from public health departments, medical societies, industrial and agricultural organizations.

(j) Conduct training courses for nurses interested in industrial nursing.

(k) Publish a bulletin for industry giving information regarding the purposes and advantages of a well developed industrial health service.

(l) Work with state and local health councils and interest them in industrial health and hygiene problems in the area. A survey of existing industrial health services now available and of what they consist in a particular community or area would be a valuable project.

Standards

(a) Require that a physician serving industry be a member of his county medical society.

(b) Encourage reporting of industrial diseases.

(c) Meeting problems of adequate medical supervision of industrial nursing by developing guiding principles for medical service in industry which can act as a guide for industry, nurse and doctor. Clarify the use and abuse of “standing orders” as they relate to the ethics of nursing and medical practice. Appoint an industrial nurse to the state or county committee as a consultant to advise in this and other problems involving the nursing profession.

(d) Develop list of qualified physicians who are interested in industrial practice.

(e) Consider the problem of remuneration for industrial physicians.

Workbook's Compensation

(a) Develop program for education of physicians regarding the state workmen's compensation law and their responsibilities to these laws and regulations.

(b) Foster better working relations and understanding between physicians, lawyers and industrial commissions.

Legislation

(a) Appoint a subcommittee on legislation to act as a “watch-dog” for trends in legislative thought and action.

(b) In accordance with this part of the program we advise that this committee coordinate its activities with the Bureau of Industrial Hygiene and the committee selected as an advisory committee on rules and regulations pertaining to industrial health. This advisory committee which has been selected is composed of representatives from industry, labor, medical profession and safety organizations. Of the fifteen members of this committee, there are three physicians, Drs. J. J. Brandabur, C. & O. Railway, Huntington, W. Va., Dr. E. G. Riley, Area Medical Administrator, United Mine Workers of America, Charleston, W. Va., and Dr. Joseph T. Noe, Medical Director, East Liverpool, (Ohio) Pottery Association.

Labor

(a) Recognize the fact that labor is desirous of seeing industrial services improve and expand, and get busy in this direction. It is important to note that in certain areas labor is already developing its own health and diagnostic services.

(b) Appoint a subcommittee to meet regularly with the heads of the union committees in charge of health programs.

Improvement of Communications Between Council and Committees

(a) State committees should submit a copy of their annual report to the Council.

(b) State committees should give interim reports of their activities to the Council.

(c) The council News Letter should act as a clearing house for committee activities that have national interest or appreciation.

Plans for Future Meetings

(a) An annual joint meeting of the Council and the Chairmen of the State Committees on Industrial Health is to be held on the afternoon of the day preceding the Congress on Industrial Health.

(b) Each year at the close of the joint meeting, a chairman is to be elected by the group for the ensuing year. He will meet with the Council at its regular fall meeting and will assist the Council staff in the development of a program for the next annual joint meeting.

Respectfully submitted,

A. J. Villani, M. D.,
Chairman
Robert C. Lawson, M. D.
H. M. Brown, M. D.
Donald R. Roberts, M. D.
H. M. Beddow, M. D.

(Ed: Following the reading of this report in the House of Delegates, the program as outlined by the committee on Industrial Health was, on motion of the chairman, Dr. A. J. Villani, unanimously approved.)

** * * * *

NECROLOGY

The following is a list of West Virginia doctors whose deaths during the past year have been reported to the West Virginia State Medical Association:

1950

June 28. Ona F. Mitchell, Franklin
July 30. George W. Fox, Ansted
Aug. 6. Holly L. Casto, Spencer
Sept. 1. Elmer Graves Kessler, Williamsburg
Sept. 20. George William Speed, Mullens
Sept. 26. Owen Poling, Esksdale
Oct. 7. Isaac Taylor Peters, Princeton
Nov. 4. Clifton D. Kraft, Parkersburg
Nov. 4. James Owen Williams, Alderson
Nov. 11. Walton S. Shepherd, Charleston
Nov. 13. Alexander M. Carr, Lewisburg
Nov. 21. Benjamin F. Bone, Moundsville
Nov. 27. Robert Jeffrey Reed, Wheeling
Dec. 1. Morgan T. Morrison, Sutton
Dec. 31. Ernest Fred Gott, Charleston

