in Europe. There, on the second of January, 1558, Giulio Cesare Aranzio, Professor of Surgery, attended a Mass in the Chapel of Santa Maria di' Bulgari as was the custom for students and professors on every day in which there were to be either lessons or disputations. Following the Mass the ringing of a very large bell, La Scolara, for half an hour called the students to classes at nine o'clock in the morning. During this time the professors gathered in large halls on either side of the Chapel of Santa Maria di' Bulgari with those of art and medicine on the left and those of law on the right. When the hour of nine approached, they were accompanied by their beadles to the lecture halls. Ordinarily they were garbed in full togas with wide sleeves and mantles of ermine. They passed quite sedately up broad stairways preceded by the beadles carrying the traditional silver maces over their shoulders. The beadles might be dressed in jackets and mantles of velvet and in black hose. The professor was conducted down the center aisle by the beadles and the students would rise as an indication of their respect for the knowledge of the professor. The professor would take his position on a dais seated on a chair behind a long desk. The back of the chair would reach high towards the ceiling with a canopy extending out over its top. Over the chair ordinarily was a frescoed image of the Blessed Virgin. Each professor was required to give at least one hundred lessons throughout the year under penalty of a fine for failure to do so. And so, Aranzio on this date was about to give one of his one hundred lectures during the student year.

Emphasis during this century was on outward display and ceremony, characterizing the social life of the times which came to be ruled by an elaborate system of courtly manners. The most luxurious and ostentatious dress was considered the epitome of fashion. There were rich silks and brocades, heavy gold chains, rings, buttons, beads, jewels; and the use of powders and



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paints was esteemed a sign of position and wealth. But, underneath there was also considerable progress being made in medicine, philosophy and law.

Aranzio was Professor of Surgery, but he also conducted the anatomical dissections and later when a Chair of Anatomy was established in Bologna he became the first full Professor of Anatomy. Up until this time anatomy had always been taught by the Professor of Surgery. He was courageous and original in his research and in his adherence to the experimental method. In 1571 he published his *De Humano Foetio* which was a study of the human foetus and he was the first to describe the deformed pelvis. One of his students, Scipione Mercurio, who practiced obstetrics in France around 1571 wrote a book, *La Comare o Raccoglitrice*, affirming for the first time that the narrow pelvis is an indication for Caesarian section.

Aranzio's study of the valves of the heart led to his discovery of the "Nodules of Arantius" and for this discovery he is best known to modern physicians. He also wrote a treatise on the circulation of the blood; however, he stopped somewhat short of a solution, the solution being linked to an understanding of the hepatic system which was considered untouchable at that time. It was to be Harvey who would solve this problem. He also wrote a first description of the coraco-brachialis as a separate muscle. According to the report of a Polish physician, Wojciech Oczko, who studied in Bologna sometime between 1565 and 1569, Aranzio performed rhinoplastic operations and taught the method to his students; one of his most famous students being Gaspare Tagliacozzi, who contributed the Italian method of nose reconstruction and is considered the Father of Modern Plastic Surgery. Aranzio was noted for the molding of the minds and thoughts of his students into the ways of independent investigation and experimental approach which he hoped would guide them throughout the remainder of their lives.

Another professor at the Studium of Bologna at this time was Girolamo Cardano, a most forceful and fascinating character. Boastful and arrogant he was mathematician, physician, astronomer, also an astrologer and a mystic. In 1545 he published the first great Latin treatise devoted solely to algebra in which he revised much of all that had previously been written on the subject and proceeded to establish a new basis, that of symbols, for calculations in complex numbers. Cardano's writings fill seven thousand folio pages, published in ten huge volumes, four of which comprise the extent of his studies on medical subjects. He made notable contributions to the early study of clinical psychiatry, reporting his observations of types of abnormal mentality. He experienced a firm belief in dreams, signs and portents and his enthusiasm for astrology led him to plot the horoscope of Jesus Christ. It is possible that for this audacious act, as well as some of his other writings which were considered offensive to the Church, he was thrown into prison for several months by the Holy Inquisition in 1570, at which time his name was dropped from the rolls of the Studium.

