

MLB LICENSES 47 DOCTORS

As the result of the examination conducted by the Medical Licensing Board, at Charleston, July 12, 1951, forty-seven doctors have been licensed to practice in West Virginia, fifteen by direct examination and thirty-two by reciprocity.

The following doctors were licensed by examination:

Capito, Emil, Logan
 Connolly, Ira, Jr., Parkersburg
 Cort, Carter F., Fairmont
 Cowan, Robert C., Jr., Parkersburg
 Coogle, John J., Rivesville
 Crabtree, William V., Wheeling
 Ferris, Jeffery, Huntington
 Foley, John M., Fairmont
 Gamsjager, Dorsey C., Charleston
 Garrett, Charles M., Jr., Weston
 Hampton, Florine K., Kermit
 Martin, Harvey A., Keyser
 Michael, Guy H., Jr., Parsons
 Smith, Joseph A., Dunbar
 Wilhite, Philip A., Jr., Charlottesville,
 Va.

The following is a list of doctors licensed by reciprocity:

Burns, Rowland H., Huntington
 Combs, Gene N., Langley, Ky.
 Crigger, William D., South Charleston
 Dubin, Arthur, Berwind
 Erhard, Robert F., Huntington
 Gilbert, Donald R., Charleston
 Hall, Thomas M., Alderson
 Harshbarger, Ward, Jr., St. Albans
 Heslen, John W., Silver Springs, Md.
 Iseley, Clara M., Huntington
 Jarrell, Charles R., Huntington
 Jordan, Mary, Fairmont
 Joyce, Gerald B., Welch
 Krupp, Annabel B. M., Charleston
 Luce, Cyril M., Jr., Upper Darby, Pa.
 Marsh, Paul R., Charlottesville, Va.
 McCoy, Edwin R., Elkins
 Moorefield, Charles W., Killarney
 Morhous, Eugene J., White Sulphur
 Springs
 Nodurft, Joseph H., Wheeling
 Parker, Joseph M., Belle
 Patterson, William M., Bluefield
 Persky, Murray, Beards Fork
 Postlethwait, Raymond W., New Mar-
 tinsville
 Roberts, Lyle J., Martinsburg
 Scott, Thomas G., Beckley
 Stabins, Edwin P., Charleston
 Stoneburner, Richard G., Beckley
 Tesi, Arthur A., Yorkville, Ohio
 Thomas, James R., Lewisburg
 Traynham, Albert P., Sweet Springs
 Woelfel, George F., Huntington

REVISED LIST OF FILM LIBRARIES

A revised list of "Sources of Motion Pictures on Health" has been prepared by the Committee on Medical Motion Pictures of the American Medical Association. This new mimeographed list includes 9 pages of addresses of the major loan and rental libraries, the state health departments' film libraries and references to printed lists and catalogs. Copies may be obtained by addressing AMA Committee on Medical Motion Pictures, 535 North Dearborn Street, Chicago 10, Illinois.

NEW TUMOR CODE

The American Cancer Society has announced the publication of a new book, "Manual of Tumor Nomenclature and Coding," in which a major attempt has been made to clarify and standardize the complicated terminology of cancer. Copies of the book will be distributed to cancer clinics and registries, hospitals, health departments, medical schools, research centers, and individual pathologists, surgeons and statisticians.

Widespread use of the new tumor code is expected inasmuch as it will be used in conjunction with the American Medical Association's "Standard Nomenclature of Diseases," and the World Health Organization's "International Statistical Classification of Diseases, Injuries and Causes of Death."

Work on the manual has been in progress since 1948 under the direction of the American Cancer Society statistics committee headed by Dr. W. Thurber Fales, director of statistics, City Health Department, Baltimore, Maryland.

CRIPPLED CHILDREN SOCIETY ELECTS

Marvin G. Williams, of Bluefield, was elected president of the West Virginia Society of Crippled Children and Adults at the annual meeting held in Charleston late in July. Other officers were elected as follows:

First vice president, J. Bert Schroeder, Huntington; second vice president, J. A. French, Welch; secretary, Thorold S. Funk, Clarksburg; and treasurer, Harold Madison, Racine.

