CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HENRY S. ROGERS, M.D. ..... President
WILLIAM R. MOLONY, SR., M.D. ..... President-Elect
LOWELL S. GOIN, M.D. ..... Speaker
PHILIP K. GILMAN, M.D. ..... Council Chairman
GEORGE H. KRESS, M.D. ..... Sec'y-Treas. and Editor
JOHN HUNTON ..... Executive Secretary

EDITORIAL BOARD

Chairman of the Board:
Russel V. Lee, Palo Alto.

Executive Committee:
Sumner Everingham, Oakland.
Russel V. Lee, Palo Alto.
Albert J. Scholl, Los Angeles.
George W. Walker, Fresno.

Anesthesiology:
Charles F. McCuskey, Glendale.
H. R. Hathaway, San Francisco.

Dermatology and Syphilology:
H. J. Templeton, Oakland.
William H. Goeckerman, Los Angeles.

Eye, Ear, Nose and Throat:
Frederick C. Cordes, San Francisco.
L. G. Hunnicutt, Pasadena.
George W. Walker, Fresno.

General Medicine:
Russel V. Lee, Palo Alto.
George H. Houck, Los Angeles.
Mast Wolfson, Monterey.

General Surgery (including Orthopedics):
Frederick C. Bost, San Francisco.
Clarence J. Berne, Los Angeles.
Sumner Everingham, Oakland.

Industrial Medicine and Surgery:
Richard O. Schofield, Sacramento.
John D. Gillis, Los Angeles.

Plastic Surgery:
George W. Pierce, San Francisco.
William S. Kiskadden, Los Angeles.

Neuropsychiatry:
John B. Doyle, Los Angeles.
Olga Bridgman, San Francisco.

Obstetrics and Gynecology:
Erle Henriksen, Los Angeles.
Daniel G. Morton, San Francisco.

Pediatrics:
William A. Reilly, San Francisco.
William W. Belford, San Diego.

Pathology and Bacteriology:
David A. Wood, San Francisco.
R. J. Pickard, San Diego.

Radiology:
R. R. Newell, San Francisco.
Henry J. Ullmann, Santa Barbara.

Urology:
Lewis Michelson, San Francisco.
Albert J. Scholl, Los Angeles.

Pharmacology:
Chauncey D. Leake, San Francisco.
Clinton H. Thienes, Los Angeles.

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL BUSINESS

EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION*

Digest of the minutes of a meeting held in San Francisco, on Wednesday, November 26, 1941, and approved by mail vote.

The meeting was held in the offices of the California Medical Association at 450 Sutter Street, San Francisco, on Wednesday, at noon, November 26, 1941.

Activities of Certain State Boards.

Activities of various public boards were considered, but no action was taken.

Speeches of an Exchange Professor at U. C.

Dr. Makinson called the attention of the Committee members to speeches being made by an Exchange Professor of the University of California.

After discussion, it was agreed that the Committee on Public Health Education, through its Chairman, Dr. Frank R. Makinson, should send to the component societies and the members of the C. M. A. Council a digest of a recent speech delivered at Berkeley, at which two stenographers took some notes.

Portrait of First President of State Medical Association.

On behalf of Dr. Morton R. Gibbons, Sr., Chairman of the Committee on History, a letter from Mrs. J. E. Hays, Historian of the State of Alabama, and having date of November 21st, was submitted.

Mrs. Hays stated she was the granddaughter of the late Benjamin F. Keene, first President of the Medical Society of California (1856), and that for years she had been striving to have a copy made of a painting possessed by a great granddaughter of Dr. Keene, so that California might come into possession thereof.

Mrs. Hays stated that she had found an artist with whose work she was familiar and that she thought a copy of the painting could be made for $50.00.

In line with the action taken by the last House of Delegates for the collection of memorabilia, Dr. Gibbons, Chairman of the Committee on History, recommended that a sum not to exceed $75.00 be allocated to secure a copy of the painting, and, if available, photographs.

Because of the urgency of these conditions and owing to the fact that the California Medical Association did not possess a photograph of its first President, it was agreed that such allocation should be made.

Regarding Proposed Letter of Criticism of C.P.S.

The attention of the members present was called to a letter having date of November 18th, received from an Oakland colleague, in which permission was asked to print in CALIFORNIA AND WESTERN MEDICINE an article "criticizing the present organization (California Physicians' Service) and its policies."

It was stated that a letter had been sent to the Oakland

* Full minutes of the Executive Committee have been mailed to all councilors, and copies are also available for inspection in the central office of the Association.

physician calling attention to the rules laid down in the Council's brochure, "Suggestions to Authors," under Item 1 on page 4, and under Item 13 on page 7.

This subject and policies were discussed and it was agreed that Dr. Makinson, who was present, should confer with the physician who had written the letter.

Letter to Component County Societies.

