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WALTER F. DONALDSON..... Editor

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Address all communications to the Editor, Jenkins Arcade
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in writing. All Programs, etc., must be submitted in writing to the
office of the Society by Tuesday noon of each week. No com-
munication unsigned will be published. The Editor will gladly
withhold the name of anyone who wishes, and disclaims all
responsibility for any communication appearing in these columns.

Vol. 27, No. 4 Pittsburgh, Pa., Jan. 22, 1938 25c a Year

THE STATE — ETHICS AND TREASON

The function of the state is the organization of the life of the people.

My right it is my neighbor's duty to observe. His right it is my duty to respect. It is the business of the state to define, declare, and enforce these rights and duties. To law and government we owe all that makes life endurable or even possible: the security of property; the sanctity of home; the opportunity of education; the stability of institutions; the blessings of peace; protection against violence and bloodshed.

Love of country, or patriotism, like all love places the object loved first and self second.

In all public action the patriot asks not, "What is best for me?" but, "What is best for my country?" In time of election he goes to the caucus and the polls, and expresses his opinion and casts his vote for what he believes to be just measures and honest men. When taxes are to be levied, he gives the assessor a full account of his property, and pays his fair share of the expense of government. The patriot will not stand apart from all parties, because none is good enough for him. He will choose the best, knowing that no political party is perfect. The moment he is convinced that the party with which he has been acting has

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become more corrupt, and less faithful to the interests of the country than the opposite party, he will change his vote.

Self first, personal friends second, party third, and country fourth, is the order of considerations in the mind of the office-seeker, the wire-puller, the corrupt politician.

Country first, party second, personal friends third, and self last is the order in the mind of the true citizen, the courageous statesman, the unselfish patriot.

In return for serving our country we receive a country to serve. Through the institutions which the state maintains, schools, almshouses, courts, prisons, roads, bridges, harbors, laws, armies, police, there is secured to the individual the right and opportunity to acquire property, engage in business, travel wherever he pleases, share in the products of the whole earth, read the books of all nations, reap the fruits of scholarly investigation in all countries, take an interest in the welfare and progress of mankind. This power of the individual to live a universal life, this participation of each in a common and world-wide good, is the product of civilization. And civilization is impossible without that subordination of each to the just claims of all, which law requires and which it is the business of the state to enforce.

Organization involves a multitude of offices and public servants. Many of these offices are less onerous and more lucrative than the average man can find elsewhere.

The "spoils system," which consists in rewarding service to party by opportunity to plunder the country; which pays public servants first for their service to party, and secondly for service to the country; which makes usefulness to party rather than serviceableness to the country the basis of appointment and promotion, is the worst evil of our political life.

Betrayal of one's country and disregard of its interests is treason. Whoever sacrifices the known interests of his country to the interests of himself, or of his friends, or of his party, is therein guilty of the essential crime of treason. Whoever votes for an appropriation in order to secure for another man lucrative employment or a profitable contract; whoever increases or diminishes a tax with a view to the business interests, not of the country as a whole, but of a few interested parties; whoever accepts or bestows a public office on any grounds other than the efficiency of service which the office-holder is to render to the country, whoever evades his just taxes; is guilty of treason.

—Hyde's Practical Ethics, 1892.

No further reservations can be accepted for the Course on Public Speaking, for the reason that the quota is filled.

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OCCUPATIONAL DISEASE COMPENSATION

A recent survey of industrial disease hazards in Pennsylvania was tabulated and analyzed by a Works Progress Administration project involving a field survey of 16,000 industrial establishments representing coverage of about 75%. The total number of employees found to be exposed to industrial disease hazards was 672,010, of whom it is estimated that 445,671 will be covered by the Pennsylvania Occupational Disease Compensation Act of 1937.

Occupational disease compensation for Pennsylvania employees was inaugurated January 1, 1938, Pennsylvania joining 20 other states, including all neighboring states, which provide, in varying degrees, protection for this kind of injury.

Pennsylvania's law specifically names the causes of industrial disease which may be compensated. The list includes

Poisoning from:

Lead, mercury, arsenic, manganese; phosphorus; methanol, carbon bisulphide, hydrocarbon distillates, halogenated hydrocarbons; benzol and its nitro, amido or amino derivatives; radium, X-ray; chromic acid, bichromate of ammonium, potassium or sodium (compounds are included).