Orville W. Hawes, of Dunbar, was renamed executive director, and Andrew Blair, of Charleston, was elected a member of the state board of trustees. Mrs. Fred Watkins, also of Charleston, was reelected a member of the board.

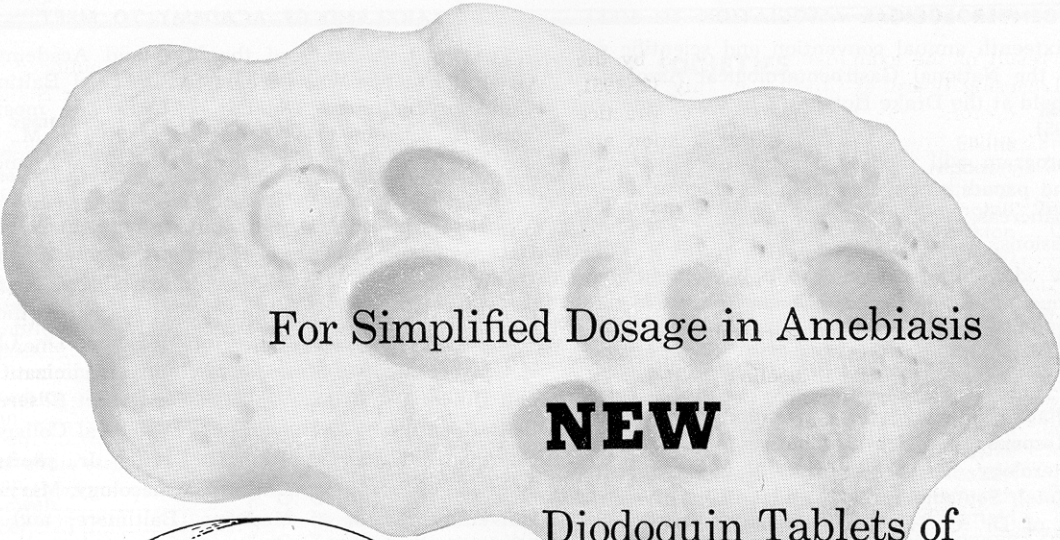
BROADCASTS ON CONTROL OF VD

Transcriptions of broadcasts on the control of venereal diseases, which will be featured each Monday night from 10:30 to 11:00 o'clock over station WTIP, Charleston, will be made available for use on all radio stations in West Virginia.

The fourteen-week series will begin September 10, and the first fifteen minutes of each broadcast will consist of a drama in which prominent radio personalities will take part. The last fifteen minutes will include a timely talk by personnel from the state department of health, local health officers, doctors in practice in the state, county superintendents of schools and ministers. A question and answer period will conclude the program.

The final broadcast in the series will include a panel discussion with the program participants appearing.

This important series of broadcasts is made possible by the Charleston Chapter of the Council of Jewish Women in cooperation with the state department of health.



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SEARLE RESEARCH IN THE SERVICE OF MEDICINE

GASTROENTEROLOGICAL ASSOCIATION TO MEET

The sixteenth annual convention and scientific sessions of the National Gastroenterological Association will be held at the Drake Hotel, in Chicago, September 17-19, 1951.

The program will include a symposium on peptic ulcer, and papers on psychosomatic medicine, diseases of the pancreas, and carcinoma will be presented at other sessions.

A new idea in commercial exhibits will be tried at this meeting. Exhibit space is being limited to those concerns which will present a scientific type of exhibit with members of their scientific research staffs present.

Immediately following the convention, the Association will sponsor a three-day course in postgraduate gastroenterology. These sessions will be held at the Drake Hotel, September 20-22, and will be under the direction of Dr. O. H. Wangenstein, of Minneapolis, and Dr. I. Snapper, of New York City.

Full information concerning the program and the postgraduate course may be obtained by addressing communications to the Secretary, National Gastroenterological Association, 1819 Broadway, New York 23, New York.

MLB TO MEET OCT. 1-3

The next regular meeting of the Medical Licensing Board will be held at the Capitol, in Charleston, October 1-3, 1951, for the purpose of examining applicants for license to practice in West Virginia.

MARYLAND GP ACADEMY TO MEET

The third assembly of the Maryland Academy of General Practice will be held at the Lord Baltimore Hotel, in Baltimore, October 4, 1951. The meeting, which is scheduled to be opened at 9:30 A. M., will continue throughout the day and close with a banquet at 6:00 o'clock.