A third great professor during this century at the Studium of Bologna was Ulisse Aldrovandi who taught at the University for almost fifty years and turned out to be one of the most renowned men of the entire sixteenth century. He was a member of the College of Medicine and Philosophy, Professor of Logic and Philosophy, later of medicinal herbs. He also wrote profusely on natural history, both zoology and botany. He maintained constant touch with the Grand Duke Francesco and later with Ferdinando of Tuscany in order to procure from their foreign ambassadors animals, birds and plants which he could not see in Italy, demonstrating an avidity to study the actual specimen rather than books about it. Aldrovandi taught the principal course in natural

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philosophy in the morning. Aranzio taught the chief course in surgery which was also in the morning. Cardano taught a course in the theory of medicine; however, he had been brought from Milan to conduct the "ordinary" morning course in this subject. Being from out of town, however, it was objected by the other professors that the procedure was contrary to the statute stating that no professor who was not of Bolognese birth and citizenship could lecture in the morning. Therefore, the Senate of the city decided that Cardano's course should be held at another less important hour. And so, his course was changed to an afternoon hour. Despite the hostility which this restless and erratic character aroused among his colleagues, his erudition nonetheless earned him their respect and also the respect of the Senate.

It is interesting to note that a student of this era to practice medicine had to graduate both in philosophy and in medicine. Some students took the two courses separately and some took the two courses together graduating at the same time. The teaching of Medicine was divided into theoretical and practical medicine, including the principals of Pathology under the first part and the particular cures for the various diseases under the second part. Both Greek and Arabic authors were taught. Natural philosophy, moral philosophy and philosophy were also subjects of importance. There was the Canon of Avicenna, the Colliget of Averroes, De Simplicibus Medicinis of Serapion or Mesue, the Regimen of Maimonides, the Aphorisms of Hippocrates, and the Ars Medica, the De Crisibus and the De februm differentiis of Galen. Surgery was based primarily on Galen.

The traditional rites and ceremonies of graduation were performed only with the greatest solemnity and pomp. They were often enlivened by processions, balls and banquets depending upon the wealth of the students who were graduating. One first had to satisfy the fees for graduation and then it was necessary to obtain the approval of the Archbishop of the Diocese of Bologna who was also the Chancellor of the Studium. To accomplish this permission it was necessary to appear before the Vicar General Surrogate of the Archbishop for an examination in religious faith. This ceremony was performed in accordance with the Bull of Pius V. Prior to graduation one then took a rather interesting oath which is dissimilar to the Oath of Hippocrates. Bologna being ruled by the Pope, the Church was more interested in the souls of the sick than in the healing of their ailments. Here is a quotation from a part of the oath: "To wit, that when you are called to the bedside of the sick, you will before all else advise them to confess all their sins to a proper confessor, according to the ritual of the Holy Roman Church, and that you will not treat them for more than three days unless the confessor has granted the sick person a longer time for some reasonable cause with which his conscience is burdened, and unless he has informed you by written affidavit that the patients have confessed their sins, as promised; that, if you do not observe the foregoing, in addition to the penalties which are included in the said regulation and which we have stated that you incur, you will be forever disgraced and you will lose and be deprived of the degree in Medicine, with which you are about to be honored." The oath also contained sections of allegiance both to the College of Medicine and Philosophy and to the Holy Roman Empire.

It is important to note, however, that during this century foundations for the study of medicine as we know it today were being laid. The most important of these was a true knowledge of the anatomical structure of the human body. It is interesting that the first to give precedence to the importance of anatomy were not doctors but artists, namely Leonardo and Michaelangelo who had turned to the study of anatomy unencumbered by the static

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concepts of scholastic tradition. Gradually, however, a freer approach came to prevail also among the surgeons and both public and private dissections grew more frequent. In 1543 the publication of the Fabrica became an epic making event in the history of anatomical studies, and with its publication Vesalius became the father of modern anatomical study. Similarly the study of physiology was in ferment. This was to lead to the definitive statements of Harvey on the circulation of the blood. The impulse was initiated toward a firsthand knowledge of nature and an orderly classification of plants and animals was manifested in the development of botanical gardens and in the study of comparative anatomy.