In view of the number of requests that have been received from various organizations asking for appointment of members of the medical profession to State and county committees having to do with defense activities in the present emergency, it was agreed that a letter should be formulated and sent out by the Executive Committee, wherein request would be made of component county societies that they refrain from appointments or commitments to organizations or committees having to do with national defense, in cases not involving emergency or urgency, until approval in connection therewith has been given by the California Committee on Medical Preparedness, of which Dr. Harold Fletcher of San Francisco is Chairman. The draft of the letter follows:

The County Medical Societies,
Addressed.

Dear Doctors:

This letter, addressed to the forty component county societies of the California Medical Association, is a request from the C. M. A. Council, asking each county society to observe certain procedures before nominations or appointments are made for local committees or organizations aiming to aid in the work of national, state, or community defense.

In order to avoid confusion and duplication, and also to permit the Association officers to maintain proper contacts with all defense activities in which the medical profession is involved, the Council suggests and requests each county medical society to observe the following procedure:

1. Refrain from appointing or promising to appoint county society members on committees or organizations, until after the request has been submitted to the California Committee on Medical Preparedness (Chairman. Harold Fletcher, M.D., 450 Sutter, San Francisco). As promptly as possible, when such requests, with informative data, are submitted, Dr. Fletcher will seek to reply.

If a procedure such as is above outlined, is not observed, the medical profession in various communities may find itself associated with agencies that are not in accord with the medical standards laid down by the United States Army and Navy. Ill-advised cooperation may make for inefficient service to our Country.

The medical profession, as in the past, wishes to serve in most efficient manner, and this aim can only be realized when proper standards and affiliations are maintained. The Medical Corps of the Army and Navy, through the standards they have set, indicate the paths we should follow.

Respectfully submitted,
THE EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION.
Elbridge J. Best, M. D., *Chairman.*
George H. Kress, M. D., *Secretary.*

Attest:
Henry L. Rogers, M. D., *President*
Philip K. Gilman, M. D., *Council Chairman*

Letters Regarding Cost of Electrocardiograms of Selectees.

The Association Secretary reported on the replies that had been received from physicians to whom letters had been sent concerning suitable price for electrocardiograms of selectees. (Reference: Item 9(d), page 257, November C. & W. M.). These were turned over to the Chairman of the Executive Committee for consideration and recommendation.

ELBRIDGE J. BEST, M.D., *Chairman.*
GEORGE H. KRESS, M.D., *Secretary.*

Life Membership in California Medical Association

The constitutional amendment providing for C. M. A. life membership was submitted by Robert A. Peers, of Colfax in 1940, and was approved by the C. M. A. House of Delegates on Wednesday, May 7, 1941.

Component County Societies may wish to adopt somewhat similar membership privileges to cover county society membership.

(*e*) LIFE MEMBERS

(Amendment to Article IV, Section 1, of C. M. A. constitution.)

Qualifications: Life members of the California Medical Associations shall be elected by the Council on the recommendation of any component county society from those active members thereof who

(1) have been active members of this Association continuously for a period of twenty (20) years or more and are more than fifty (50) but less than sixty (60) years of age and have tendered to this Association a life membership fee of one hundred fifty (150) dollars;

Or (2) have been active members of this Association continuously for twenty-five (25) years or more and are more than sixty (60) but less than sixty-five (65) years of age and have tendered to this Association a life membership fee of one hundred (100) dollars;

Or (3) have been active members of this Association continuously for a period of twenty-five (25) years or more, are more than sixty-five (65) but less than seventy (70) years of age and have tendered to this Association a life membership fee of fifty (50) dollars;

Or (4) have been active members of this Association continuously for twenty-five (25) years or more and are more than seventy (70) years of age.

Those active members falling within Classification 4 need not be recommended by any component county society, but are eligible to life membership on direct application to the Council. The Council may not elect to life membership any active member whose membership has not been continuously or who has ever been censured, suspended or expelled from the American Medical Association, this Association, any state medical association which is a constituent unit of the American Medical Association, or any county medical society which is a component part of this Association or a unit of any other state medical association.

Obligations and Rights.—Life members shall not pay dues and shall not be liable for assessments of any kind or nature. If active membership in good standing is maintained in his component county society, each life member shall have the right to vote, to hold office, and shall have all other rights and privileges of the Association. If active membership in his component county society is not maintained, the rights and privileges of a life member shall be those of a retired member.

Now more than ever before, public health workers must assume new responsibilities and be ready to adapt themselves quickly to what may lie ahead. National defense is a powerful additional reason for intensifying and extending our public health program and for a rigorous self-analysis of our work.—JOHN L. RICE, M.D., *Commissioner of Health, New York City.*

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* In this printing, additional paragraphs have been used, for greater convenience in reference.—Editor.

ANNUAL CONFERENCE: STATE ASSOCIATION OFFICERS AND COUNTY SOCIETY SECRETARIES

On Sunday, January 18th, in the Empire and French rooms of the Sir Francis Drake Hotel in San Francisco, an all-day conference of officers and members of the standing committees of the California Medical Association will be held with secretaries of component county medical societies. Program follows:

6th Annual Secretarial Conference: Agenda

FOR MEETING TO BE HELD:

Day and Date: Sunday, January 18, 1942.

Hours: 9:00 a.m. to 5:00 p.m.