Speakers include Dr. William Gordon Lennox, associate professor of neurology, Harvard Medical School; Dr. Wallace M. Yater, of Washington, D. C.; Dr. Sidney A. Portis, associate clinical professor of medicine, University of Illinois College of Medicine; Dr. Lloyd F. Craver, associate professor of clinical medicine, Cornell University Medical College; Dr. Robert B. Greenblatt, department of endocrinology, Medical College of Georgia, Augusta; Dr. John C. Krantz, Jr., professor and head of the department of pharmacology, Maryland University School of Medicine, Baltimore; and Dr. Lewis K. Ferguson, professor of surgery, University of Pennsylvania School of Medicine.

The banquet speaker will be Dr. Irvine McQuarrie, professor and head of the department of pediatrics at the University of Minnesota School of Medicine. His topic will be, "The Causes and Therapeutic Management of Spontaneous Hypoglycemia."

A cordial invitation has been extended to West Virginia doctors to attend the meeting, and further information may be obtained by writing to Dr. Nathan E. Needle, 2314 W. North Avenue, Baltimore.

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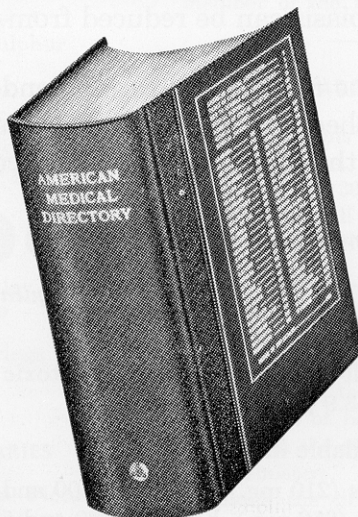
Physicians grouped alphabetically by cities and states, with year of birth; school, year grad.; state license; military service; whether diplomate of Natl. Board of Med. Examiners, or certified by one of examining boards in med. specialties; home, office addresses; member special society; medical school professorship.

LICENSING AND EXAMINING BOARDS, HEALTH OFFICERS

Shows State Board of Med. Examiners for each state; personnel of Natl. Board of Med. Examiners; educ. requirements of applicants, plan of Natl. Board examinations. Also Examining Boards in Med. Specialties; lists of Health Officers—state, district, county, city.

MEDICAL LAWS; JOURNALS; LIBRARIES

Medical Practice Act, Digest of Law and Board Rulings. Requirements for examination and reciprocity, grounds for refusing, revoking or suspending a license, penalties for violation of the Act. Also fees for licensure, dates of meetings, name and address of executive officer.



American Medical Association
535 N. Dearborn St., Chicago 10

369 medical libraries, with addresses, number volumes, names of librarians. 246 medical journals listed.

FACTS ON 7,482 HOSPITALS

Listing all recognized hospitals and sanatoriums of each state—name and address, year established, type of service; number of beds; how controlled; whether approved for general internship and residencies in specialties; director's name.

ALPHABETICAL INDEX OF PHYSICIANS

All physicians are alphabetically listed by name, with city location.

MEDICAL SCHOOLS

Existing and extinct, arranged chronologically under state. A general descriptive section shows all schools geographically, with history, location, name of dean.

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Marshall	Don S. Benson	Moundsville	David L. Ealy	Moundsville	Semi-Ann.
Mason	(Vacancy)		C. Leonard Brown	Pt. Pleasant	
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Mercer	R. H. Fowlkes	Bluefield	Robt. S. Gatherum	Bluefield	3rd Mon.
Mingo	S. G. Zando	Williamson	E. T. Drake	Williamson	2nd Thurs.
Monongalia	Clark K. Sleeth	Morgantown	Maynard Pride	Morgantown	1st Tues.
Ohio	Charles D. Hershey	Wheeling	John M. Moore	Wheeling	4th Tues.
Parkersburg Academy	Charles L. Goodhand	Parkersburg	S. W. Goff	Parkersburg	1st Wed.
Potomac Valley	M. H. Maxwell	Moorefield	G. E. Hartle	Moorefield	2nd Wed.
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ANNUAL REPORTS*

CHILD WELFARE

The principal objectives of the Committee on Child Welfare for the year are as follows:

1. Improved care of the newborn:

It is felt that the present neonatal mortality in West Virginia might be appreciably lowered by more adequate facilities for care and greater attention to the problems of overstimulation and overfeeding of both full-term and premature infants.