1951

Jan. 20. Beverly L. Noe, Newton
Jan. 23. Harry Hood Esker, Clarksburg
Syphilis Committee has continued. This is shown conclusively by the following figures:

<table>
<thead>
<tr>
<th>Total No. Cases Reported</th>
<th>No. Patients Treated at Rapid Treatment Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1949—May 1950</td>
<td>3474</td>
</tr>
<tr>
<td>July 1950—May 1951</td>
<td>2300</td>
</tr>
</tbody>
</table>

This apparent decrease in the incidence of the disease will have the effect of placing the burden of control of syphilis on local communities, with the family physician assuming a greater share of the responsibility.

**Congenital Syphilis**

One phase in the control of venereal disease continued to be a problem. This is the relatively high incidence of congenital syphilis. The testing of bloods of prenatal cases, and the adequate treatment of all positive cases could eliminate this entirely. However, during the past year 30 per cent of all prenatals in the state were not given a blood test. It is thought that from the known number of infected mothers, there will be about 150 unknown cases of congenital syphilis which will not be discovered until a disability arises.

**Prophylactic Treatment**

A new phase in the control of syphilis has recently been instituted by the state department of health. This involves the treatment of all contacts of infectious cases of syphilis. Prophylactic treatment is recommended because of the fact that 60 per cent of all contacts are

---

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known to develop syphilis, and that prophylactic treatment, before the onset of symptoms, is thought to be 100 per cent effective.

It is possible that the state department of health may be in a position to furnish to the family physician the necessary drugs for prophylactic treatment of contacts of infectious cases.

Recommendation has been made that mass blood testing in high incidence areas of the state be done. It is felt that this should not be done until an effective screening test be perfected which would not entail too great an expenditure of public funds, and which would be technically feasible.

**Better Reporting Needed**

It is known that a large number of syphilis cases are not being reported to the health department. This could be improved by better reporting from the profession or by reporting of all positive specimens by the private and hospital laboratory personnel in the state. If reporting continues to lag, there will occur a false decrease in the reported incidence of syphilis.

<table>
<thead>
<tr>
<th>No. Positive Serologic</th>
<th>Sypihis Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 1950—Dec. 1950</td>
<td>14,602</td>
</tr>
</tbody>
</table>

Since Federal funds are allocated to the states according to the magnitude of the problem, this will result in a further cut in funds. As a consequence venereal disease would remain a major public health problem, but funds would not be available to control the disease.

**Funds Needed for Laboratory Diagnosis**

The need of adequate funds for laboratory diagnosis of the venereal diseases is becoming quite acute. Federal funds for this purpose have been reduced, and it is likely that there will be still further reductions in the future. Obtaining state funds for this vital service will become a necessity within the next year or two.

It is a known fact that, before the widespread use of penicillin for the treatment of syphilis, a rather small percentage of syphilitic patients received adequate treatment. It would be wise to evaluate these individuals and when indicated treat them with penicillin.

**Recommendations**

Your committee recommends that the need for prenatal blood tests, preferably during pregnancy, be re-emphasized, and that all positive cases be followed and treated;

That the State Medical Association urge more complete reporting of syphilitic cases and contacts by physicians to the state department of health, and that private laboratories be required to submit copies of all positive serologic tests for syphilis to the state hygienic laboratory;

That the medical profession support efforts to obtain state funds for serology work in the state hygienic laboratory in order that this valuable service will not be lost to the people and physicians of West Virginia;

That individuals who were inadequately treated with arsenicals and bismuth before penicillin be contacted.
and evaluated, and that they be treated if necessary
to avoid future disability; and,
That the medical profession cooperate with the de-
partment of health in providing prophylactic treat-
ments for all contacts of infectious syphilis.

Respectfully submitted,
N. H. Dyer, M. D., Chairman
Thomas B. Baer, M. D.
R. O. Halloran, M. D.
A. U. Teebe, M. D.
W. Carroll Boggs, M. D.