Place: Sir Francis Drake Hotel, Sutter and Powell, San Francisco.

REQUESTS

(1) Please pass in your registration slip at the table marked *Registration*, in the French Room (second floor entrance room).

(2) Speakers, in rising to discuss a paper, are requested to give their names, and official positions.

(3) A typewritten copy of each report submitted, should be handed to the Secretary, for placing in the C.M.A. files.

(4) Paper slips on the chairs are for questions (if you wish to send them to the platform). Questions should be signed with name, and official position.

(5) Questions are invited at the end of each report.

PART I.—PRELIMINARY COMMITTEE MEETINGS: 9:00 A.M.

Members of Standing and Special Committees are requested to meet at 9:00 a.m. for informal conference and discussion of their committee work as outlined in the by-laws. (Pages 38-45; Chapter V, Section 1-22.)

PART II.—MORNING SESSION: IN EMPIRE ROOM

President Henry S. Rogers, Petaluma, presiding.

I.—10:00 a.m.—*Introductory Remarks:* by President Henry S. Rogers.

II.—10:10 a.m.—*C.M.A. Committee on Public Relations.*

(a) Report by Donald Cass, Committee Chairman.

III.—10:25 a.m.—*Committee on Public Health Education.*

(a) Report by Frank R. Makinson, Committee Chairman.

IV.—10:45 a.m.—*California Physicians' Service.*

(a) *Progress Reports and Talks:*

(1) Ray Lyman Wilbur, President, Board Trustees.

(2) T. Henshaw Kelly, Member, Board of Trustees.

(3) Albert E. Larsen, Secretary and Medical Director.

V.—11:00 a.m.—*Medical Preparedness.*

(a) *Reports by:*

(1) Harold A. Fletcher, Chairman of the California Committee on Medical Preparedness.

(2) Charles A. Dukes, Member of Committee on Medical Preparedness of the American Medical Association.

(b) *Informal Addresses:*

(3) A Representative of the Medical Corps of the U. S. Army.

(4) A Representative of the Medical Corps of the U. S. Navy.

(5) A Representative of the U. S. Public Health Service.

(6) A Representative of the Office of Civilian Defense.

(7) A Representative of Selective Service Activities.

(8) A Representative of the Medical Corps of the California State Guard.

(9) Summary by Captain Philip K. Gilman, U. S. Navy, former chairman of the C.M.A. Committee on Medical Preparedness.

(Questions Invited)

VI.—12:00 a.m.—*C.M.A. Committee on Public Policy and Legislation.*

(a) *Progress Reports by:*

(1) Dwight H. Murray, Chairman.

(2) Junius B. Harris, Chairman Advisory Committee.

(Questions Invited.)

PART III.—NOON LUNCHEON AND REST PERIOD

12:30 Noon—*Recess for Luncheon.* In French Room (lobby to Empire Room).

Luncheon is scheduled for 12:30 noon.

(If program listed for the Morning Session is not completed, same will be carried over for the Afternoon Conference.)

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VII.—2:00 p.m.—*Public Health League of California.*

(a) Report by Mr. Ben Read, Executive Secretary.

VIII.—2:15 p.m.—*Council of the California Medical Association.* Philip K. Gilman, Chairman.

IX.—2:30 p.m.—*Reports by California State Boards:*

(a) *California State Board of Medical Examiners,* Dr. Charles B. Pinkham, Secretary.

(b) *California State Board of Public Health,* Dr. Bertram P. Brown, Director.

X.—3:00 p.m.—*Reports by C.M.A. Standing and Special Committees:*

(Five-Minute Progress Reports.)

(a) *Committee on Associated Societies and Technical Groups.* John V. Barrow, Los Angeles, Chairman.

(b) *Committee on Health and Public Instruction,* John Ruddock, Los Angeles, Chairman.

(c) *Committee on History and Obituaries,* Morton R. Gibbons, Sr., San Francisco, Chairman.

(d) *Committee on Hospitals, Dispensaries and Clinics.* J. Norman O'Neill, Los Angeles, Chairman.

(e) *Committee on Industrial Practice.* Donald Cass, Los Angeles, Chairman.

(f) *Committee on Medical Defense,* Nelson Howard, San Francisco, Chairman.

(g) *Committee on Medical Economics,* Glenn Cushman, San Francisco, Chairman.

(h) *Committee on Medical Education and Medical Institutions,* Loren R. Chandler, San Francisco, Chairman.

(i) *Committee on Membership and Organization,* Louis Alesen, Los Angeles, Chairman.

(j) *Committee on Postgraduate Activities,* Dwight L. Wilbur, San Francisco, Chairman.

(k) *Committee on Scientific Work*—(Annual Session), George H. Kress, San Francisco, Chairman.

(l) *Committee on Publications,* A. A. Alexander, Oakland, Chairman.

(m) *Editorial Board,* Russell V. Lee, Palo Alto, Chairman.

(n) *Cancer Commission,* Charles A. Dukes, Oakland, Chairman.

(Questions Invited.)

