

whose lesions are too extensive for thyrotomy, total laryngectomy is necessary, provided the lesion has not gone beyond the limits of operability. Even in those cases in which anterior cervical nodes are palpable with obvious local metastases, total laryngectomy and block dissection of the neck offer the best opportunity for cure. Radiotherapists are able also to cure some of the carcinomas of the larynx but, from evidence available, more lives are being saved by surgical treatment than by irradiation.

The laryngologist's real problem in these cases is determining the exact extent of the lesion. Mackenty made the statement that "it is wise to add two-thirds to the visible portion of the growth in estimating its actual size." This is rather common experience because when the larynx is opened at the time of surgery, the lesion usually is much larger than suspected. No patient should be deprived of thyrotomy or laryngofissure when it will permit ample removal of the cancer. At the same time, to try to save the larynx and some voice by performing a conservative procedure for a cancer too extensive for thyrotomy, you will most likely rob the patient of his chance for any cure at all. It is generally agreed that one chance is given to cure carcinoma, and the physician who has that first chance had better "shoot to kill."

No attempt will be made here to outline all the points that help determine the indications for thyrotomy and for laryngectomy. The lesion limited to one vocal cord without impairment of motility is ideal for thyrotomy. If it is felt that the lesion cannot be completely removed in this manner, then total laryngectomy is the treatment of choice. Laryngectomized patients as a whole are very happy, well adjusted individuals who are very thankful to be alive. Many develop excellent voices of their own again, others use artificial devices for the production of a voice quite ingeniously.

In summary, the importance of early diagnosis is stressed. This demands a meticulous and painstaking study of the larynx. When carcinoma of the larynx is detected early, with the exception of cancer of the skin, it is the easiest to cure completely.

---

The incidence of early syphilis in West Virginia is about 10 percent of what it was in 1945. But there is still a backlog of late syphilis.—Health Views.

---

It has been estimated that each year in the United States, 12,000 women die from breast cancer, and that approximately 4 per cent of all female adults succumb to the disease.—R. N.

## ADVISORY GROUPS IN PUBLIC HEALTH ADMINISTRATION\*

By N. H. DYER, M. D., State Director of Health  
Charleston, W. Va.

Because of the difference in names applied to the various advisory organizations in public health, both on the state and local levels, the general term "advisory groups" is used in this discussion. But, regardless of the name used whether a council, committee or a board, it is a group of individuals organized to assist in the promotion and expansion of public health services provided by the health department, and to stimulate the inclusion of new needed services.

As to the method of establishment, advisory health groups may be classified as follows:  
1. Official; 2. Semi-Official; 3. Voluntary.

1. *Official*: The term, official advisory group, may be given to that group officially set up by federal or state law; the members to be appointed by the chief executive. Such a group is usually provided for in legislation establishing a new or specialized program administered by a federal or state agency. An example would be the State Advisory Council for hospital construction under the Hill-Burton Act. Even though this group is officially appointed, it is advisory only to the agency designated to administer the hospital construction program. But, since its recommendations are almost always followed, the council, in effect, participates in the formulation of policy.
2. *Semi-Official*: By semi-official groups is meant those advisory groups created by appointment of members by a chief governmental agent or a department head on the state or local level. These appointments are not authorized by law, but are usually requested by citizens or other interested groups of the state or county. Such a group does not participate in the policy making and acts purely in an advisory capacity.
3. *Voluntary*: The voluntary group classification includes those citizen groups set up on a voluntary basis, and the stimulus for such an organization usually comes from within the community. This classification includes the largest number of advisory group members.

We can further classify these advisory public health groups based upon services given by placing the min two general classifications: first,

---

\*Term paper presented before the School of Public Health, University of Michigan, Ann Arbor, Spring of 1951.

the constituent; and, second, the technical. The chief services of a constituent advisory group is to act as a medium through which the community and the health department are advised of plans and actions. Technical advisory groups are created to give technical advice to the officers of the administrative agency in planning and carrying out the development of techniques of value in the public health program.

Regardless of the particular type or classification of a proposed advisory public health group, there are certain criteria which should be considered in organizing such a group. It would not be practicable to specify a certain number of members. This will vary with the type of organization and the basic health needs of the community, but generally speaking the number should be kept low enough to utilize individual thinking in the over-all group planning. The handicap of a large membership may be overcome by the appointment of sub-committees to study special problems and report back to the main group.

The advisory group members should be selected according to previously agreed principles. Careful consideration should be given to the distribution of membership according to community group representation. Generally, the official governmental and voluntary health agencies, the professional groups interested in public health and members representing the consumers group should all be included in the membership of the advisory group. Proven leadership and availability for work are valuable assets. The geographic distribution of members with particular emphasis on the location of the existing or proposed health unit is recommended. It would be beneficial to interview the prospective members to determine the amount of interest in public health activities and their willingness to serve.