It is hoped that hospitals will as rapidly as possible make such changes as may be necessary to make sure that our newborn nurseries conform to the standards set up by the West Virginia Hospital Licensing Law.

Physicians handling obstetrical cases are urged to take the opportunity during prenatal visits to educate and encourage mothers to breast feed their infants.

It is recommended that each component society have one program during the year devoted to the care of the newborn infant.

2. The development of an accident prevention program:

Accidents are responsible for approximately eleven thousand deaths annually in the one to fourteen years age group. Four of every ten accidents occur in the home and many are directly or indirectly preventable. Physicians are urged to accept responsibility for education in conferences with parents and in the acceptance of invitations to speak before organizations on the subject of accident prevention.

3. The liberalization of the Crippled Child Law of the State of West Virginia:

In the opinion of the members of the committee, a crippled child should be defined as a physically handicapped child, disabled by a chronic condition, amenable to improvement or cure by appropriate care, treatment or rehabilitation.

Respectfully submitted,
Theresa O. Snaith, M. D.,
Chairman
Russell C. Bond, M. D.
Henrietta L. Marquis, M. D.
Raymond M. Sloan, M. D.
Carl E. Johnson, M. D.
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A. A. Shawkey, M. D.
Marcus E. Farrell, M. D.

REVISION OF CONSTITUTION AND BY-LAWS

The House of Delegates of the West Virginia State Medical Association, at the annual meeting held at White Sulphur Springs in 1950, directed the Committee on Revision of Constitution and By-Laws to study the matter of an overall revision for the purpose of

ironing out conflicts in the various articles and chapters and deleting unnecessary and obsolete sections. This committee completed its work early in the spring of 1951. Some changes in the constitution and several changes in the by-laws were agreed upon unanimously. The proposed amendments were printed in full in the May, 1951, issue of the West Virginia Medical Journal.

The more important amendments which this committee offers to the constitution and by-laws are as follows:

Constitution

Art. V, Sec. 1, line 4. The President, the two Vice Presidents, and the Treasurer are included as members of the House of Delegates.

Art. VI, Sec. 1, line 5. Change the section to provide that a majority of the membership of the Council shall constitute a quorum. At the present five councilors constitute a quorum.

By-Laws

Chap. I, Sec. 1. Change the section to require payment of state dues and current assessments and license to practice medicine in West Virginia as a prerequisite to membership in the State Medical Association.

Chap. I, Sec. 5, line 4. Raise the minimum age for election to honorary membership from sixty-five (65) to seventy (70) years, and require membership for fifteen (15) years prior to the seventieth birthday instead of the sixty-fifth birthday.

Chap. IV, Sec. 1, line 3. The name of "Scientific Work Committee" is changed to "Program Committee."

Chap. IV, Sec. 2. Change the section so as to provide for election of one additional delegate and alternate "for every twenty-five (25) members or fraction thereof." The present by-laws provide for an additional delegate and alternate for every twenty-five (25) members or fraction thereof above ten members.

Chap. VIII, Sec. 2, paragraph 3. The provision that the members of the Committee on Syphilis shall serve staggered terms is eliminated.

Chap. VIII, Sec. 2, paragraph 4. The provision for the appointment of the chairmen of the committees on Child Welfare and Maternal Welfare is eliminated, and these committees are directed to select their own chairmen.

Chap. X, Sec. 1. Require resolutions offered at the first session of the House of Delegates to lie on the table for one day.

Practically all of the other amendments which are offered by the committee are more or less consequential in character, correcting spelling, improving construction, and eliminating conflicts between the constitution and the by-laws.

The committee has not undertaken to write into the constitution and by-laws any radical changes, but has endeavored to comply strictly with instructions from the House of Delegates to iron out conflicts and delete obsolete and unnecessary provisions to meet conditions which have changed since the last revision.

*Submitted at the annual meeting of the House of Delegates at White Sulphur Springs, July 19-20, 1951.