* * * *

TUBERCULOSIS

All the members of the Tuberculosis Committee
were contacted either by letter or telephone during
the month of January, 1951, before the general meet-
ing of chairmen of committees in Charleston.

At a meeting of the committee, held April 22 in
Charleston, Mr. A. E. Rhudy, director of the bureau
of tuberculosis control of the state health department,
reported that all of the committee recommendations
had been acted upon favorably at the 1951 session of
the legislature.

Outpatient Pneumothorax Refills

We recommended in 1950 that a sufficient appropri-
ation be sought at the 1951 session of the legislature
to cover the cost of necessary pneumothorax refills, and
that the expenditures of such funds be supervised by
the bureau of tuberculosis control.

The sum of $25,000 per annum was appropriated by
the 1951 legislature for use in payment of outpatient
pneumothorax for the medically indigent.

The committee went on record as unanimously rec-
ommending early and regular reports in all cases
receiving pneumothorax refills under the state aid
fund, such report to be sent to the bureau of tuber-
culos is control.

Increase in Grants

There has been an increase in D. P. A. grants for
the families of tuberculosis patients. In some cases
the increase has been as much as 65 per cent.

The sum of five thousand dollars has been recom-
\mended for the treatment of needy children at Hill-
crest, in Charleston.

Our recommendation that the appropriation for medi-
cines for the various sanitoriums was favorably acted
up on and the amount available has been substantially
increased.

Waiting List at Pinecrest

As of this date (July 19), forty male patients are on
the waiting list at Pinecrest.

The construction of additional quarters at Hope-
mont, now underway, will relieve to some extent the
overcrowded condition at Pinecrest.

Mass Chest Survey

In the mass survey in 1950, at least 20,000 more
x-rays of the chest were taken than during 1949. We
hope and expect this number to be increased in 1951. Mass surveys are useless unless the facilities are present for follow-up work. There are still many counties in West Virginia which do not have diagnostic clinics.

The mass survey is merely the start in the control of tuberculosis and must be followed up by adequate diagnostic clinics and sufficient sanatoria beds to isolate the cases with positive tuberculosis. This state lags both in the number of diagnostic clinics and in beds available for treatment.

Treatment by General Practitioner

We hope to encourage the diagnosis and treatment of pulmonary tuberculosis by the general practitioner. We are trying to arrange one program on pulmonary tuberculosis each year in each component medical society. A number of our West Virginia specialists in the treatment of tuberculosis have volunteered for this service and three local medical societies have already had a program devoted to the subject. Doctors who have already appeared before local societies include V. L. Kelly, William L. Cooke, J. N. Reeves, M. L. White, Walter E. Vest, George F. Evans and Hugh S. Edwards.

Use of BCG

There has been some discussion as to the use of BCG in the treatment of tuberculosis, especially in our insane institutions. Tuberculosis patients at Spencer are kept segregated until they can be taken to Weston, and the three hundred beds in the wards at that institution are always occupied.

Dr. H. C. Huntley, of the state health department, has been requested to obtain further information concerning the possibility of the use of BCG at Spencer.

Some of the members of the tuberculosis committee advocate chest x-rays of all patients as they are admitted to general hospitals. This would be routine to the same extent as urinalysis or blood tests for syphilis. We believe this would constitute a long step forward if arrangements could be made to finance such tests.

Respectfully submitted,

W. P. Bittinger, M. D.,
Chairman
V. L. Kelly, M. D.
William L. Cooke, M. D.
J. N. Reeves, M. D.
George F. Evans, M. D.
Hugh S. Edwards, M. D.

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OBITUARIES

GEORGE WILLIAM ABERSOLOD, M. D.

Dr. George William Abersold, 68, of Wheeling, died of coronary occlusion at his home in that city July 26, 1951.

Doctor Abersold was born in Cameron, Ohio, son of the late David and Margaret (Supper) Abersold. He attended Marietta College and received his M. D. degree from the College of Physicians and Surgeons, Baltimore, in 1912. He was licensed to practice medicine in West Virginia and located that same year in Wheeling, where he remained in active practice until his death. His specialty was surgery.