The broad functions of an advisory health group, whether on the state or local community level, may be stated as follows:

1. Study health needs of the community through appraisals, inventories, analysis of data and health fact finding activities.
2. Work to prevent overlapping and duplication in health services provided by various official and voluntary agencies.
3. Advise and assist responsible agencies to provide health programs related to the community need and facilities available.
4. Coordinate as far as possible the thinking and planning of all organizations concerned with the public health services.

5. Stimulate the general public interest in health problems and the ways and means to solve them.
6. Render assistance in the passage of needed health legislation.
7. Stimulate interest in establishing full-time health units in areas not covered by full-time public health services. More adequate health services should be encouraged for the full-time units.
8. Coordinate the thinking and planning of the established advisory groups of county and state levels.

The following guiding principles should be beneficial in promoting the activities of an advisory health group:

1. The health department personnel should recognize those areas in which the advisory group can work more effectively than the official health agency.
2. All the responsibilities of the advisory group should be well defined and understood.
3. The advisory group should understand the official lines of authority connected with the administration of a health department, and that the advisory group cannot act independently of the health officer.
4. The advisory group should tackle only the problems it can handle and follow through once activity is begun.
5. All recommendations made by the advisory group should be carefully considered by the health department and followed if the recommendations improve the quality of public health service in the community.
6. Meetings must be frequent enough to hold the interest of the group, but not so frequent that the meeting may become tedious and tiresome.
7. In dealing with health education problems, the materials must be of such scope as to stimulate and continue interest. Individual thinking and participation must enter into the development and solution of the problems.
8. Professional citizens should be available to interpret data and advise and guide the group in dealing with the relation of professional matters to the public health services.

Regardless of how such an advisory group is created, once established, it should perpetuate it-



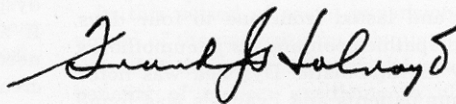
## The President's Page

In recent weeks the proponents of socialized medicine have become more active. On June 22 at Bethesda, Maryland, President Truman stated that "Since 1945, I have been proposing to meet this problem by National Health Insurance. This proposal has generated a great deal of controversy. I still believe it is sound, and that the nation would be greatly strengthened by its adoption."

William Green has published an appeal to members of the American Federation of Labor for financial support in the drive for Nationalized Medicine. Mr. Ewing and others are equally as active.

The only way the medical and allied professions can permanently prevent nationalized medicine is to concentrate on medical care and medical service programs and let the results speak for themselves. Too many medical societies have laid too much stress on public relations and neglected the development and operation of adequate medical care programs.

The eye of the public is focused upon the profession and it will be necessary to do a good deal of organizing if we are to fulfill promises and substantiate the claims we have made.



President.

# West Virginia Medical Journal

Official Journal of

The West Virginia State Medical Association

302 Atlas Building, Charleston, West Virginia

## Editor

Walter E. Vest, M. D. (1951).....Huntington

## Managing Editor

Mr. Charles Lively.....Charleston

## Associate Editors

G. G. Irwin, M. D. (1952).....Charleston

R. H. Edwards, M. D. (1953).....Welch

W. M. Sheppe, M. D. (1954).....Wheeling

Edward J. Van Liere, M. D. (1955).....Morgantown

## Business Manager

Mr. Charles Lively.....Charleston

Published monthly on the first day of the month, at Charleston, by The West Virginia State Medical Association.

Original articles are accepted on condition that they are contributed exclusively to the Journal.

Advertising rates furnished upon request. All advertisements must conform to the standard established by the Council of Pharmacy and Chemistry of the American Medical Association.

Address all communications to Business Manager, West Virginia Medical Journal, Box 1031, Charleston 24, West Virginia, Telephone, Capitol 3-4625.

## FLOWERS FOR THE LIVING

A very interesting editorial concerning Dr. Joseph Lyon Miller, of Thomas, appeared in the July issue of Virginia Medical Monthly. It was presumably written by the editor of that very fine state journal, Dr. M. Pierce Rucker, of Richmond.

**The Sheltering Arms Hospital, a charity hospital, used selected senior students from the College as unpaid Internes, before they were graduated.**

He has served as president, vice president and censor of the Barbour-Randolph-Tucker Medical Society and as vice president of the West Virginia State Medical Association.

He has always taken an active part in the civic affairs of his community, and has held the office of Mayor and has been a member of his district school board. He is medical director of the Davis Coal and Coke Company, at Thomas, as well as local surgeon for the Western Maryland Railway Company.

He has been a member of the Barbour-Randolph-Tucker Medical Society, the State Medical Association and the American Medical Association

since 1907, and was elected to honorary lifetime membership in 1949.