In the broader fields of science the far reaching effects of Copernicus' studies were still to be made known to mankind though Galileo Galilei whose discovery of the telescope and the microscope opened unknown worlds of the infinitely large and infinitely small. More significant than any of these single discoveries, however, was the attitude of the mind which impelled these men first to initiate and then to press forward in these investigations. Actual practice, fact rather than tradition was their guide and their goal. One could not deny that superstition and witchcraft prevailed throughout the century. Belief in astrology and divination and in the occult virtues of gems and the mystical influences of words and numbers occupied an inordinately large part of the thought and writings of the times. The authority of classical and medieval writers continued to be accepted without question even by some of the most precocious minds of the time. Thus, the compiled works of some of the advanced thinkers of that day often contain astonishing contradictions and paradoxical admixtures of traditional dogma side by side with their original observations. Yet, as we look back, we can clearly see in the work of the sixteenth century scholars the germinations of modern science and the beginnings of those principles which govern a truly scientific approach to the world in which we live. And so, on the second of January, 1558, Giulio Cesare Aranzio, Professor of Surgery in the Studium of Bologna delivered a lecture to his students, and thus played his role in the unending drama of Medical Science.

Richard D. Murray, M. D., Sc. (Med.)

PROCEEDINGS OF COUNCIL

In the absence of a formal meeting, the following physicians were approved for memberships indicated by telephone vote.

ACTIVE

James C. Medley, 5532 Mahoning Avenue, Youngstown, Ohio

James A. Quinn, Youngstown Hospital Association, Youngstown, Ohio.

Michael Szauter, 2605 Homestead Youngstown 2, Ohio.

ASSOCIATE

Frederick H. Sassler, 2607 Homestead, Youngstown 2, Ohio.

JUNIOR ACTIVE

Maria J. Colucci, Market Street, Petersburg, Ohio.

Jordan Dentscheff, 1005 Belmont Avenue, Youngstown, Ohio.

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BENEFITS FOR THE SELF-EMPLOYED UNDER SOCIAL SECURITY

This outline-discussion of Social Security for self-employed individuals explains:

- how an individual becomes insured;
- what retirement payments are available; and
- what payments are made to the wage earner's survivors.

Professional groups such as physicians are specifically exempt. (Parenthetically, services rendered as an employee by any physician do count.)

Any explanation of benefits under the Old-Age and Survivors Insurance provisions of the Social Security Act must be prefaced by an understanding of becoming insured. Becoming "fully insured" means that the individual has worked under Social Security after 1936 for a total of time equal to half the time elapsed since the beginning of 1951. The significance of these two dates is related to:

—January 1, 1937, when Social Security insurance deductions were first made; and

—January 1, 1951, when the self-employed were first included under Social Security in a "new start."

The Congress, at President Eisenhower's request, added the comprehensive amendments of 1954 which brought other self-employed groups under the program, and made it possible this year to eliminate five years of lowest (or no) earnings in figuring average earnings under the law.

To be "fully insured," there is a minimum requirement of one and one-half years of Social Security credit. On the other hand, after the individual has credit for ten full years of work under Social Security, he is insured for life.

An individual is "currently insured" if he has Social Security credit for at least a year and a half of the three years just before his death. This provision establishes protection for the families of young workers who may die before becoming fully insured. The importance of "currently insured" status is that monthly benefits are payable to WIDOWED MOTHERS AND MINOR CHILDREN ON THE DEATH OF THE "CURRENTLY INSURED" INDIVIDUAL.

The following table illustrates type of benefits and insured status requirements:

RETIREMENT PAYMENTS

Monthly payments go to	If you are
You as a retired worker	Fully Insured
And Monthly payments go to your	
Wife 62 or over	Fully Insured
Child under 18	Fully Insured
Wife regardless of age if caring for a child entitled to benefits	Fully Insured
Dependent husband	Both fully and currently insured.

SURVIVORS PAYMENTS

Monthly payments go to your	If at death you were
Widow 62 or over	Fully Insured
Widow or dependent divorced wife (regardless of age) if caring for child	Either fully or currently insured.
Child under 18	Either fully or currently insured.
Dependent widower 65 or over	Both fully or currently insured.