DPA ADVISORY

The DPA Advisory Committee desires to submit, as part of its annual report, a letter dated July 17, 1951, addressed to the chairman of the committee by Mr. Robert F. Roth, director of the Department of Public Assistance, and we desire particularly to call attention to the recommendations made therein. The letter follows:

**West Virginia
State Department of Public Assistance**

Robert F. Roth
Director

July 17, 1951

Hugh A. Bailey, M. D., Chairman
Advisory Committee to the Department of Public Assistance
West Virginia State Medical Association
Atlas Building
Charleston, West Virginia

Dear Dr. Bailey:

During the conference of July 15, 1951 between your Committee and representatives of the Department of Public Assistance, I called attention of the Committee to what I believe to be a growing and insidious danger in the field of medicine as related to the West Virginia program of public assistance. My remarks were specifically confined to the operation of the departmental program known as aid to dependent children which is officially known as the third category of the state-federal public assistance program.

In this particular program, the state and federal government plan for the keep and general welfare of children under eighteen years of age who have lost either or both parents by death or any other occurrence such as desertion, physical incapacity, etc. The humane purpose of the program is not being questioned, but in the belief that dangerous trends were developing in the procedures and most particularly in the establishment of eligibility of the recipients for the public cash grants, I deemed it necessary to call to your attention the part that the medical profession is playing in the program in the way of direct establishment of eligibility through certification by the local doctors in the various communities throughout the state.

In any home where the father is dead and the mother is left without visible means of support for her children, may I repeat that no question is being raised as to eligibility after due evidence that there are no resources which can apply and that the need of the family is apparent. On the other hand, where fathers are living and also residing in the home, and are ambulatory and apparently in good physical condition except for some physical or mental defect for which a certification has been obtained that the individual is unable to perform full-time work, I raised the question as to whether the state is being imposed upon because of the lack of proper machinery and procedures by which such fathers could be and should be restored to gainful employment and to the normal functions of the father in the home in the way of keep and accommodation. This, in addition to the present process of informing the individual of his condition, guidance in the direction of rehabilitation, and referral to proper sources of treatment.

From a study made in 1948, the fact remains that the trend with which we are concerned and bringing to the attention of the medical profession at this time, is the ever increasing number of fathers in the home and the gradual drift toward what seems to be the idea that a total living can be obtained from the state and government through an arrangement whereby physical incapacity need only be established to gain that end. Such a trend cannot grow and spread without great harm to our traditional American way of life and, in

the writer's opinion, it is a direct slant at socialism and surely it raises the question as to whether we are recognizing a growing evil but doing little or nothing toward curing it. Naturally, we turn to our staff and we do attempt to devise and put into effect stringent policies to avoid as nearly as possible all so-called "chiseling."

On the other hand, regardless of all of our policies, all of our instructions, and the training of our field workers, none of us can challenge the certification by a licensed physician that an applicant is incapacitated for full-time employment. It is not the purpose of this communication to direct an open challenge to any of our practicing physicians as to their integrity and honesty of purpose, but we do feel that we have a right to discuss the situation with you and with them in the belief that it may be possible through a better understanding to develop better procedures with the result that accurate evaluation of the physical and mental condition of the client may be reflected through the objective findings of the physician. Such a program will necessarily require close cooperation between the agency and the medical profession and it is for that purpose and to the end that that may be achieved that this communication is directed for the attention and consideration of your Committee and the State Medical Association.

The Department has recognized and will continue to recognize the right of clients to the call and services of the physician of their own choosing insofar as the ordinary illnesses of the family and the individual are concerned, but it is felt that in such situations as the establishment of eligibility for these public funds on the basis of physical incapacity the Department should have and enjoy the same right, for example, as the insurance companies, Workmen's Compensation, and many of the large industrial concerns. That is, to direct the applicant to a certain appointed and accepted physician or commission of physicians for a review of the case and final determination in the matter of total physical incapacity or even partial incapacity that it may be estimated and the case subject to review and further and final consideration.

During our conference, your committee expressed its desire to recommend boards or commissions of three physicians to make findings, and it is my sincere hope that the State Medical Association will give favorable consideration to such a recommendation subject, of course, to further study, final draft, and final approval.

The irreducible minimum, of course, is the family of a widow by death, divorce or desertion, totally without means of support. May I repeat there is no question being raised about them.