For the benefit of Doctor Miller's hundreds of friends over the state, we are reproducing in full the editorial which appeared in the Virginia Medical Monthly:

## JOSEPH L. MILLER

In bringing this series to a close, I am breaking a rule that I laid down for myself in the beginning. When some months ago I began this series of sketches in righteous indignation at the villainous attacks on doctors and their motives by Mr. Oscar Ewing in his propaganda for compulsory health insurance, I decided not to use as my subject anyone who was still alive. I had a feeling that it would be as embarrassing as, for instance, an old man telling a handsome woman to her face that she had wonderful eyes, or beautiful teeth or lovely hair. He could look at her with admiration without giving offense but to put that admiration into words might be quite another matter. So I hope Dr. Miller will forgive me for breaking my rule in his case.

Dr. Miller is a beautiful example of a general practitioner who has led a busy, useful life in an-out-of-the-way place and at the same time earned for himself a nation wide reputation on account of his work on cultural medicine. He has made no discovery that has saved the lives of millions of people, as some of my medical worthies have, nor has he opened up new fields of medicine, but he has saved his hundreds, by his own skill and knowledge and he and his like have earned the gratitude of the public by their devotion to duty in places where it is generally thought the chances for fame and fortune are slim. But is this really so? Even in my small collection of medical heroes, Jenner was a country doctor, and Koch began his epoch-making discoveries as a general practitioner. Ephraim McDowell and John Peter Mettauer were country surgeons.

Like many of the subjects of these sketches, Dr. Miller is a Virginian, born October 10, 1875, in Mason County, West Virginia, of Virginia parents. He graduated in medicine from the University College of Medicine in 1900. While a student in Richmond he began his great collection of medical books and illustrations with the purchase of Dr. James McClurg's student's notes of Thomas Young's lectures on midwifery at Edinburgh, 1769-70. Dr. Young was professor of midwifery at Edinburgh and Dr. McClurg was the first president of the Medical Society of Virginia. A note on the fly leaf of the MS, in Dr. Miller's handwriting, states that he paid 25 cents for the volume and that he had it bound in Morocco by Reese David.



Upon graduation, Dr. Miller took a contract practice with a coal mining company as the quickest way to make some money to pay for his medical education. He has been in Thomas, West Virginia ever since. He has put Thomas on the map, at least in certain European circles.

The story is told in Richmond that when his oldest son married, his employer, the Holland American Steamship Lane, gave him a trip to Europe as a wedding present. On his way home, young Mr. Miller stopped off in London to get his father a present. He went to a rare book shop and picked out a volume for five pounds, and asked the dealer if he could mail it, as his luggage was all packed up. When he wrote on a card "Dr. Joseph L. Miller, Thomas, West Virginia," the dealer said "Your father has this book," and found a less expensive one that he thought his father would like.

Dr. Miller, himself, told me a story on Dr. Friedenwald that illustrates the same point. It seems that Dr. Miller was in Baltimore to read a paper on some historic subject. After the meeting Dr. Friedenwald had a group around to his home. They were sitting in his rare book room and naturally talking about old medicine. Dr. Friedenwald showed an old book and remarked that he had been trying to find a portrait of the author and had a standing order with all the dealers in Europe. "I have one," said Dr. Miller, "and will be glad to send it to you when I get home." Dr. Friedenwald could not believe it until he actually got the picture. For years Italian dealers had been sending Dr. Miller a bale of pictures about once a year and Dr. Miller would take what he wanted and return the balance.

I once asked Dr. Miller if he had ever been to Europe and he replied that he never had time to get away from Thomas, West Virginia. This is not literally true for I know that he had delivered lectures on old medicine at the Mayo Clinic as well as in Omaha, Kansas City, Birmingham, Vanderbilt University, the Chirurgical Faculty of Maryland, and the College of Physicians of Philadelphia. He was Founder's Day orator at the Medical College of Virginia in 1928.

Dr. Miller signs up his assistants for three years, for he says that is long enough. If the assistant is no good he wants to get rid of him in that time and, if he is good, he does not want the boy to be "stuck" in a mining town as he was. The people of Thomas, of course, do not share this view.

Thomas, West Virginia is a dusty coal mining town of two streets. When you drive along the upper streets you can look down the chimneys

of the houses facing the lower street. One of my most cherished memories is a visit I paid him shortly after he gave the most valuable part of his library to the Richmond Academy of Medicine on condition that it would build a fire proof building in which to house the books. His gift was the cause of the Academy building a home for itself.

Dr. Miller is a widower and his children have started homes of their own in more congenial climes. The doctor lives alone in a flat above the drug store. A flight of outside steps leads to his door and to the Odd Fellows Hall on the third floor. He takes his meals at the hotel next door.

Mrs. Rucker and I drove up one day in the summer, arriving in the late afternoon. The windows of his flat were covered with coal dust blackened cotton sheeting, altogether a dismal setting, but we were in for the surprise of our lives. Something on the order of an Arabian nights transformation greeted us when Dr. Miller opened his door.

The flat was furnished with beautiful old mahogany and good oil paintings and miniatures of the Miller family. Everywhere there were book cases bulging with rare books.