XI.—OTHER ACTIVITIES:

(a) *Houses of Delegates*—(American Medical Association, and California Medical Association).

(1) Comments by Lowell S. Goin, Speaker, C.M.A. House of Delegates.

(2) Comments by A.M.A. Delegates (Elbridge J. Best, Lyell C. Kinney, Edward N. Ewer, Edward M. Pallette, Robert A. Peers, William R. Molony, Sr., Harry H. Wilson, and Henry S. Rogers.)

(b) *Reports of Special Committees:*

(1) *On Needy Members*—Axcel E. Anderson, Chairman.

XII.—QUESTION BOX HOUR: "THE GOOD OF THE ASSOCIATION".

(If time permits, and until adjournment hour is reached, the remainder of the afternoon session will be given over to questions on matters pertinent to "The Good of the Association". [In relation to scientific or organized medicine, or of national, state, county, local nature]. Questions should be submitted in writing. In rising to speak, please give name and official position.)

* * *

ADJOURNMENT.

HENRY S. ROGERS, *President*
PHILIP K. GILMAN, *Council Chairman*
GEORGE H. KRESS, *Association Secretary.*

* For editorial comment, see page 3.

CALIFORNIA COMMITTEE ON MEDICAL PREPARDEDNESS†

California Medical Statistics: Re Medical Rejections of Selectees

The California Department of Selective Service, under date of December 12, 1941, issued a report on the Medical Results noted in the examination of 60,839 male citizens who were examined under the Selective Service Act. The sum...ary showing the break-down for the entire group, and the percentage of rejections for each of the 283 Local Selective Service Boards follows:

State Headquarters Selective Service
State of California
Plaza Building
Sacramento

December 12, 1941.

MEDICAL RESULTS

Medical Inspection for screening is now our procedure. It is interesting to review the final figures showing the results obtained by our Boards and their Doctors under the old plan of "primary selective service medical examination and classification" before presenting registrants to Army Examiners at Induction Stations:

REJECTIONS AT INDUCTION STATIONS

We presented 60,839 Selectees to Induction Stations and 5,430 were rejected there (8.92%).

Rejections for physical and mental reasons (excluding illiterates)	8.33%
Rejections for reasons other than physical or mental (includes illiterates)	.59%
PERCENTAGE OF REJECTIONS FOR THE STATE	8.92%

TABLE 1.—*Breakdown of This 8.92 per cent Rejected*

Eyes (vision principally)	11.5%
Teeth (number, pyorrhoea, malocclusion)	9.5
Weight (mostly underweights, very few overweights)	4.
Ear (o.m.c.c., membrane)	7.5
Cardio-vascular (Heart, Blood Pressure, Pulse)	3.5
Spine, Joints	3.
G. U. (Venereal, G. C., Lues, Testicle)	5.
Abd. organs (Hernia, G. B., Appendix, Rectum)	5.5
Nose, Mouth (Larynx, Septum)	2.5
Neuro-Psychiatric	16.5
Extremities (Digits, Muscles, Pes Planus, Varicose Veins, Fract.)	14.
Lungs	9.5
Endocrine (and skin)	2.
Other than physical (Illiteracy, Felonies, Dishonorable Discharge, Inaptitude)	6.
	100 %

* * *

TABLE 2.—*For Table 2, see next page*

* * *

TABLE 3.—*Selective Service Medical Personnel Recommendations After Examination*

1A		50%
1B—Eyes	5.1%	
Teeth	3.	
Weight	3.6	
Ear	.5	
Spine—Joints	.7	
G. U.—Venereal	2.1	
Abd. Viscera	.4	
Hernia	3.	
Nose—Mouth	1.6	
Nervous—Mental	.01	
Extremities	2.5	
Flat Feet	2.4	
Varicose Veins	.6	
Skin	.01	
Lungs	.6	
Endocrine	.01	
Acute Diseases	.08	
Other than physical	.01	
	26.22	26%
4F—Eyes	1.5	
Teeth	.4	
Weight	1.2	
Ear	2.	
Cardio—Circ.	8.1	
Spine—Joints	.7	
G. U.—Venereal	.7	
Abd. Viscera	.6	
Hernia	.1	
Nose—Mouth	.1	
Nervous—Mental	2.	
Illiteracy	.8	
Extremities	2.2	
Flat Feet	.7	
Varicose Veins	.5	
Skin	.2	
Lungs	1.5	
Endocrine	.7	
Acute Diseases	.1	
Other than physical	.1	
	24.1	24%
		100%

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on **Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.**

Examination of Selective Service Registrants: New System now Operative in California

Physical examinations of selective service registrants have now been definitely taken over by the U. S. Army Recruiting Service in California. The new examination procedure will take a heavy load from the shoulders of physicians who have been rendering much gratis service in the past in performing physical examinations of a screening character.

Under the Army recruiting service setup, a traveling board from Army headquarters will schedule physical examinations of registrants in convenient urban centers, where local physicians will be asked to cooperate with Army medical men in forming examining teams.