Infection from:

Tar, pitch, bitumen, mineral oil, paraffin, oils, cutting compounds, lubricants, dust, liquids, fumes, gases, vapor, anthrax.

Injury from:

Asbestosis, silicosis or anthraco-silicosis (miner's asthma); caisson disease (compressed air illness).

This law is an addition to the Workmen's Compensation Law which was amended in 1937 to provide increased cash benefits beginning January 1, 1938, and more adequate medical allowance. It will be administered by the Workmen's Compensation Bureau and Board.

Silicosis, anthraco-silicosis and asbestosis will not be compensable for temporary or partial disability; employers' liability may not exceed \$3,600 in any one case. These limitations do not apply to the other industrial diseases named.

The cost will bear more heavily on the industries having the greatest industrial disease hazards in the same way that compensation for other injuries bears more heavily on industries with large numbers of accidents. It is predicated on the extension of the principle that injury to employees is a cost of business operation.

Members who are interested in the socio-economic reflections of this medical problem are advised to write to the Department of Labor and Industry at Harrisburg requesting a copy of "Occupational Disease Compensation Law."

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PENNSYLVANIA AND PNEUMONIA

Bulletin No. 2

Issued by the
Commission for the Study of Pneumonia Control of
The Medical Society of the State of Pennsylvania

Bulletin No. 1 aimed to emphasize the general importance of the modern diagnosis and treatment of the pneumonias, and the opportunity offered to the Medical Society of the State of Pennsylvania whereby it may aid materially in decreasing the continued annual loss of over 9,000 lives in this state.

In furthering this end, our Commission now wishes to present in brief form those facts which, in its opinion, seem to be of greatest importance and usefulness in the most effective treatment of the pneumonias. In the statements that follow dogmatism has been avoided as much as possible. Comments and suggestions are respectfully invited.

Bacteriology and Pathology

From many quarters the accumulating evidence indicates that the disease "pneumonia" is actually a composite of many specific bacterial diseases, each of which may be caused by one or more specific organisms which are capable of producing an acute pathological process in the lung. It is true that there is some advantage in practice in the ability to differentiate between lobar and bronchopneumonia. One should not forget, however, that even in an ideally equipped hospital one may be unable to distinguish adequately between lobar and lobular or bronchopneumonia. Also it should not be forgotten that in some cases at necropsy lobar pneumonia may be observed in one part of the lung and bronchopneumonia in another.

The most important organisms that may cause the pneumonias are (a) the pneumococci, of which 32 specific serologic types are now identified, (b) streptococci, (c) influenza bacilli, (d) staphylococci, and (e) the Friedlander bacillus.

In the patients who appear to be suffering from lobar pneumonia, some type of pneumococcus is found to be the causative organism in about 96% of the cases.

In the bronchopneumonias, the relative incidence of pneumococcus infection is somewhat lower, and that of the other above mentioned organisms somewhat higher.

To encourage and facilitate this bacteriological approach to the diagnosis and treatment of the pneumonias, the various hospitals and clinics of this state have cooperated with the State Department of Health in furnishing facilities for the proper study of the pneumonias. In those areas of Pennsylvania where

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January 18, 1938

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technical facilities are not now available for the performance of the Neufeld method of pneumococcus typing, technicians from such areas are being trained as rapidly as possible.

Satisfactory bacteriological studies can not be made unless the sputum is carefully collected in a sterile container. If a Petri dish is not available, a small glass jar that has been sterilized by boiling will suffice.

Bulletin No. 3 will continue the discussion of the subject of Bacteriology and Pathology.

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| E. L. Bortz, M. D., Chairman | C. C. Hartman, M. D. |
| L. H. Collins, M. D. | G. J. Kastlin, M. D. |
| T. Grier Miller, M. D. | E. W. Bixby, M. D. |
| H. K. Mohler, M. D. | M. H. Sherman, M. D. |
| H. A. Reimann, M. D. | C. W. Skinner, M. D. |

January 18, 1938.

Commission for the Study of Pneumonia Control

PITTSBURGH ACADEMY OF MEDICINE

The Pittsburgh Academy of Medicine will meet Tuesday, January 25, 1938, at 8:30 P. M., in the Academy rooms, 322 North Craig Street, Pittsburgh. The program is as follows:

- Fractures of the Cervical Spine..... Dr. James O. Wallace
Discussion by Dr. John A. Heberling
- Exudative Esophagitis—Medical and Surgical Treatment.....
..... Dr. William A. Bradshaw
Discussion (by request) by Dr. Joseph A. Perrone
Discussion by Dr. John P. Griffith

Members of the Allegheny County Medical Society are cordially invited to attend.