He served in the Medical Corps of the Army during World War I. He was a member of the Ohio County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

He is survived by a son, Dr. George William Abersold, Jr., of Wheeling, and a half-brother, William Abersold, of West Acres, Michigan.

* * * *

JOSEPH ALEXANDER MARKLEY, M. D.

Dr. Joseph Alexander Markley, 47, of Morgantown, died August 13, 1951, as the result of injuries sustained in a fall at his home two days previously.

Doctor Markley was born at Altoona, Pennsylvania, and received his academic education at West Virginia University. He graduated from the Medical College of Virginia in 1931 and served his internship at North Wheeling Hospital. He was licensed to practice medicine in West Virginia in 1931, locating at Clendenin. He afterwards practiced in Grantsville and in Miami, Florida.

He served with the rank of Major in the U. S. Public Health Service during World War II. He returned to West Virginia after the war and served as a health officer for the West Virginia State Department of Health, with headquarters at Charleston and afterwards at Weston. He had been engaged in general practice at Morgantown for the past two years.

Doctor Markley was a member of the Monongalia County Medical Society, the West Virginia State Medical Association, and the American Medical Association.

Besides his widow, he is survived by a son, now in the Army; his parents, Mr. and Mrs. Harrison Markley, of Clarksburg, and a brother, Lt. Col. Harrison Markley, Jr., who is stationed at Ft. Monmouth, New Jersey.

Having harvested all the knowledge and wisdom we can from our mistakes and failures, we should put them behind us and go ahead, for vain regretting interferes with the flow of power into our own personalities.— Edith Johnson.

A Clean Bill of Health?

Nothing unusual about his history—he’s in for a “routine physical.” Heart sounds are normal, chest clear, normal blood and urine findings. But he can’t be given a clean bill of health without an electrocardiogram:

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MONONGALIA

Dr. Frank J. Holroyd, of Princeton, president of the West Virginia State Medical Association, was the guest speaker at a joint meeting of the Monongalia County Medical Society and Auxiliary held at the Hotel Morgan, Morgantown, August 7. His subject was “Public Relations.”

Other prominent guests present at the meeting were Dr. and Mrs. Irvin Stewart, of Morgantown; Dr. and Mrs. Sobiesca S. Hall, of Clarksburg; Mr. and Mrs. Brooks Cottle, of Morgantown; and Mr. Ford Billings, manager of Radio Station WJAR, Morgantown.—Maynard P. Pride, M.D., Secretary.

POTOMAC VALLEY

Dr. Samuel M. Jacobson, of Cumberland, Maryland, was the guest speaker at the June meeting of the Potomac Valley Medical Society, held at the Hermitage Hotel, in Petersburg. His subject was, “Rheumatic Fever.”

The regular monthly meeting of the Potomac Valley Medical Society was held July 25, 1951, at the Old Homestead Hotel, in Burlington. The guest speaker was Dr. R. W. Trevaskis, of Cumberland, Maryland, who presented a paper on the history and the present day use of shock therapy in psychiatry.

The members present at the meeting voted unanimously to accept the invitation of Dr. Charles J. Sites to hold a picnic meeting at Franklin in August.—G. E. Hartle, M.D., Secretary.

RELAPSE IN MALARIA

The danger of relapse in malaria is far less in persons who have responded immunologically to the infection than in persons who have been treated before developing such a response.—J. F., in Ohio St. Med. J.

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BOOK REVIEWS


Cephalopelvic disproportion is the chief cause of difficult labor. Difficult labor is still the most important problem in obstetrics. Modern methods may have ameliorated the tragic results of this condition but in no way reduced its relative importance. Actually, the existence of scientific methods of detection of cephalopelvic disproportion has increased the obstetrician's responsibility to detect and predict this complication.

This monograph is the result of eighteen years of study by Dr. Howard Moloy and the late Dr. William Caldwell. The factors involved in the clinical judgment and intuition of experienced obstetricians are presented in its measurable components, correlating the roentgenologic and physical findings.

This is the first of a series of The American Monographs by W. B. Saunders Company. The purpose is to present the practical results of prolonged special studies in various fields of medicine. The books are produced inexpensively but with excellent and abundant illustrations and legible type.