After supper at the hotel, Dr. Miller began to show us his treasures. At first he brought out examples of fore edge painting and beautiful bindings. Mrs. Rucker, being tired from her long drive, retired early. Dr. Miller then showed his important medical items. It seemed to me that he still had an important library after having sent his best books to the Richmond Academy of Medicine. I remember his saying that he wished he could come back after he died and hear what was said at the auction of his books.

He not only loves his books but he knows them. Many of them have a note pasted in the back to show the place the book occupied in the history of medicine or a short note about the author. Sometimes this is a clipping from the dealer's catalogues and sometimes it is a note in Dr. Miller's handwriting. In the *de Fabrica* of 1555, one of the books he gave the Academy, he has written a biographical note on every owner from Vesalius' time to the Richmond Academy of Medicine. This was not such a formidable task as it would appear at first glance for the owners of such a book were of necessity important personages with book plates which they had pasted inside the pigskin cover.

Thus we had a grand night and neither had any notion of going to bed until the wee small hours of the morning. Dr. Miller had developed a wonderful hobby for the evening of life. As

he sits among his books, his spirit knows no boundaries of time or space.

Jowett, in the introduction to the Dialogues of Plato, describes the philosopher as "the spectator of all time and all existence. He has the noblest gifts of natures, and makes the highest use of them. All his desires are absorbed in the love of wisdom, which is the love of truth. None of the graces of a beautiful soul are wanting in him; neither can he fear death, or think much of human life."

### PROFESSIONAL CONFIDENCES

State medicine, compulsory health insurance, or any technique by which a third party becomes paymaster for professional services poses a question in medical service as to just how much of the patient's history should be divulged to the payer and what right the payer has to such knowledge. This is, to our mind, one of the most weighty arguments against compulsory governmental sickness insurance. Such information given to a governmental agency, in the very nature of things, becomes a public record, and violates individual privacy.

Our confreres to the north are wrestling with the problem. The current (August) issue of The Canadian Medical Association Journal carries an editorial on the subject which we in the states should ponder well. It is so apropos that we quote the article in its entirety:

The question of divulging professional information always arises when medical services are paid for by a third party. Whether the arrangement is compulsory or voluntary, it leads eventually to professional information regarding patients being given to someone else, either with or without the patient's formal permission.

This has presented a disturbing aspect to the profession, since it threatens one of the most vital relations between the doctor and his patient. And yet there is no question that nowadays detailed reports on patients are continually being handed to employers or to agencies of various sorts without the patient being consulted.

A recent comment on this matter has appeared in the *Saskatchewan Medical Quarterly* (April, 1951), and we feel that it deserves wide publicity. After referring to the problem of divulging professional information, the College of Physicians and Surgeons of Saskatchewan goes on to say:

"In order to make clear the physician's responsibility in respect to all these prepaid medical care plans, voluntary or compulsory, the opinion of the College Solicitor was sought. Mr. Moxon's letter is published in full and it is a very important decision.

"On October 20 you wrote about the position of a member of the College who is required to give information about his treatment of a patient to Government Departments and Boards.

"There can be no question of legal liability under the law of defamation. The occasion is "absolutely privileged" to use the lawyer's terms. No question of motive of the Doctor could arise. There is no doubt also that so far as Section 42 of the Medical Profession Act is concerned there would be no breach of the provisions of the Act—that is, it could not possibly be held to be unethical conduct since it would not be the betrayal of a professional secret.

"So far as the Department is concerned there is no professional secret in respect to the treatment over which the Department has jurisdiction. We all must realize now that the old standards are no longer applicable to present day conditions. We have become wards of the State or Province and information supplied to those who are supposed to guide our destinies and care for our welfare is in a different sphere altogether from information that might be passed around the community in earlier years. It is true that there are various employees of the Department who will see the information and report, in the course of their work but this is inevitable and so far as the Doctor is concerned there has been no publication by him to an unauthorized person. Even if the disease which is being treated by the Doctor is a "social" disease he is still entitled to and in some cases bound to report to the proper authorities. *If people want their bills paid by the State they must take the consequences and no Doctor should have the slightest hesitation in giving such details as are necessary* so that the Department in question can form the proper judgment as to whether the treatment comes within their regulations."

### DON'T SLAM THE DOOR

While no hard or fast rule can be followed in delivering a poor prognosis, the patient's interest is served best by stimulating hope and bolstering his morale, not by slamming the door in his face.

Few patients really want to be condemned despite their claims of ability to take it. The majority, unless they have become totally submissive, with loss of interest in life, will challenge a serious sentence either by resentment against the doctor or by denying its application to themselves. The physician's usefulness is thus severely limited since he has virtually denied the possibility of help from tomorrow's new developments or from other forces not readily evident. This serves no good or useful purpose.

Generally, when the outlook is poor, the patient's instinctive suspicions, the increasing limitations imposed by the progressing illness and the failure to respond to successive efforts at treatment are sufficiently meaningful and all too readily understood. Hope for the slim chance is the one thing left to the patient and he wants his doctor not to surrender or abandon him but to gain that chance for him. In these circumstances service to the patient is enhanced if a poor prognosis is not spelled out or illuminated.