AMERICAN CHEMICAL SOCIETY

The Pittsburgh Section of the American Chemical Society has invited Dr. Donald D. Van Slyke to appear as guest speaker at its meeting on January 27, at 8 P. M., in the Mellon Institute Auditorium. The program will be as follows:

The Physiology of the Amino Acids..... Dr. Donald D. Van Slyke

Divisions

- A. Blood and Gas Analysis in the Detection of Industrial Hazards....
..... William P. Yant
- B. Discussion of Dr. Van Slyke's paper.... Leonard H. Cretcher (presiding)
- C. The problem of protein structure..... Lawrence W. Bass

Members of the Allegheny County Medical Society are cordially invited to attend.

Dr. Ellis M. Frost addressed the Crawford County Medical Society, at its January 19 meeting held in Meadville, on the subject of "Pneumonia."

An objective of the medical profession is
the early recognition of pneumonia.

RENZIEHAUSEN MEMORIAL FUND (FOR DIABETICS)

The following statement of the Policies of the Renziehausen Memorial Ward of the Children's Hospital of Pittsburgh was approved by the Public Relations Committee and by the Board of Directors of the Allegheny County Medical Society:

1. Patients will be accepted only on written reference from their physician or the hospital or charitable organization responsible for their care. In case of emergency, telephone arrangements may be followed by the written reference.
2. Patients accepted will be under the care of the Hospital Diabetic Staff and will be returned to the source of reference upon discharge from the ward. If continued care in the Out-Patient Clinic is desired it may be arranged by written request from the referring source. No patient of the Renziehausen Memorial Ward will be accepted as a private patient by any member of the staff without written request of the referring physician.
3. Patients financially able may pay the regular ward rate or part of it as a contribution to the Renziehausen Memorial Ward Fund.
4. No professional fees will be charged for services on the ward. Any person able to do so may pay more than the ward rate as a contribution to the Renziehausen Memorial Ward Fund.

GEORGE R. HARRIS, M. D., Secretary.

DISTINGUISHED INSTITUTIONS

Whether physicians appreciate it or not, state medical societies and the American Medical Association represent distinguished institutions in the public mind. Those of the public who have been rather keen observants in the past look to these institutions to speak the voice of medicine in the true interest of the public health, when questions of major concern in the field of health arise.

I am just wondering whether the public will be confused in future thinking by hearing from four or five voices. It has happened in labor. I hope that it does not happen in medicine.

■ If physicians divide and subdivide the voice of medicine, they will be doing the public a notable disservice, whatever may be their motives.

—Clergyman commenting in Wisconsin Medical Journal, Jan., 1938.

1937 IN RETROSPECT

What has the organized medical profession accomplished in 1937? Have we made progress toward better service to the public? Have we satisfied our critics that we are giving a complete medical care?

We have for the moment defeated in our state and national legislatures most of the threatening regimentation legislation that has been presented. Many bad laws proposed to give various healing cults special privileges, such as their own examining

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boards, etc., have been defeated both in committee and on the floor of the various state legislatures. These accomplishments have not been gained without a fight and ever constant vigilance.

The one thing, however, that stands out as the profession's greatest accomplishment has been the unity of spirit of the individuals in medicine. As more and more medical practitioners have learned about the legislative efforts by wholly selfish interests, they have awakened to their individual responsibilities. The profession has progressed in not only this aspect of the situation, but has realized as never before that each individual medical man must improve his medical abilities. This has been evidenced by the unusually large attendance at all of the scientific medical meetings that have been held during the past year.

Have we made progressive strides toward better public service? The answer is—yes.

The medical profession has been more earnest in its studies from a scientific point of view, and the individual patient has eventually benefited by the professional knowledge and experience related and absorbed at these splendid scientific sessions. These are the gains.

We readily give to the control of the authorities those diseases which require partial or complete police control because of their immediate deleterious effect upon others. The Surgeon General's fight against syphilis started this past year exemplifies how splendidly the profession cooperates with the authorities where the health of the public may be imperiled.

Have we satisfied our critics that we are giving a complete medical care? No! And we never will because there will always be those who, for one reason or another, will never sense the completeness of the service being rendered by the physician.