The Army, traveling board will consist, in all cases, of a head examining physician, one medical specialist, one dentist, and necessary clerical personnel. Local communities where draft examinations are to be held will be asked to furnish four additional medical specialists who will work with the Army doctors as an examining team. Teams of this character can perform from 100 to 150 physical examinations in a relatively short working day.

The Army recruiting service now has three traveling boards operating from Northern California headquarters in San Francisco, one from Southern California offices in Los Angeles.

The ideal examining team will consist of the head examining physician (an Army doctor), a surgeon, an internist, an ophthalmologist, an otolaryngologist, and a neuropsychiatrist, together with the dentist and clerical personnel who complete the traveling board. The physicians on the traveling board include the head examiner and one specialist; local communities will be asked to supply the other specialists, with the provision that a team may be completed without the neuropsychiatrist if one is not available.

Local members of the examining teams will be paid a per diem of $15.

* * *

Calls have already gone out from the C. M. A. office to eight counties in Northern California where draft examinations are scheduled for January. These counties, together with the city of examination, dates and number of examinations, are as follows:

County	*City*	*Dates*	*Examinations*
Shasta	Redding	Jan. 6-9, inc.	100 daily
Yuba	Marysville	Jan. 12	100 daily
Sacramento	Sacramento	Jan. 19-22, inc.	100 daily
San Joaquin	Stockton	Jan. 6-8, inc.	133 daily
Fresno	Fresno	Jan. 12-16, inc.	120 daily
Santa Clara	San Jose	Jan. 6-9, inc. (Two periods)	Jan. 12-15, inc. 137 daily
Eureka	Santa Rosa	Jan. 19-20, inc.	100 daily
Sonoma	Humboldt	Jan. 23	100 daily

Other counties in California should be prepared to cooperate with recruiting service officials when registrants in other areas are called for examinations. The medical profession has criticised the old draft examination procedure and has long urged something like the new system. Now that it is here—and is destined to be greatly expanded under new military service age limits—it is incumbent on all physicians to do their utmost to make it work.

"Army Traveling Boards" for Final Selective Service Examinations: Outline of Procedures

Request was recently made of Lieut. Colonel Bert S. Thomas, M. C., Chief of the Medical Division of California State Selective Service, Plaza Building, Sacramento, for additional information concerning the National Headquarters order, effective January 1, 1942, relating to new procedures in final examinations of Selective Service registrants.

For the information of C. M. A. members who have special interest therein, the following reply and enclosure should be of interest:

(COPY)
STATE OF CALIFORNIA
DIRECTOR OF SELECTIVE SERVICE
Plaza Building, Sacramento

December 31, 1941.

Dear Doctor Kress:

Your information that an Army Traveling Board consisting of an Army Doctor, a Dentist and certain clerical personnel, is to conduct final examinations for the Selective Service, is correct. The examination conducted by the Army Examining Board is one which follows the examination as outlined in our MD-31 by the Selective Service Examiners.

Whereas, under the old scheme, the Selective Service Examiner made a complete examination of any registrant once committed for examination, now, the examination is a briefer one and is based on the finding of certain physical defects as outlined in a new Selective Service form known as DSS Form 220, and herewith attached. In other words, rather than the Selective Service Doctors examining a man completely to determine whether he did or did not have certain qualifications as outlined in Mobilization Regulations 1-9, and so determining whether, in his opinion, he was fitted for unlimited military

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TABLE 2.—*Individual Board Records at Induction Stations**

(State Average, 8.92 Per Cent)

L.B.	% Rej.	L.B.	% Rej.	L.B.	% Rej.	L.B.	% Rej.	L.B.	% Rej.
1	19	58	8	115	9	172	6	229	7
2	9	59	8	116	10	173	8	230	8
3	6	60	5	117	11	174	9	231	15
4	12	61	11	118	5	175	11	232	10
5	8	62	4	119	9	176	8	233	7
6	6	63	14	120	13	177	8	234	7
7	9	64	5	121	10	178	8	235	9
8	9	65	5	122	14	179	9	236	7
9	7	66	8	123	8	180	6	237	6
10	11	67	5	124	10	181	6	238	8
11	9	68	7	125	7	182	4	239	12
12	6	69	4	126	5	183	9	240	7
13	15	70	7	127	7	184	9	241	7
14	8	71	8	128	10	185	12	242	6
15	6	72	7	129	10	186	3	243	8
16	9	73	16	130	6	187	10	244	9
17	4	74	6	131	7	188	7	245	12
18	12	75	13	132	14	189	9	246	9
19	6	76	7	133	11	190	3	247	9
20	11	77	9	134	8	191	4	248	8
21	8	78	10	135	13	192	9	249	9
22	10	79	11	136	14	193	11	250	5
23	6	80	8	137	11	194	8	251	9
24	13	81	9	138	10	195	8	252	7
25	11	82	8	139	9	196	8	253	6
26	6	83	5	140	10	197	8	254	9
27	6	84	8	141	10	198	12	255	13
28	4	85	8	142	8	199	9	256	9
28a	9	86	9	143	7	200	8	257	10
29	11	87	9	144	10	201	12	258	6
30	5	88	12	145	8	202	6	259	7
31	11	89	8	146	8	203	11	260	6
32	10	90	5	147	9	204	6	261	12
33	Zero	91	5	148	9	205	5	262	11
34	7	92	5	149	5	206	6	263	10
35	13	93	8	150	10	207	7	264	11
36	9	94	11	151	12	208	7	265	9
37	9	95	8	152	10	209	10	266	8
38	10	96	13	153	6	210	7	267	10
39	6	97	11	154	5	211	7	268	9
40	6	98	7	155	8	212	11	269	10
41	14	99	5	156	10	213	14	270	7
42	2	100	7	157	8	214	15	271	7
43	6	101	7	158	10	215	10	272	11
44	7	102	5	159	12	216	11	273	12
45	6	103	8	160	8	217	10	274	12
46	7	104	9	161	11	218	13	275	9
47	9	105	6	162	6	219	12	276	6
48	9	106	5	163	13	220	9	277	10
49	9	107	7	164	5	221	9	278	12
50	9	108	9	165	10	222	10	279	9
51	6	109	6	166	8	223	12	280	7
52	11	110	11	167	10	224	12	281	7
53	3	111	9	168	10	225	12	282	7
54	9	112	7	169	10	226	12	283	5
55	8	113	6	170	12	227	8		
56	7	114	5	171	10	228	8		
57	10								