As important as it is to give a prognosis when it can be good or reasonably good, is doubly important not to render an unfavorable verdict so that it will destroy morale or constitute abandonment of the patient.—Wm. S. Reveno, M. D., in *Detroit Medical News*.

It adds truth and dignity to everything you say if you plead guilty now and then to a slight doubt.—James R. Adams.



## GENERAL NEWS

### DOCTOR - PRESS - RADIO CODE EFFECTIVE FOLLOWING NEWSPAPER COUNCIL ACT

The Doctor-Press-Radio Code of Ethics, prepared by a committee composed of Dr. E. Lyle Gage, of Bluefield, representing the West Virginia State Medical Association, and Francis P. Fisher and George Clinton, both of Parkersburg, representing, respectively, the West Virginia State Newspaper Council and the West Virginia Broadcasters' Association, was formally adopted by the State Newspaper Council at a meeting held at Spencer, July 27.

The Code had the unanimous approval of representatives of the press, radio and medical profession who attended the annual press-radio conference, sponsored by the State Medical Association, and held at Charleston, January 28, 1951. Previously, it had been approved by the Council of the State Medical Association, and it was unanimously approved by the West Virginia Broadcasters' Association at a meeting held last spring.

#### Code Now in Effect

The Code, as now in effect, is as follows:

Recognizing the mutual, ethical, moral, and legal responsibilities of the medical profession, the press, and the radio to the public, these groups in West Virginia do hereby establish the following code of cooperation:

#### Society Spokesmen

1. Designated spokesmen for the state and county medical societies will be available to representatives of the press and radio to give information promptly on health and medical subjects. When advisable, these spokesmen may be quoted by name and title and this shall not be considered a breach of the medical code of ethics.

#### Information Available

2. In matters of private practice, the wishes of the attending physician or surgeon will be respected regarding the use of his name or a quotation. He will give information to the press and radio where this does not jeopardize the doctor-patient relationship or violate the confidence, privacy, or legal rights of the patient (and it shall in no way be a breach of the medical code of ethics for him to do so) as follows:

(a) In cases of accident or other emergency: The nature of the injury when ascertained, degree of seriousness, and probable prognosis.

(b) In cases of illness of a personality in whom the public has a rightful interest: The general nature of the illness, its gravity, and current condition.

(c) In cases of unusual illness, injury, or treatment: The above information together with any scientific information which will lead to a better public understanding of the progress of medical science. Any physician becoming aware of such a case will notify the designated spokesman of his

local medical society at once for immediate communication of appropriate information to the press and radio.

#### Hospital Staff Spokesmen

3. Members of the staff of each hospital will, in the absence of or at the request of the attending physician, designate official spokesmen who shall be competent to give authoritative information to the press and radio about emergency or unusual cases at any time, but this information shall not be such as to jeopardize the hospital-doctor-patient relationship or violate the confidence, privacy, or legal rights of the patient.

#### Editorial Judgment

4. Representatives of the press and radio recognize that the first obligation of the physician and hospital is to safeguard the life and health of the patient and they will refrain from any action or demands that might jeopardize the patient's life or health. Quotations directly or by name will be accurate in context and content and will be made only upon consent of the spokesman quoted. Editorial judgment will be used to avoid publishing any material which will exploit the patient, doctor, or hospital. In all matters concerning health or medical news, representatives of the press and radio will make all reasonable efforts to obtain authentic information from the qualified sources indicated above before proceeding to publication or broadcast.

### VIVAX MALARIA FOUND IN STATE

The state department of health has been notified by the communicable disease center of the USPHS, Atlanta Georgia, to alert the practicing physicians in our state to the significant number of armed forces personnel from Korea experiencing attacks of vivax malaria.

Several cases have already been detected by the state hygienic laboratory in members of the armed forces returning from Korea to West Virginia, and there is reason to believe that the number of such cases will increase as personnel return from the Far East.

Dr. N. H. Dyer, state director of health, is authority for the statement that malaria should be suspected among patients presenting suggestive signs and symptoms, and who have been in Korea. Definite diagnosis should be based on the demonstration of malaria parasites by the state hygienic laboratory or other laboratories. Both thick and thin blood films should be prepared for examination. Thick blood films give better chances of discovering the parasites than thin ones.

If the blood findings are found positive, controversial, or uncertain, the slides should be sent to the State Hygienic Laboratory, Charleston, West Virginia, for confirmation. The laboratory will, in turn, send all positive or doubtful slides to the National Depository for Malaria Slides for further examination by non-governmental consultants. Reports confirming positive slides or other consultative reports on the malaria slides will be sent to the state hygienic laboratory in triplicate. One copy will be kept by the director, and

the other two copies forwarded, respectively, to the submitting physician and the local health department.