Conditions vary all over the country, but it is certainly a fact that no one who needs adequate medical care need go without it, regardless of his social or economic standing.

Have we put our desire for money ahead of our desire to serve? This question can be answered in the negative. There are physicians who think solely in terms of money, yet it must be admitted that these men form a very small percentage, and even they must produce results or else their services cease to be in demand by the public.

Yes, the doctor does place service before financial reward, even though here and there along the line there is a shyster. He is loosely organized for his personal benefits but strongly organized for the protection of the public. He is a humanitarian first, last, and all the time. Don't allow anything to destroy the individuality of the practicing physician.

—Elmer Hess, M. D., President, Erie Co. (Pa.) Medical Society.

THE NATIONAL HEALTH SURVEY FOR 1935-1936

GEORGE R. HARRIS, M. D.

This survey was made for the period November, 1935-March, 1936, the figures being given by each family for one year prior to the date the information was furnished. The survey was conducted by the United States Public Health Service with the aid of grants from WPA. It was a house-to-house canvass of 740,000 families in 19 states and 36,000 families in selected rural areas in three states. In detail the reports are based on schedules taken in 84 cities for 740,000 families, including 2,660,000 persons, or about 3.7% of the urban population of the 1930 census. As to the rural surveys, 36,000 families, or 140,000 persons were canvassed in 23 rural counties in a Southern state, 16 in Georgia, four in Michigan, three in Missouri. The 84 cities were distributed over 19 states: 31 places of over 100,000 population were sampled, and 53 smaller cities were completely canvassed. Further details of the technical procedures are given in the report, and all in all they seem to be fair methods. Diagnoses were verified through hospitals and physicians, when permission was granted. 535,000 inquiries were mailed, 400,000 returned, and professional reports were obtained on 350,000 cases of illness that had had medical attention. Of the 2,660,000 persons enumerated, there were 1,100,000 cases of illness reported. Illnesses reported were those lasting 7 days or over. Illnesses of less than three months' duration were classified as "acute"; three months or over were classified as "chronic." So much for the methods of classification.

Illness and Medical Care in Relation to Economic Status

Families were grouped according to economic status as follows: \$1,000 annually and under, 40%; under \$1,500 included 65% of the canvassed population; 80% in families with incomes under \$2,000 per annum. Almost one-half of the lowest income group had been recipients of relief in 1935. The frequency of illness is of course known to be highest among the poor. This survey confirms it. Illnesses disabling for one week or longer in a 12-month period occurred among families on relief at a rate 57% higher than among families of \$3,000 or over. Two persons on relief were disabled for one week or longer by chronic illness for every person in the middle and highest income groups. Families just above the relief level (under \$1,000) have a sickness rate lower than the relief group, but 17% higher than the high-

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ber, 1935-March, for one year prior survey was canvassed with the house canvass of in selected rural areas on schedules of 2,660,000 per the 1930 census. 100 persons were interviewed, 16 in Georgia, families were distributed in population were canvassed. Further in the report, responses were verified by permission was obtained, and cases of illness that were enumerated, illnesses reported less than three months or over methods of classification.

Economic Status

Economic status as follows: \$1,500 included families with incomes in the lowest income bracket. The frequency of illness in the poor. This week or longer on relief at a rate of 1 in 33. Two persons in chronic illness groups. Families have a sickness more than the high-

est income class. Most of this excess is due to chronic illness, being 42% higher than those over \$3,000.

Illness causes dependency; one in 250 family heads in the comfortable income group was not seeking work because of chronic disability. In those with incomes under \$1,000, the ratio was 1 in 33; in relief families, 1 in 20, unable to seek work because of disability.

Illnesses among the relief and low-income groups are not only more frequent, but they last longer; 63% longer, in fact. The annual per capita volume of disability in the relief group is three times as great as among the upper income families—11.9 days compared with 3.9 days per person. The volume of disability is higher in the group just above the relief level.

Income and Medical Care

Among relief and low-income families the proportion of illnesses (a week or longer) receiving no care from a physician was larger than in the higher-income groups. In families with incomes in excess of \$3,000 the proportion of cases not receiving care was 17%; among relief families, 30%; among non-relief families with incomes of less than \$1,000 the proportion was 28%.

In a surveyed population of 280,073 persons in 8 large cities, the average case of disabling illness in families with incomes of \$3,000 and over received 5.7 calls from a physician, compared to 3.9 calls per case on relief, or 46% more service per illness in the upper income families.