* Symbols: L. B. = Local Board; Rej. = Rejections. (Serial numbers in sequence are the numbers of the 283 Local Boards in California, appointed by the Governor for examination of Selectees.)

duty—now, he merely excludes certain registrants from appearing before Army Examining Boards for final examination, by the discovery of those defects in DSS Form 220 which permanently fix a registrant in Class 4-F (completely disqualified for all military service), or in 1-B (qualified, at the best, for only limited military service).

It will mean that certain registrants will be selected by our medical personnel to be examined by Army Examining Teams, who will come back from those Army Examining Teams to be reclassified in either 1-B or 4-F classifications. For instance, the examination as conducted by our Selective Service personnel would not discover a registrant who had a perforated ear drum. This man, however, might not be deaf, nor might he even show any partial deafness. Such a man would be sent on to these Army Examining Boards only to be returned by them with a recommendation that he be put into Class 4-F (disqualified for all military service), and so would he remain, unless the qualifications were changed.

At the present time, there are two fixed Army Examining Boards—one in San Francisco and one in Los Angeles. In addition to the fixed Boards, there are several Traveling Boards. These Traveling Boards examine in eleven other cities. They include Redding, Marysville, Sacramento, Stockton, Santa Rosa, Eureka, San Jose, Fresno, Bakersfield, Santa Barbara and San Diego.

These teams will utilize Doctors in specialties to expand their examining personnel, in exactly the same manner as the previous Induction Teams were organized. For instance, a team might come into Sacramento and consist of an Army Doctor with whatever personnel he has available to bring into the city. He might need an Ear, Nose and Throat specialist, a Surgeon, an Internist, a Neuropsychiatrist, and others. These will be civilian Doctors receiving approximately the salary of a Major, just as they are receiving at the present time on Induction Boards.

Should there be any other information that we can give you, feel free to ask.

(Signed) J. O. DONOVAN,
State Director of Selective Service.

(COPY)

STATE HEADQUARTERS SELECTIVE SERVICE
STATE OF CALIFORNIA
Plaza Building, Sacramento

December 22, 1941.

To Doctors: (Copies to Local Boards)

PHYSICAL EXAMINATION—CLASSIFICATION—SELECTION

All Local Boards and Examining Physicians are acquainted with our previous *"Complete examinations"* of registrants required when a registrant was once committed to an examination. These examinations were replaced by a system of *"Screening-inspections"* which sent the bulk of registrants to Army Examining Stations for their complete examinations (Revised Induction Plan; DI-81-LB, 11-12-41)—All this was in accord with the training program and before the Declaration of War—

NOW,—National H. Q. advises us that, effective Jan. 1, 1942, the following will prevail. (This is resumed from National H. Q. Memo I-309, L.B. Release 66) :—

The Examining Physician and Dentist will conduct the physical examination in such a manner as to determine those physical defects—

1—Which manifestly disqualify the registrant for military service (all); ("Fixed" 4-F's).

Or—2—Which manifestly disqualify a registrant for general military service but not for limited military service; ("Fixed" 1-B's).

[Such defects are prescribed respectively by Parts I and II of the List of Defects (Form 220) which will be distributed to you.

Upon physical examination, the Examining Physician will merely indicate whether or not he has found such defects, as above, to exist—by answering questions either "yes" or "no" to the following questions, which will be found written on page 4 of Form 200, temporarily—until the new consolidated form, Report of Physical Examination, Form 221, is issued and available:—

1—Do you find that the above named registrant has any of the defects shown on Part I of the List of Defects (Form 220)? (If in doubt, answer "no".) [If answer is "yes", this will suggest a "Fixed" 4-F recommendation.]