This presentation is a valuable addition to the library of anyone actually engaged in obstetrics, and to the roentgenologist. The Thoms, and precision stereoscopic technics, are presented and illustrated. Also Chapters on The Roentgenological Report, and Methods for Quantitative Estimation of Cephalopelvic Disproportion (by precision stereoscopic technics).

The clinician will find clear text and illustrations on forceps operations as related to pelvic types and fetal positions.

The book is concise, clearly written, to the point, and readable.—A. P. H.

* * * * *


This Review is a concise presentation of the applied and established fundamentals of physiological chemistry with little emphasis on the theoretical and controversial principles. The summaries and illustrations of various biochemical mechanisms are well prepared and are useful in the understanding and recalling of such processes. Biochemical tests and measures are presented with special emphasis on their interpretation and the related pathologic-physiology. The chapters on water and electrolyte balance, hormone function and nutrition relate many of the modern concepts of these processes to problems in clinical medicine.

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Before a single production step begins, measurements are taken, individual flesh and contour features noted. No effort is spared to give the amputee a leg as individual as men and machines can build. Yet in this custom-made Limb are built devices developed by years of experience and experiment to aid movement in keeping with nature's own way. The Knee and Foot construction illustrated is designed to give silent, easy, and reliable use to the wearer. By combining these features with made-to-measure manufacture, Hanger fits amputees with limbs enabling a satisfactory return to normal life.

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A list of selected references is appended at the end of the book. There is a good subject index and it is well published.

While this Review is intended by the author to be a supplement to the standard texts in biochemistry, it can be recommended to physicians preparing for state or speciality boards and to those desiring to keep in contact with this rapidly expanding phase of medical science which is so basic to the practice of medicine.
—R. F. Krause, M. D.

JAIL OR—

Mose, charged with theft, was on the witness stand, and the judge sought to discover if he knew the value of an oath; he said:

"Mose, if you tell a lie under oath, do you know what happens?"

Mose said: "Yessah, judge, I goes to hell."

"And if you tell the truth?" persisted the judge.

"I goes to jail," said Mose.—Anon.

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HEADQUARTERS SECOND ARMY
Fort George C. Meade, Maryland

Doctor Frank J. Holroyd, President
West Virginia State Medical Association
302 Atlas Building
Charleston, West Virginia

Dear Doctor Holroyd:

Attached is a communication from the Office of The Surgeon General, Department of the Army, outlining the current policy on the authorization and payment for civilian medical care rendered to Army personnel.

A large number of Army personnel are returning from Korea and probably will require medical attendance while on leave or on travel status. In the in-
terest of the physicians in your state, it is requested this information be published in your organization's official publication and any other media at your disposal.

To expedite payment to attending physicians and to avoid unnecessary correspondence, it is suggested that all bills be submitted to Commanding General, Second Army, Fort George G. Meade, Maryland, Attention: Surgeon.

Sincerely yours,

(Signed) H. W. CLATTLY
Col, MC
Army Surgeon

CIVILIAN MEDICAL CARE FOR ARMY PERSONNEL

One of the most important and necessary services furnished the American soldier is adequate and timely medical care and treatment, including hospitalization. This service is provided for Army personnel in the United States generally by dispensaries, infirmaries, and hospitals located at the many Army installations throughout the country. There are many locations, however, where Army or other United States federal medical treatment facilities are not available when medical service is required by Army personnel. In cases of this nature, the services of civilian physicians, clinics, and hospitals are necessary.

With the expansion of the Army and the deployment of Army personnel to practically all points in the United States either on a duty, travel, or leave status, the continued cooperation of civilian physicians and agencies is of utmost importance in providing adequate medical service to the U. S. soldier in time of need.

Certain criteria and procedures have been established in connection with the furnishing of medical service to Army personnel by civilians in accord with the current laws and regulations. These criteria define the conditions under which individuals of the Army may be authorized civilian medical care at the expense of the Army. These procedures include methods for reporting and receiving payment for treatment or hospitalization of Army personnel by civilian medical agencies.

Civilian medical care (other than elective) at the expense of the Army is authorized for commissioned able medical care at Department of Defense medical