In submitting this proposition, may I say it is being done in the belief that our doctors, once they understand these problems as we see them, will cooperate in the same fine manner as in all of the other branches of our program for the good of their own profession while at the same time doing a fine job of direct benefit to the people of West Virginia.

With our best wishes,

Sincerely yours,

(Signed) Robert F. Roth,
Director

Relief officials, we are advised, are worried because there are at the present time over 49,000 children and 27,000 adults on the relief rolls of the Department of Public Assistance, the total being approximately 75,000 people. It is entirely possible that many of the recipients of relief are not entitled to be on the rolls. Part of the fault finding might lie with the members of the medical profession. After a doctor certifies that a particular person is incapacitated, the DPA has no recourse whatsoever, and that person is placed on relief.

After consultation with Mr. Roth, the director of public assistance, and Dr. Harold H. Kuhn, chief of the division of medical services, your committee suggests that the director of public assistance, the medical director, or some other official zone the state, so that we might have a committee of doctors, preferably composed of three members, appointed to serve in each county. This committee would screen applicants for relief on the grounds of illness or incapacity to work. The responsibility for making the decision would be placed in these committees, and we feel that an honest effort would be made to determine whether or not applicants should be placed on relief.

Your committee recommends that, at the discretion of the director of the DPA, a three-man committee be set up in each county in West Virginia to determine the eligibility of applicants for relief on the grounds of illness or incapacity to perform labor.

Respectfully submitted,

Hugh A. Bailey, M. D.,
Chairman.

(Ed: Immediately after the reading of this report, Dr. Hugh A. Bailey, chairman of the DPA Advisory Committee, moved that the House of Delegates recommend that the committees described in the report be appointed. The motion, seconded by Dr. Charles L. Goodhand, of Parkersburg, was put to a vote and unanimously carried.)

* * * *

EXECUTIVE SECRETARY

The past year has been one of unusual activity for many of the committees of the West Virginia State Medical Association. The matter of the establishment of a four-year school of medicine, dentistry and nursing in West Virginia, backed solidly by the State Medical Association, has required unusual efforts on the legislative front. The eventual success of this program is due in large measure to the activities of the Fact Finding and Legislative Committee, the Public Relations Committee, the council, component Medical Societies, the Women's Auxiliary, and the "Committee of 55."

The "grass-roots" nature of the project was such as to enlist the support of members of the medical profession in every section of West Virginia. Long before the legislature convened, it was a foregone conclusion that support for the school would be forthcoming from many of the members when the proper time arrived during the course of the bills through the legislature.

Full Support for Four-Year School

No legislative group within the Association ever functioned to better advantage than the Fact Finding and Legislative Committee, headed by Dr. Thomas G. Reed, of Charleston.

With the full support of the president, Dr. Frank J. Holroyd, the chairman of the Council, Dr. Charles E. Watkins, and the co-chairmen of the Public Relations Committee, Dr. John F. McCuskey and Dr. Paul L. McCuskey, it was possible to obtain support from the

very beginning among professional and lay people throughout the state.

A very important part of the program was the circulation of petitions, and this project was carried out with marked success by the Auxiliary PR Committee, headed by Mrs. Ben W. Bird, of Princeton.

No small part of the work was done on the home-front. Component society secretaries and the members of the "Committee of 55" deserve much praise for the manner in which they kept in touch with members of the Senate and House of Delegates throughout the session.

Governor Okey L. Patteson never wavered in his determination to obtain action at the 1951 session on the bill creating the four-year school, as well as the bill providing for a tax on soft drinks to finance the construction and maintenance of the institution.

When it became apparent that the bill could not be passed unless concessions were made, Governor Patteson very promptly agreed to assume the responsibility for naming the site for the school with the understanding that the tax bill was to be passed to provide proper revenue.

The fight in the legislature was for the most part friendly during the session. Very few of the members actually opposed the establishment of the school. Many were on the firing line for the school from the time the bills were introduced.

We doubt if any project ever before undertaken by the State Medical Association had as many members actively interested and working as was the case in the fight for the four-year school.