Treatment with the modern antimalarials now available (chloroquine, pentaquine, chlorguanide) will alleviate the symptoms promptly. Certain cases receiving complete courses of these drugs will remain free from malaria, but others may relapse after weeks or months. Doctors are requested to inform patients of this possibility and advise them to report back to the physician if symptoms recur.

To prevent the spread of malaria from infected individuals, cases should be reported promptly to the local health department in order that insecticides may be applied to houses within a mile of parasite positive persons if malaria vectors, *Anopheles quadrimaculatus* or *A. freeborni* are known or found to be prevalent in the area.

#### ACCP ESSAY AWARD

The Board of Regents of the American College of Chest Physicians has again offered a cash award of \$250.00 for the best original contribution, preferably by a young investigator, on any phase relating to chest disease. The prize is open to contestants in other countries as well as those residing in the United States. The award will be made at the next annual meeting of the College.

Contestants must submit five copies of the manuscript, typewritten in English, to the executive office of the American College of Chest Physicians, 112 East Chestnut Street, Chicago 11, Illinois.

The only means of identification of the author or authors is to be a motto or other device on the title page, and a sealed envelope bearing the same motto on the outside, but enclosing the name of the author or authors. The deadline for the submission of manuscripts is April 1, 1952.

#### VIRGINIA ALUMNI HONOR DOCTOR SHEPPE

Admiral M. L. Pugh, Surgeon General of the Navy, was the guest speaker at the banquet held in connection with the annual meeting of the University of Virginia Medical Alumni Association, held June 8, 1951, at the Farmington Country Club, in Charlottesville. He is a graduate of the University of Virginia, class of 1923.

The meeting consisted of a scientific session which was held at the University Hospital, in Charlottesville. The session was opened at 9:30 A. M. and continued throughout the day. It was followed by a business meeting at which Dr. William M. Sheppe, of Wheeling, was elected to the board of directors of the Medical Alumni Association for a term of four years.

Resolutions of respect to the late Dr. James R. Bloss of Huntington, were read at the meeting. Doctor Bloss, an alumnus of the University of Virginia, was for many years a member of the Medical Alumni Library committee.

In addition to Doctor Sheppe, the meeting was attended by Drs. P. A. Haley, Charleston, Arthur S. Jones, Huntington, Russell W. Roberts, Man, and William M. Sheppe, Jr., Wheeling.

#### RESEARCH IN ALCOHOLISM TOPIC OF SPEAKER BEFORE NEWSPAPER COUNCIL

Admiral F. E. M. Whiting, USN (RET), of New York City, president of Licensed Beverage Industries, Inc., was the guest speaker at the banquet held in connection with the summer meeting of the West Virginia Newspaper Council at Spencer, July 27. His subject was "Licensed Beverage Industry: A Study in Public Relations." He was introduced by Henry C. Woodyard, president of the Council, who served as toastmaster.

The speaker discussed the program of his organization, especially the part that is being played in the campaign against intemperance, and in support of research, and its full endorsement of the work that is being done by Alcoholics Anonymous.

#### Psychiatric Research

"Five years ago," he said "the industry made a grant to Cornell University to conduct research along psychiatric lines into the causes of alcoholism. Dr. Oskar Diethelm, who was in charge of this research, will shortly issue three monographs which will show that unknown matters appear in the blood under conditions of alcoholism. In other words, the psychiatrist has found that there is a biological reaction, and this has opened a field of great scientific interest.

#### Research Grants

"Four years ago, shortly after I became president of LBI, a grant was made in substantial amount to New York University-Bellevue Hospital to conduct research along biochemical and metabolic lines."

Admiral Whiting stated that in 1949, the Research Council on Problems of Alcohol turned over its research activities to the National Research Council, a quasi-governmental organization which has the support of leading scientists of the country. "By this action," he said, "alcoholism took its place among the scientific and medical questions that call for the full and impartial scientific resources of the country, along with the host of other fundamental problems which the National Research Council is tackling. Cancer, atomic casualties, radiation and problems of reproduction are some of these.

"The alcoholic beverage industry contributes to support administratively the Committee on Problems of Alcohol which the National Research Council set up, and this spring the board of directors made a grant to cover a period of three years for continuing research in connection with alcoholism. As a result, research projects have been or will soon be started at such leading medical schools and scientific institutions as Johns Hopkins, Columbia, University of Maryland, Purdue, Indiana University and the University of Texas."

Speaking of the treatment of alcoholism, he said that Dr. Anton J. Carlson, who at the time was head of the Research Council on Problems of Alcohol, presented a plan for model legislation and treatment at a meeting of the American Society for the Advancement of Science in Chicago in 1947. The plan was adopted by that foremost association of scientists.



### New West Virginia Law

"Only last month," he said. "a new West Virginia law providing for treatment of inebriates became effective. Accordingly, the principal points of the model plan may be of more than passing interest."