2—Do you find that the above named registrant has any of the defects shown on Part II of the List of Defects (Form 220)? (If in doubt, answer "no".) [If answer is "yes" and question 1 is answered "no", you will recognize that this will suggest a "Fixed" 1-B recommendation.]

If the answer should be "yes" to either question, the defect or defects found should be briefly described.

If the answers are "no" throughout, it will mean a 1-A recommendation. You will note from a study of Form 220 that many conditions which you now recognize as not 1-A, will bear a present 1-A recommendation—for—it is contemplated that remediable conditions, such as hernias, and such as "less-teeth-than-minimum" requirements for 1-A (unless edentulous), are to remain in Class 1-A (subject to induction after rehabilitated) even after Army Examining Board examinations. You will also note that certain conditions which might eventually be classified in 1-B after return from Army Examining Boards, will be sent to them even though you might recognize that they will eventually land in 1-B. Such an instance would be a non-correctable 20/200 eye without glasses; however, if he is not "blind" in one eye (as indicated in Part II, Form 220), he is sent to the Army Examining Station for the necessary refraction and complete examination.

The Local Board shall place no registrant in Class 4-F by reason of any physical or mental disqualification—before physical examination. However, when the Physician knows or learns of a *mental* disease, the Examining Physician may avail himself of any information obtained from social agencies, schools or hospitals, so that he might abstract said material on the report, under "Remarks" and thus guide the Board in its classification. The Physician may report to the Local Board on the case of a registrant who does not appear before him when he report is based on his professional knowledge of the mental incompetency, *and* the condition is such that it is inadvisable for the registrant to personally appear before the Examining Physician—or—the Examining Physician may accept an affidavit from a reputable physician as to such conditions, attaching the affidavit to the Report of Physical Examination.

THE EXAMINATION—In conducting the examination of the registrant to disclose the evidence of any defects as indicated in Part I and II of Form 220, the examination will be held with the registrant in the nude. The *physical examination should consist of observing the registrant while walking toward, standing before, and walking away from the Examining Physician.* The registrant may be required to go through calisthenics to determine the mobility of joints or to furnish a basis for determination of his alertness, intelligence, understanding of commands, postural tensions, tendencies to incoordination, and tremors. If peculiarities are noted, simple questions should be asked in an effort to bring out replies bearing on the mental health and personality characteristics of the registrant. The Examining Dentist, or, if not available, the Examining Physician will examine the mouth of the registrant. No blood will be taken for serological tests, and *no laboratory procedures will be undertaken* as a part of this physical examination.

The Examining Physician shall complete any entries in Section I of the Report of Physical Examination which were not completed by the Local Board—a memorandum having been sent with the original copy of Report of Physical Examination requesting the Physician to complete such entries after questioning the registrant.

Such procedures as commencement of classification, classifications before physical examination, reference for physical examination, Local Board preparation of Forms, classifications after physical examination, appeal, order to report for final examination and possible reclassification after physical examination by Armed Forces—all explained in National Memo I-309—are not discussed here, as this bulletin is issued only to present to the Doctors their part in the new plan, effective January 1, 1942.

For CULBERT L. OLSON, *Governor*,
(Signed) J. O. DONOVAN,
State Director of Selective Service.

Official Regulations—Re: Authorized Emergency Vehicles and Certificates

CIVILIAN DEFENSE REGULATION BULLETIN NO. 1

Sacramento, December 16, 1941.

Subject: Blackout Instructions For Motoring Public:

The following regulations are prescribed for all motor vehicles during blackouts:

1. Blackout Signals:

Upon receipt of the air raid warning "Air Raid Message—Red," a signal of two minutes' duration, consisting of either a fluctuating or warbling signal of varying pitch, or a succession of intermittent blasts of about five seconds' duration, separated by a silent period of about three seconds will be given.

Upon receipt of the all-clear signal, "Air Raid Message—White," a continuous signal of two minutes' duration at a steady pitch will be given.

2. When the blackout signal is given, immediately park off main traveled portion of the highway, turn out all lights, and walk to a place of safety. These conditions must be maintained until the all-clear signal is given.

3. No vehicle must be operated after receiving the blackout signal and during the blackout until the all-clear signal is given. Only emergency vehicles will be permitted to operate during blackout.

4. Emergency vehicles will be identified on the front by the regular blackout lamps.

5. No vehicles other than emergency vehicles should be equipped with blackout lamps or any masking material, such as blue or green cellophane, pliofilm, or other transparent material, as private vehicles are not permitted operation during blackouts.

These instructions have been drafted with the assistance and approval of the 9th Regional Office of Civilian Defense.

This is the same information contained in All Points Bulletin Teletype No. 13, Sacramento, December 12, 1941.

(Signed) JAMES M. CARTER, *Director*
Department of Motor Vehicles.

(Signed) E. RAYMOND CATO, *Chief*
California Highway Patrol.

(Signed) EARL WARREN,
Attorney General and Chairman
Civil Protection Committee
State Council of Defense.

(Signed) RICHARD GRAVES,
Executive Director, Calif.
State Council of Defense.