The Pittsburgh survey included 20,391 families, of which 18,766 were white and 1,625 colored. Of these, 4,275 were on relief, 3,457 white and 818 colored. Of the non-relief cases, there were 5,490 with incomes under \$1,000; 4,251 from \$1,500 to \$1,999; 1,727 from \$2,000 to \$2,999; 639 from \$3,000 to \$4,999; 372 over \$5,000. These are for white families. Among the colored, there were 522 under \$1,000; 158 from \$1,000 to \$1,499; 60 from \$1,500 to \$1,999; 20 from \$2,000 to \$2,999; 1 from \$3,000 to \$4,999; 1—\$5,000 and over.

Estimate of Disabling Illness Throughout the Country as a Whole, Based on the Survey

This is the prevalence of illness on an average winter day, 1935-36, based on the survey. Six million people are unable to work, attend school, etc., each day during the winter months on account of illness, injury, or gross physical impairment resulting from disease or accident. This is based on the report in which 4½% of more than 2,300,000 persons surveyed in urban areas were reported as disabled on the day of the canvass. For Pittsburgh, with a population of roughly 750,000, this would mean

somewhere around 35,000 persons disabled on account of disease or injury on any one day.

Age and Sickness

Old persons 65 years of age and over reflected the highest proportion of sick, about one in eight of the aged being disabled on the day of the survey; in the age group 15 to 24 years the proportion of sick was only one in 40. Under 15 years, 4.2% were disabled on the day of the survey; 15-24 years, 2.5%; from 25 to 64 years (working age) 4.4%; 65 years and over, 12.1%.

Types of Illness

As the survey was made in the winter months, it is to be expected that acute respiratory diseases would predominate, and this proved to be the case. These diseases were responsible for illness of a million and a half of the six millions estimated to be ill on the day of the survey. Approximately two and a half million persons were disabled by chronic diseases and permanent impairments. The acute infectious diseases were the causes of illness in 250,000 persons, mostly children. About the same number were disabled due to acute diseases of the stomach and liver, and appendicitis.

Regarding frequency, illnesses that disabled for a minimum of one week occurred at the rate of 172 per 1,000 persons canvassed in the 12 months preceding the survey date. Applied to the country as a whole this means 22 million illnesses disabling for a week or longer, or 16 such illnesses for each death in 1935.

In terms of the average person, this rate represents 10 days of incapacity per year. Children under 15 years have a greater frequency of illness, but the duration is low compared to the adult. Adults from 15 to 64 years are disabled about 9 days per person per year. In this age group, illnesses are less frequent than in childhood or old age, but the duration is longer than in childhood, less than that of the group over 65 years. The average chronic case occurred with about the same frequency as acute respiratory disease. Yet the duration of the average chronic case was 7 times as long as the average case of respiratory disease.

Orthopedic Conditions and Other Gross Permanent Impairments

Those listed as orthopedic impairments are at the rate of 19.6 per 1,000 persons. This includes losses of feet, legs, arms, fingers, and toes, the rate being: feet or legs, 1.0; hands or arms, 0.5; fingers, 5.4; toes, 0.5 (per 1,000). For impaired members the rate is 12.2 per 1,000, divided as follows: spine, back, other trunk, 2.5; feet or legs, 6.4; hands or arms, 1.6; and other, 1.7.

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Conclusions

The report states: "For those in the lowest income group, it is apparent that inadequate diet, poor housing, the hazards of occupation, and the instability of the labor market create immediate health problems." The findings of this survey prove that the incidence of illness is greater, the duration of illness longer, and the fraction of illness higher in those from the relief group, and those whose incomes are less than \$1,000 a year. This survey proves what many of us have long contended: That the problem of medical care is not a question for the medical profession per se, but one of economics. When adequate food, adequate clothing, and adequate housing are ensured by the payment of adequate wages, then the illness and disability arising therefrom will be materially reduced; those who are unfortunate enough to become disabled will then be able to finance the cost of disabling illness without undue hardship.