### Operational Principles Discussed

Three operational principles for public action were discussed by the speaker as follows:

"On the operational level the principles for public action are, first, that the center for the treatment of alcoholics should be existing general hospitals which can screen them, retaining and treating, as inpatients and in outpatients clinics, all those not requiring special institutional facilities irrespective of underlying chronic illness. It is felt that general hospitals should treat all alcoholics suffering acute physical and mental damage.

"The second operational principle is that initial treatment facilities in any public program established for the care of alcoholics should be in medical schools, university hospitals or affiliates, usually the best equipped from the point of view of staff, facilities and personnel to conduct research, treatment, rehabilitation and teaching programs. (In plain language, it is wasteful of public or private funds and not best for the alcoholic, or for research on alcoholism, to erect separate institutions for the treatment of this kind of illness.)

"The third operational principle is that mental hospital should accept, either directly or by referral from general hospitals, severe symptomatic and addictive alcoholics, and not only those who are psychotic or feeble-minded.

"The plan also includes two important organizational principles. The first is that public agencies established to cope with the medical aspects of alcoholism should be an integral part of existing state, county and city health departments.

### Alcoholism PH Problem

"The second organizational principle holds that medical care of alcoholics should be transferred from the police authorities to public health agencies with custody assured for a sufficient period of time to permit effective rehabilitation. (This is a long step forward from the old idea that the alcoholic is a moral problem instead of a sick person in need of treatment.)

"Later, this model legislation was introduced in the Virginia legislature, was adopted and is now in effect in that state. Its success is attested by the fact that the law is now serving as a model for similar legislation proposed in other states."

### Code of Ethics Adopted

Two important items of business were transacted at the banquet. The first was the adoption of a doctor-patient code of ethics, which was discussed by Francis P. Fisher, of Parkersburg, and the other was the appointment of John Jones, of Wheeling, as chairman of a committee to prepare plans for a new building to house the school of journalism at West Virginia University. The chairman was authorized to name the other members of the committee.

### NEW SECRETARY FOR AM. BD. OB. AND GYN.

Dr. Robert L. Faulkner, of Cleveland, Ohio, was recently named secretary-treasurer of the American Board of Obstetrics and Gynecology to succeed the late Paul Titus, M. D., and offices of the Board have been moved from Pittsburgh to Cleveland. Communications should be addressed to 2105 Adelbert Road, Cleveland 6, Ohio.

## INCIDENCE OF POLIOMYELITIS IN STATE FOLLOWS NATIONAL PATTERN

The incidence of poliomyelitis in West Virginia is following the pattern of the United States as a whole. Cases reported to date are slightly under the figure for last year, 70 in West Virginia so far and 6,843 for the nation. In 1950 West Virginia had, for the same period, 102 cases, and the U. S. figure was 7,298.

Inasmuch as the peak is reached between the first to the fifteenth of August, indications are that there will be no alarming increase this year. So far no state has reported any sizable epidemic in 1951. Judging by reports from other states, a normal case load of poliomyelitis for West Virginia, for a single year, would be between 200 and 300 cases.

According to Dr. N. H. Dyer, state director of health, health authorities recognize the fact that only 50 per cent of all poliomyelitis cases are diagnosed as such. Therefore, it is known that many undiagnosed cases are present in the state. The danger of contracting the disease while swimming is not due to the water but to the swimmer contaminating the water. A person with an unknown case of poliomyelitis, but having the "sniffles," could easily transmit the disease to other swimmers.

All current publications on the disease continue to give evidence that there is a definite relationship between the frequency of poliomyelitis to immunization during the poliomyelitis season.

Doctor Dyer has recommended that mass pre-school immunizations be delayed until October 1. The state law requiring that children entering school for the first time be immunized against diphtheria and smallpox provides that a certificate may be given by a reputable physician stating a sufficient reason why either or both of the immunizations should not be done at the time. The law further provides that the immunizations be done within the first month of the opening of school, thus allowing at least a week in October to comply with its provisions.

### C. & O. SURGEONS IN ANNUAL MEETING

Dr. J. Morris Hutcheson, of Richmond, was elected president of the Association of Surgeons of the Chesapeake and Ohio Railway at the 25th annual meeting at the Greenbrier, in White Sulphur Springs, July 26-27, 1951. Dr. Richard C. Boelkins, of Grand Rapids, Michigan, was named vice president, and Mr. E. C. Mateland, of Richmond, continues as secretary.

The attendance at the meeting was one of the largest in history. More than fifty West Virginia doctors were present.

### ANNUAL TB MEETING AT MORGANTOWN

The annual meeting of the West Virginia Tuberculosis and Health Association has been transferred from Parkersburg to Morgantown. Sessions will be held September 12-13 at the Hotel Morgan, in that city.

## VALEDICTORY OF AUXILIARY PRESIDENT AN ACCOUNTING OF YEAR'S WORK

Mrs. Ross P. Daniel, of Beckley, who completed her term as president of the Woman's Auxiliary to the West Virginia State Medical Association on July 21, 1951, was a guest speaker with Dr. Frank J. Holroyd, of Princeton, president of the State Medical Association, at an open meeting held in connection with the annual meeting at the Greenbrier, Thursday evening, July 19.