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 are also payable ----- Either fully or
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Since only the first \$4200 of net earnings each year are now subject to Social Security tax, the retirements and survivors payments are related to such average yearly earnings. Based on maximum earnings of \$4200 (after drop-out of up to five years of lowest or no earnings), MONTHLY payments are made as follows:

RETIREMENT PAYMENTS		
Worker \$108.50		Worker and Wife \$162.80
SURVIVORS PAYMENTS		
Widow, child or parent \$81.40	Widow and 1 Child \$162.80	Widow and 2 children \$200.00

The following are the major events that end payments:

- the marriage of any person receiving monthly benefit payments as a dependent or as a survivor will end his or her payments;
- if the wife or dependent husband of a retired insured worker is divorced, payments to the insured person's former spouse are ended;
- if a woman under 62 is receiving monthly benefits as the wife, widow, or divorced wife of an insured person, the payment may be made only while she has in her care a child who is also entitled to monthly payments;
- when a child entitled to benefits reached age 18, or marries before reaching 18, no more payments are made for the child;
and
- when any person receiving monthly benefits dies, his or her payments are ended.

There is no requirement that the self-employed individual retire at 65, but his monthly benefits are payable only if he, himself, has decided to curtail his earnings to \$1,200 per year. Benefits are payable any month in which the individual neither earns \$80 in employment nor renders substantial services in self-employment. Full benefits are payable for the month in which the individual becomes 72, and in the months afterward, no matter what his earnings.

A few words about cost and what might be involved in voluntary coverage: The current self-employment tax is 3% per cent of the first \$4200 of yearly net earnings; it will rise gradually to six per cent by 1975. In their study of the Social Security Amendments of 1954 both the Committee on Ways and Means of the House of Representatives and the Finance Committee of the Senate recognized that coverage on an individual election basis would have resolved the problem of diverse views on coverage, but after careful study, they indicated that coverage on the basis of individual choice is not generally desirable. In its report on the 1954 amendments the committee said:

. . . Your committee concluded . . . that extension of coverage on an individual, voluntary basis involved grave dangers with respect to the financing of the system, as well as discrimination against the great majority of workers covered under the program on a compulsory basis . . .

Those who would elect coverage under a voluntary option are primarily those who could expect the largest return for a relatively small contribution. The deficit in their contributions would have to be made up by increasing the contribution rate for the covered group as a whole . . .

President Eisenhower, himself, in January, 1954, pointed out that the old-age and survivors insurance system ". . . is not intended as a substitute for private savings, pension plans, and insurance protection. It is, rather, intended as the foundation upon which these other forms of protection can be soundly built."

Old-Age and Survivors Insurance, integral to the Social Security Act, has contributed immeasurably to the independence and integrity of the family unit. Perhaps the most important feature for the self-employed individual is the survivors' protection provided for the **YOUNG INDIVIDUAL WITH A FAMILY DURING THE PERIOD BEFORE HE BECOMES FINANCIALLY SECURE!**

William J. McCauley
Youngstown District Manager

DEBUNKING THE ANNUAL PHYSICAL

It is time that someone should speak out against one of the misconceptions that has arisen in the public mind, fostered by the medical profession. For a long time we doctors have been selling people on the benefit of an annual physical examination. Like many ideas which contain a grain of truth, the thing has grown beyond all bounds until now it has gained a prestige which makes it unassailable. Woe betide him who dares to question its value!

Yet there are many stubborn, misguided people who refuse to go to the doctor unless they are sick and who live to an incredible age without the many gadgets we possess to tell them how bad off they are. They persist in drinking alcohol, smoking tobacco and indulging in sex to their great enjoyment and our utter dismay.

The idea of annual physical examinations appeals to those who worry about themselves, to those who have great responsibilities and those who have anxious superiors (including their wives) who are concerned about how long they will last in the rat race.