Increased Attendance at Society Meetings

It has been my very great pleasure to visit nearly all of the societies and auxiliaries since the last meeting of the House of Delegates. Attendance at these meetings has been improving steadily, and interest in the societies themselves has been maintained for the most part by providing scientific programs of unusual interest.

Several joint meetings between the societies and auxiliaries have been held with success, and some of our groups have held joint meetings with the members of the dental and nursing professions.

Auxiliary Interest at High Pitch

Interest in the work of the Auxiliary has been kept at a high pitch through the leadership provided by the president, Mrs. Ross P. Daniel. She and the chairman of standing and special committees have done meritorious work in the fight against socialized medicine and in the campaign for the four-year school.

Nearly all of the societies now have dinner meetings, and most of the auxiliaries luncheon meetings. There is no doubt that this is a factor in the increase in attendance at meetings.

State Still in Second Place

While the campaign for the adoption by local, district and state organizations of resolutions opposing compulsory health insurance slowed down consider-

ably with the close of the year, such resolutions are still being adopted by groups in this state. It is a source of great pride to all that West Virginia still stands second among the states in the adoption of such resolutions.

Community Health Councils

It is now indicated that the establishment of community health councils over the state will be one of the principal projects of the PR Committee for the ensuing year.

Membership Totals

There has been a slight loss in our total membership since the annual meeting at White Sulphur Springs in 1950. At that time the membership totaled 1424, which was an all-time high. Today the total is 1401, a loss of 23 members.

Of this total, 150 hold honorary lifetime membership, which is an all-time high. This means that we have 1251 dues-paying members on our roster.

During the year, we have sustained a loss of 29 members by death, and 55 have relocated in other states. A total of 84 new members have been elected since the annual meeting in 1950. This equals the combined loss by death and relocation. It is therefore evident that 23 doctors who were members in 1950 permitted their membership to lapse by reason of non-payment of dues.

Membership by Societies

The membership by component societies as of July 15, 1951, is as follows:

Society	Members
Barbour-Randolph-Tucker	45
Boone	15
Brooke	6
Cabell	159
Central West Virginia	54
Doddridge	2
Eastern Panhandle	29
Fayette	42
Greenbrier Valley	29
Hancock	19
Harrison	85
Kanawha	248
Logan	36
Marion	62
Marshall	16
Mason	5
McDowell	56
Mercer	62
Mingo	29
Monongalia	51
Ohio	109
Parkersburg Academy	90
Potomac Valley	29
Preston	17
Raleigh	63
Summers	10
Taylor	9
Wetzel	12
Wyoming	12
Total	1401

AMA Dues for 1951

Of the 1951 dues-paying members of our Association, 92.3 per cent have also paid AMA dues for 1951.

Society and Auxiliary Reports

With the cooperation of the local secretaries of societies and auxiliaries, it has been possible to have almost one hundred per cent coverage for the Journal of meetings held during the past twelve months. Several scientific papers presented before local societies have been submitted to the publication committee as the result of the active cooperation of secretaries of component societies.

State and Local Officers Lend Aid

Only a few of our societies have treasurers whose duties concern only the collection and remittance of dues. In the other societies, all finances are handled by the secretaries. It has undoubtedly been a burden to these loyal and efficient officers to be charged with responsibility for the collection of AMA dues in addition to state and local dues of members, and they have my sincere thanks for answering promptly the many letters that have had to be written to them, not only concerning dues, but with reference to the many problems that have had to be solved during the year.

The officers of the State Medical Association and the members of the Council have had unusual burdens. Meetings have been unusually long, but the volume of business transacted has justified the time that has been spent in the consideration of matters that affect all of the members of the profession.

The president, Dr. Frank J. Holroyd, has made himself available at all times, and he, as well as all of the other officers and members of the Council, have responded to every call that has been made upon them for aid in the voluminous work of the Association during the past several months.

Considerably more members of the Association are visiting the headquarters offices than at any time in the past. It is our hope that these visits will continue, and this is an invitation to the membership generally to continue to call at the headquarters offices whenever possible.

Sincerely,

Charles Lively,

Executive Secretary.

Charleston,
July 15, 1951.

* * * *

HOSPITAL RELATIONS

Nothing has been brought to the attention of the committee during the year that would indicate any difficulty in hospital and physician relationships. There has been no apparent desire on the part of any person to test the ruling made last year by the attorney general at the request of the previous hospital relations committee concerning "hospitals practicing medicine." It is entirely possible that there is no need for legal action, as the ruling itself may have caused hospitals and physicians to solve the problems that existed between them.