Mrs. Daniel's address, which was in the nature of an accounting to the State Medical Association of the work of the Auxiliary during the year, is reproduced in its entirety for the benefit of the members of the State Medical Association and State Auxiliary who could not be present at the annual meeting at White Sulphur Springs. The address follows:

The time has come for me to give an accounting to you of the work during the year of the Woman's Auxiliary to the West Virginia State Medical Association. We now have 901 members, and 36 members-at-large. Three new auxiliaries were organized this year, Monongalia, Preston and Greenbrier counties, making 19 in all. Since you have 29 component societies, we must organize ten more auxiliaries to be one hundred per cent. That isn't too much to hope for, and I am confident that this will be accomplished in the not too distant future.

Our women have a clear conception of the work of the Auxiliary. Fortunately, our organization is not confused in its thinking and actions. We are not like the little colored boy who was standing in the middle of the road with a rope in his hand. He didn't know whether he'd found a rope or lost a mule. We are aware of our duties and responsibilities.

Perhaps you'd like to hear our Pledge of Loyalty: I pledge my loyalty to the Woman's Auxiliary to the American Medical Association. I will support its activities, protect its reputation, and ever sustain its high ideals.

Pledge my loyalty: A promise or an agreement of faithfulness and allegiance.

Support its activities: Encourage and corroborate its various plans and endeavors.

Protect its reputations: Guard or shield its good name and public esteem.

Sustain its high ideals: Endure and maintain without failing a standard of perfection.

Ever mindful of this promise and pledge, coupled with the knowledge of the objects of the Woman's Auxiliary to the American Medical Association, our course is clearly charted for us, and the sailing is pleasant and safe.

When the call came in early December to circulate petitions for the establishment and maintenance of a four-year medical, dental, and nursing school as a part of West Virginia University, over 800 women answered your summons and circulated petitions from Weirton to Bluefield, from Shepherdstown to the Ohio River. We are pleased to think that our prompt and diligent work in this instance helped bring about the desired legislation.

We are still aware of the need for a broad public relations program, and were happy indeed to learn that we were to have a major role in your plans for next year. We are still alerted to the menace of "Socialized Medicine," and speak our piece at the slightest provocation.

Nurse recruitment has gained momentum in the past year. Each Auxiliary has its own plan and purpose

for carrying out this program. In all auxiliaries, emphasis is placed on the prospective nurse. High school seniors are briefed on the wonderful opportunities that await those interested in this glorious profession. Many scholarships are given over the state and more are to be awarded.

Several auxiliaries provide recreational and social activities for the registered nurses in their communities. Cozy lounges and game rooms have been furnished; concert tickets, dances and skating parties are given for their entertainment. Much genuine satisfaction has emanated from this project.

Effective speakers have filled speaking engagements before lay groups all over the state. The arrangements have been made by our members, and we point with pride to the fact that Parent-Teacher's Associations, Women's Clubs, D. A. R. Chapters, Business Women's Clubs, and other professional and lay groups ask our members for speakers when making up their year books. Our speaker's roster this year carried the names of twenty-seven doctors and the state executive secretary. We are grateful to each one of you for this magnificent contribution to our program.

You are not only generous to us with your talents, but with your material possessions. May I thank you personally for the lovely programs for our convention. We are indeed grateful. I hope we merit all these special favors as tokens of your confidence, esteem, and understanding.

In closing, I would like to pay a personal tribute to the one who has been my help and inspiration this year; the one who has been willing and ready to counsel with me, so full of understanding and generous to a fault—my doctor husband!

## RELOCATIONS

Dr. Edgar F. Heiskell, Jr., of Morgantown, has completed a two-year residency at the Clinic Hospital, in Wichita Falls, Texas, and has returned to active practice in his home city. He has offices there at 169 Fayette Street.

\* \* \* \*

Dr. H. Hobart Fisher, who has been engaged in general practice at Dunbar for many years, has retired and moved to Fort Lauderdale, Florida. His address there is 720 S. E. Sixth Street.

\* \* \* \*

Dr. C. S. Dorsey, of Kingston, has accepted a three-year residency in dermatology at the Mayo Clinic, in Rochester, Minnesota. His address there is 933 Tenth Street, S. E.

\* \* \* \*

Dr. Russell L. Heinlein, formerly of Sistersville, but who has been serving as industrial physician at the Atomic Energy Instillation operated by Carbide and Carbon Chemicals Corporation at Oak Ridge, Tennessee, has returned to West Virginia and will be associated in general practice with Dr. A. B. Bowyer, in Charleston. He has offices at 200 Washington Street, West.

\* \* \* \*

Dr. Lawrence B. Thrush, who recently completed a residency in surgery at Charleston General Hospital, has located at Clarksburg for the practice of his specialty. He has offices in the Prunty Building.