The first type we see is the hypochondriac. He is coy. He doesn't say, "Doc, I have been having these pains in my chest." No, not he. He says, "Well, I just came in to see how I am." In taking the history he denies everything. When you get to the physical he watches you like a hawk. You put the stethoscope in the fifth interspace and he watches your expression. You notice an occasional premature contraction and listen again. That convinces him. You make the electrocardiogram and when you tell him he is alright he knows you are a liar. Then he tells you about those awful pains he has when he feels himself. You know that he has been having muscular aches and pains in his back but when you tell him that the pains in his chest wall are the same thing, he knows that you are shielding him from the awful truth.

Then there is the woman with the pains in her abdomen. She wants a thorough, I mean *thorough* examination. She has two or three operative scars and would welcome another if it would end her misery. There are no abnormal findings and you give her some estrogen and an ataraxic and tell her to come back next week.

Then there is the executive, the rising young man of 49 years in the big company, who is going to go places. You do a careful history and physical and give him a clean bill of health. What an awful thing is a clean bill of health! Next month he has coronary thrombosis or regional ileitis and where do you stand? You could not have predicted it. The electrocardiogram (taken at rest) was normal. There were no symptoms to alert you. You didn't know his wife was planning divorce and his son was going to marry a girl on the other side of the tracks because he had got her in trouble.

Every doctor's records contain cases of apparently healthy people who suddenly fall apart. Take for instance the case of J. P., an executive of a big steel company who went through the Pittsburgh Diagnostic Clinic and was given a clean bill of health. The next day he suffered a coronary thrombosis and died. Take for instance our beloved President who went through a meticulous examination after which the nation was informed that he was in fine shape and two weeks later he had cerebral thrombosis. What happened then? There was a crisis in the NATO which required his presence at a conference in Paris and ten days later the doctors examined him and pronounced him fit to go. How many of our ordinary, every day family doctors would have permitted such a foolhardy step? Most of us would not let a farmer go out and cultivate the back five acres on his farm in ten days after his stroke.

The essence of the matter is this: physical examinations don't tell everything. Sometimes they pick up unsuspected, threatening abnormalities such as diabetes, carcinoma of the cervix, or tumor of the lung. Sometimes they miss the obvious such as paranoia, CNS lues or systemic lupus erythematosus. Worst of all, they promote the idea that an annual physical examination with a clean bill of health will shield the person from all harm.

Let us here and now tell the public these things:

1. Annual physical examinations are of value in detecting a few of the diseases which we know and understand.
2. There is no magic in the annual physical which will protect you from the serious inroads of the stress and strain of life.
3. Well people are better off when they do not give too much thought to their bodily functions. When something goes wrong a person should see his doctor then and follow his advice.
4. After thorough physical examinations doctors should report any abnormalities found, with explanations or recommendations concerning them. If none are found they should state that no abnormalities were found. There is no such thing as a "clean bill of health." Let us not fool the public nor ourselves.

J. L. F.

AMERICAN ACADEMY OF GENERAL PRACTICE

At the annual election of the Mahoning County Chapter of the American Academy of General Practice, the following were elected to office: President, Dr. A. W. Miglets; President-elect, Dr. Paul E. Krupko; Secretary-Treasurer, Dr. Clyde K. Walter.

On January 14, 1958, Wallace N. Jensen, M. D. will present "Diagnosis and Implications of Anemia." The meeting will be at 8:30 P. M. at Saint Elizabeth Hospital and all physicians are invited to attend.

—Clyde K. Walter, M. D.

HAPPY BIRTHDAY !!!

May we take this opportunity to extend our best wishes on your birthday and wish you health and happiness for many more.

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January 3 J. K. Herald R. H. Middleton J. B. Stechschulte	January 20 F. W. Morrison	February 4 F. W. McNamara L. S. Shensa
January 5 H. L. Scharf A. B. Sherz	January 22 J. D. Brown L. Kerschbaumer R. S. Lupse	February 5 F. L. Fagnano
January 6 Jas. Medley	January 23 K. Wegner	February 6 L. L. Bernstein J. V. Newsome
January 10 D. T. Yoder	January 24 F. M. Lamprich	February 7 W. O. Mermis
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January 13 A. J. Brandt	January 28 R. L. Tornello	February 11 J. D. Miller E. G. Risk
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