Your committee addressed a letter to each component society asking that a local hospital relations committee be set up in order to discuss and, if possible resolve any difficulties that might arise at the local level. We requested replies to this communication and received a total of seven, indicating that four societies either had established or were establishing such committees and three societies apparently could see no need for the same.

This committee is willing to keep itself available to do what it can in bettering relations between hospitals and physicians, and to aid in settling any problems that might arise.

Respectfully submitted,
Upshur Higginbotham, M. D.,
Chairman
Cecil O. Post, M. D.
Ross P. Daniel, M. D.
* * * *

INDUSTRIAL HEALTH

The Committee on Industrial Health has received from Dr. Carl Peterson, Secretary of the Council on Industrial Health of the American Medical Association, an outline briefly setting forth the activities of that Council and including committee plans of organization activities as set forth at the last conference of the Council held May 25, 1951.

With this outline, your Committee on Industrial Health respectfully suggests that the West Virginia State Medical Association approve the following program for development of local industrial health services.

Committee Activities

1. Public Relations.—Working with the various non-professional groups to establish and improve labor-management-medical relationships.
2. Professional Relations.—Working with professional groups toward the goal of integrating the thinking and activities of the several groups whose major interest is in the field of industrial health and hygiene (i. e. physicians, nurses, industrial hygienists, engineers, chemists and toxicologists.)
3. Special Committee Activities.—Separate committees work to further the study and development of workmen's compensation, education and scientific development, rehabilitation, and establishment of standards. As situations arise other committees are activated to study specific problems or to develop programs.

State and County Committee Organizations

1. Objectives and procedures:
 - (a) The state committees should submit its stated objectives and procedures to the House of Delegates of the State Association for endorsement. Then the committee speaks for the State Medical Association and has real power and influence.
 - (b) Each county medical society council should also receive a list of the state committee's objectives and procedures.
2. Establishment of County Committees.
 - (a) Members of the state committee make request to appear before the governing body of the county society

to inform them of the need for and the value of a county committee on industrial health. In areas where this approach has been used the state representative has been enthusiastically received and the results have been gratifying.

- (b) The county society chairmen should be members of the executive board or board of trustees of the county society.

- (c) Make the county committee chairmen members of the state committee which ties the various groups in and gives chance for closer working contacts between the state and county committees.

Education

- (a) Industrial health conferences.—May be an evening meeting or one- or two-day sessions. Various combinations of the following organizations can act as co-sponsors: State medical association, state or local department of health, medical and public health schools, industrial nursing organizations, state association of industrial physicians, management councils, chamber of commerce, labor organizations, and industrial hygiene association.

- (b) Sponsor the introduction of industrial medical subjects into the curricula of the medical schools on an undergraduate and graduate level.

- (c) Work with industry in the development of plant tours in which the medical society members go through the plant, have lunch or dinner at the plant, followed by a short scientific program embracing subjects relative to industrial medical practice. Similar tours can be arranged for medical students.

- (d) Work with program committees of the state and county medical societies in arranging for the introduction of subjects and papers on industrial medicine.

- (e) Sub-committee on research to keep track of research projects in progress throughout the state.

- (f) Develop speakers bureau so that qualified and willing volunteers will be available to talk on various general and special subjects relative to industrial medicine.

- (g) Work with the Academy of General Practice on national, state and local levels toward the development of an educational program that will bring an awareness of the basic essentials of industrial medical practice to its membership.

- (h) Development of clinics on various subjects (i. e. evaluation of permanent and partial disability. Members of the meeting rate the hypothetical cases, and notes are compared. Wide variations may be found. Possible result, a standard rating schedule can be developed and accepted by the medical society).

- (i) Regional meetings of one day duration inviting only those known to have an interest in industrial medicine. Such topics as the migrant worker and his problems of tuberculosis, syphilis, obstetrical and child welfare, sanitation and nutrition can be discussed, or possibly some currently popular subjects, such as manpower conservation or civil defense. It is important to "go outside" for speakers and don't repeat the subject matter. Funds for this type of meeting can be obtained