STANDARDS FOR EXAMINATION OF FOOD HANDLERS

The following principles in respect of examinations of food handlers have been approved by the Board of Directors of the Allegheny County Medical Society:

Realizing that the medical examinations of food-handlers and all others required by the present law should be made more thorough, it is our opinion that the following standards of examination should be accepted by employers, employees, and physicians:

1. All examinations to be conducted according to approved medical standards;
2. Under all circumstances the employees shall have the privilege of examination by their own family physicians;
3. Indicated laboratory examination will be done by the Pittsburgh Department of Health without charge when requested. Containers will be furnished.
4. All laboratory reports to be given only to the examining physician for appropriate action.
5. When a pelvic examination is indicated, such employees are to be referred to their family physician or to a clinic.
6. The Allegheny County Medical Society approves of the Director of Health demanding re-examinations of any individual or group of individuals if the first examination is, in his opinion, inadequate. The Director of Health is requested to refer to the Committee on Grievances of the Allegheny County Medical Society for its consideration and action any examinations of individuals or groups of individuals where in his opinion these examinations show evidence of gross neglect.

GEORGE R. HARRIS, M. D., Secretary.

"DIATHERMY PLUS"

BURDICK'S NEWEST SHORT WAVE CREATION

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BOARD OF DIRECTORS' MEETING

A regular meeting of the Board of Directors of the Allegheny County Medical Society was held on Tuesday, December 21, 1937, at Mellon Institute. The meeting was called to order by Dr. Haythorn, Chairman of the Board, at 7:00 P. M. Those present were: Drs. Guy, Morris, Harris, Anderson, Grier, Robinson, Palmer, Arthur, Heilman, Griffith, Marcy, Haythorn, Mitchell.

The Board was addressed by Dr. Albert Russell, U. S. Public Health Service, regarding the nation-wide syphilis attack.

Dr. I. H. Alexander asked the Board of Directors for an expression of opinion regarding the examination of food-handlers.

Dr. R. L. Anderson, Chairman of the Special Committee on Syphilis, reported progress of the Committee.

Dr. W. W. McFarland explained the educational program of the American Social Hygiene Association. Dr. Anderson moved, and it was seconded and passed, that the Special Committee on Syphilis be empowered to accept this proposal of the American Social Hygiene Association, as embodied in the following letter; that the Finance Committee of the Allegheny County Medical Society supervise the finances, and that they also be empowered to act as the Executive Committee of this fund.

"Subject to the consent of the Board of the American Social Hygiene Association, Dr. Walter Clark, Executive Director, approves the service plans of the Allegheny County Venereal Disease Committee.

"Subject to the same consent, any funds collected will be allocated 60% to the American Social Hygiene Association and 40% to the local Committee.

"Funds may be collected locally in a manner satisfactory to this Committee, but must be forwarded to New York for credit; remittance to the local Committee to be made from New York at stated intervals. Unexpended balance to be returned to the American Social Hygiene Association on conclusion of the local program.

"This same arrangement on collection is in effect in Philadelphia through their Pennsylvania Social Hygiene Committee which is a Citizens' Committee similar to the one being organized here. Further details of cooperation between the Allegheny County Venereal Disease Committee and the American Social Hygiene Association can be worked out. It will be necessary to appoint a local Treasurer.

"Suggestions: 1. Appoint an Executive Committee of three for cooperation and planning with the American Social Hygiene Association."

Regarding the proposed Group Hospitalization Plan of the Pittsburgh Hospital Service Association, Dr. Anderson moved, and it was seconded and passed, that the Secretary be requested to confer or correspond with the Committee of the Pittsburgh

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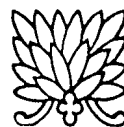
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Hospital Service Association and that the Executive Committee be empowered to appoint a Committee to confer with representatives of the Pittsburgh Hospital Service Association.

Dr. Grier moved, and it was seconded and passed, that the minutes of the November meeting of the Board of Directors be approved as circulated.

Dr. Grier moved, and it was seconded and passed, that the minutes of the Special meeting of the Board of Directors be approved as circulated.

The report of the Treasurer was read. Dr. Guy moved, and it was seconded and passed, that the report of the Treasurer be accepted.

Dr. Harris read the report of the President's Brace Fund Committee. Dr. Guy moved that the report be received and filed. Seconded and passed.

The Secretary read the report of the Judicial Board. Dr. Anderson moved to table this report until further information is received on the name referred to the Judicial Board at the November meeting. Seconded and passed.

Dr. Anderson moved, and it was seconded and passed, that the Secretary draw up a résumé of the facts relating to food-handlers, and that the matter be referred to the Public Relations Committee with a request that this Committee render a report to this Board of Directors.

A letter regarding Health Insurance was, on motion seconded and passed, referred to the Committee on Public Health Legislation.

A letter was read from the State Secretary of Health and ordered filed.

A letter regarding principles from Dr. Eugene Kilgore was ordered filed.

A letter regarding the Public Health Nursing Association was ordered referred to Dr. H. T. Price, Chairman of the Medical Advisory Committee, for answer.

A request from the Graduate Education Committee to transfer \$800.00 from checking to savings account was read. Dr. Anderson moved, and it was seconded and passed, that the Treasurer be authorized to transfer the \$800.00 from checking to savings account.

On motion duly seconded and passed, the usual honoraria to Officers were ordered.

Transfer of membership of Dr. Max Levin from Dauphin to Allegheny County was, on motion seconded and passed, approved.

On motion, seconded and passed, the transfer of the Bedford Lecture Fund from the Oakland Branch of the Peoples-Pitts-

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burgh Trust Company to the downtown office of the same bank was approved.

Dr. Anderson moved, Dr. Grier seconded, that Dr. Charles Graham be elected to active membership. Passed.

Emeritus membership was granted to W. S. Charles and Francis J. Madden.

The resignation of Dr. M. A. Green was accepted with regrets as of December 31, 1937.

Dr. Mitchell moved, Dr. Griffith seconded, that cards for use of diabetics be distributed to doctors to be given to their patients to carry, and that notice be placed in the Bulletin that these cards are available.

All applications for membership approved:

Active

Jacob R. Davis
R. G. Ellis
Sol Goldberg
George A. Jaques
W. D. McElroy

W. H. Oetting, Jr.
R. G. Pett
C. T. Provost
C. T. Rollins
J. C. Staley

J. J. Stubbs
C. S. Textor
J. W. Stirling
L. A. Wajert
A. H. Winters

Interne-Visiting

R. A. Arnheim
F. E. Cicchino

M. H. Graditor
W. B. Patterson

S. J. Tomasi
R. E. Vecchio

Transfers

A. O. Heckler—Venango
L. H. Landay—Beaver
A. S. Stevenson—Bedford

J. S. Corba—Westmoreland
Max Levin—Dauphin

Associate

M. L. Menten

Adjournment.

GEORGE R. HARRIS, M. D., Secretary.

PHILADELPHIA COUNTY POSTGRADUATE INSTITUTE

The Postgraduate Institute of the Philadelphia County Medical Society will hold its Third Annual Session at the Bellevue-Stratford Hotel in Philadelphia from March 28 through April 1, 1938.

The subject of the 1938 session, "Diseases of the Digestive Tract," will be treated by a galaxy of specialists in their fields, including such outstanding men as Drs. Henry L. Bockus, Russell S. Boles, Earl D. Bond, Chevalier Jackson, B. B. Vincent Lyon, T. Grier Miller, George P. Muller, Eugene P. Pendergrass, Damon B. Pfeiffer, Martin H. Rehfuess, David Riesman, William D. Stroud.

The importance of postgraduate teaching has been accepted by all physicians and the attendance at the 1937 session, participated in by physicians from 14 states, bears evidence of the appreciation of these sessions.

The Institute officials are planning for the largest registration of any session, and it is not too early to place the above dates on your calendar. Inquiries should be addressed to Rufus S. Reeves, M. D., 21st and Spruce Streets, Philadelphia.

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APPLICATIONS FOR MEMBERSHIP

The following names are published for the first time:

ACTIVE

Francis P. Kenney, 807 Westinghouse Building, Pittsburgh, Pa.
University of Indiana, 1925; State, 1925.

Recommended by Frank J. Santora and R. H. Dunlap.

John J. Schaub, 5422 Penn Avenue, Pittsburgh, Pa.

Jefferson Medical College, 1933; State, 1934.

Recommended by C. J. Bowen and M. A. Slocum.

Wilfred J. Finegold, 205 Forbes Building, Pittsburgh, Pa.

Charing Cross, University of London, 1935; State, 1936.

Recommended by Robert C. Hamilton and M. R. Goldman.

The following names are published for the second time:

ACTIVE

Florence M. Kline, 551 Medical Arts Building, Pittsburgh, Pa.

Woman's Medical College, 1904; State, 1905.

Recommended by W. W. G. MacLachlan and W. J. Fetter.

Samuel Sherman, Masonic Building, Carnegie, Pa.

St. Louis University School of Medicine, 1936; State, 1937.

Recommended by W. J. Connelly and Alexander H. Colwell.

Robert L. Sutton, 190 Lincoln Avenue, Bellevue, Pittsburgh, Pa.

University of Pittsburgh, 1936; State, 1937.

Recommended by Norman C. Ochsenhirt and F. L. Schumacher.

Edward M. Toloff, 1831 Murray Avenue, Pittsburgh, Pa.

Edinburgh, Scotland, 1933; State, 1935.

Recommended by R. C. Hamilton and J. R. Johnston.

CORRESPONDENCE

January 17, 1938.

To the Board of Directors,
Allegheny County Medical Society.

As per your request I herewith submit a report on the portraits of the ex-Presidents of our Society.

There are in storage at Harrison Shields Co., 3700 Butler St., Pittsburgh, costing \$3.00 per month, 38 framed (24x27½), single portraits.

I have made inquiries at about a dozen wholesale and retail glass companies and second-hand picture frame stores and was offered ten to twenty-five cents each for the glass; but it would cost more than that to have the glass removed from the frames. For the old frames there were no offers.

Dr. McElroy, Assistant Dean of the Medical Department of the University of Pittsburgh, offered to allow the Society to hang the portraits in the Library Building on the Campus, which proposition seems to me quite desirable.

For your information and the records of the Society, would state there have been 74 Presidents in 73 years of the Society's existence.

1865-1905	Single Portraits	40
1905-1925	In one frame	20
1925-1938	In Portfolio	14

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The portrait of Dr. H. T. Coffee, 1869, is missing. The balance of the number (35) are in the Society's office.

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WOMAN'S AUXILIARY

After the business meeting on January 18, Mrs. J. Leonard Smith, our president, explained just how our yearly dues are spent. Although most of us know, we may be interested in going over it again. A state tax of \$1.00 per member, \$1.00 to the Medical Benevolence Fund, and four teas at \$.60½ each, or \$2.42 per year, leaves \$.58 as a working capital. All incidentals such as printing, postage, and flowers are taken from this amount.

The secretary read a letter from Dr. I. Hope Alexander expressing his regret at not being able to attend our last meeting, at which he was scheduled to speak.

Flowers were sent to Dean R. R. Huggins, who was to have talked on "The Student Loan Fund," but who has been ill. Dr. Huggins is held in high esteem by all who know him.

Dr. Davenport Hooker, member of the Student Loan Fund Committee, brought sincere greetings and best wishes to the Auxiliary on our 12th anniversary. In 1930 the Auxiliary came to the aid of the Student Loan Fund Committee, whose purpose is to render financial aid to medical students. Twenty-eight students have received financial assistance since 1930. They must first make written application, then show some type of security. Although the vast majority are deeply grateful, 17% of those students who have received Auxiliary aid have made no effort to repay.

Mrs. Elsie Breese Mitchell introduced an outstanding pianist, Mrs. Gertrude Dodds, who rendered several lovely numbers. Then Mrs. W. M. Holtz explained just what Vanda E. Kerst has done toward developing the Verse Speaking Choir. The 23 charming girls from Pennsylvania College for Women entertained with a number of delightful rhymes.

The Hygeia drive has been quite successful and to date we have 52 credits. Mrs. George Sietz asked to have checks mailed to her immediately, as the drive closes January 31.

Mrs. Homer W. Grimm presented 37 new members, each wearing a lovely boutonniere. They were asked to sit together and get acquainted, and were served tea and delicious birthday cake by the executive board and aides.

We were asked to keep in mind and make every effort to hear and see Dr. Joseph H. Barach's lecture and pictures arranged for our next meeting, March 22.

M. S. S.

McKEESPORT ACADEMY OF MEDICINE

A joint meeting of the McKeesport Academy of Medicine and the Valley Medical Society will be held Monday, January 24, 1938, at 8:30 P. M., at the Penn-McKee Hotel, McKeesport. Supper will be served following the meeting. The program will be given by members of the staff of Crile Clinic, Cleveland.

Members of the Allegheny County Medical Society are cordially invited to attend.

WOMEN'S MEDICAL SOCIETY

The Women's Medical Society will meet on Tuesday, January 25, 1938, at 7:30 P. M., in the Woman's City Club, Hotel William Penn. The guest speaker is Dr. Lawrence G. Beinhauer; his subject, "The Eczema Complex."

Members of the Allegheny County Medical Society are cordially invited to attend.

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