(Signed) MAJOR H. F. OSBORNE,
Actg. Asst. Director
9th Regional Office of Civilian Defense.

CIVILIAN DEFENSE REGULATION BULLETIN NO. 2

December 16, 1941.

Subject: Definition of Emergency Vehicles for Blackout Operation:

(A) Two classifications of Emergency Motor Vehicles have been established as follows:

Statutory Emergency Vehicles . . . .

Permitted Emergency Vehicles . . . .

(B) The Emergency Vehicles that will be permitted to operate during a blackout are as follows:

. . . 6. All vehicles certified by Sheriffs, District Attorneys, The California State Highway Patrol, Police Chiefs, and Fire Chiefs, when within the respective territorial jurisdictions of the certifying office, as being essential to the preservation of the public peace and safety or to the dissemination of public information or to the National Defense; provided, however, that such vehicles shall conform to the Uniform Lighting Regulations approved by the Department of Motor Vehicles and the California State Highway Patrol for Blackout Emergency Vehicles. No certificate shall be issued which conflicts with any regulation or order of the United States Army applicable in the area for which the certificate is issued.

(This bulletin contains the information sent out in All Points Bulletin, Teletype No. 1, San Francisco, December 15, 1941.)

JAMES M. CARTER, *Director*
Department of Motor Vehicles.

EARL WARREN,
Attorney General and Chairman
Civil Protection Committee
State Council of Defense.

RICHARD GRAVES,
Executive Director, California
State Council of Defense.

E. RAYMOND CATO, *Chief*
California Highway Patrol.

CIVILIAN DEFENSE REGULATION BULLETIN NO. 3

December 16, 1941.

Subject: Blackout Lights for Emergency Vehicles:

I. *Purpose of Blackout Lights.* Blackout lights are *only* useful as marker lights to warn approaching vehicles of the presence of another vehicle. They are not intended to produce enough light to reveal the roadway and obstacles. It is mandatory that vehicle speeds be reduced to a safe speed of not more than 15 miles per hour outside of cities and not more than 10 m.p.h. in cities under blackout conditions.

II. *The regular lighting system must be maintained* essentially as required by law, including headlamps, tail lamps, and license plate lamps.

The use of any masking device on headlights as a fixed installation is not permitted. The use of colored transparent material over the headlights is not permitted. You must maintain your vehicle in condition to operate safely in normal conditions.

III. *Commercially Manufactured Blackout Lights Are Not et Available.* The Department of Motor Vehicles will, from time to time in the future, pass upon particular blackout lighting devices submitted to it. Lists of approved devices will be issued for the guidance of the public.

IV. *Recommended Specifications for Conversion of Existing Vehicle Lighting.* The Department *recommends* the following:

A secondary and completely independent lighting system to be used for blackout operations. The blackout lighting system shall include two lamps, blue, amber or white, showing to the front (except motorcycles, only one required), and at least one red lamp showing to the rear.

To convert existing vehicle lights, apply the following rules:

RULE 1: All blackout lights must be shielded to eliminate all light above twelve degrees from the horizontal and must not be visible at more than 1000 feet at any angle. To check the adequacy of the shield, place your eye 36 inches away from and 8 inches up from a horizontal line through the lamp. From this point no direct light shall be visible.

(a) ON THE FRONT: Use parking lamps for front blackout lamps where these exist as separate lamps. Have sheet metal shields installed by your local mechanic. The shield must completely enclose the lamp and extend far enough forward and be tapered down at the opening to meet the angular requirement above. The inside of the shield must be painted matte black. Eliminate all reflections from the body or bright metal work.

To cut down the intensity of the blackout lamps either use an aperture in the shield or paint the lens with black or dark paint. For vehicles that do not have separate parking lamps, it will be necessary to mount extra lamps on the front in accordance with the above.

(b) ON THE REAR: At least one red rear blackout lamp must be used in the blackout operations. The lamp should be on the left side and must be shielded, and intensity diminished as in front lamps.

For vehicles with two tail lamps, use the right tail lamp for normal operation and modify the left tail lamp for blackout operation. The switching must be corrected so that the normal tail lamp is used only with the normal headlights.

RULE 2: A switch must be installed in the stop lamp circuit so that bright stop lamps are not operated under blackout conditions. The stop lamps are operated with the brake pedal and unless disconnected it will flash every time the pedal is used.

RULE 3: All license plate lights must be out in blackout operations. Cars equipped with a separate license plate lamp can be wired to switch this light off with the stop lights. Cars with a combination tail lamp and license plate lamp will have to use this lamp for normal operation only and provide a separate red rear blackout lamp.

RULE 4: The following accessory lamps must not be used or lighted during blackout operation: Emergency red lamps, spot lamps, auxiliary, fog, driving or passing lamps, identification lamps, running board lamps, cowl lamps, fender lamps, back-up lamps, lamp type direction signals, and all other incidental and unnecessary lamps.

RULE 5: On trucks and trailers, the clearance lamps must be out during blackout operation.

V. *An Acceptable Blackout Lighting System, for Temporary Use by Emergency Vehicles in Lieu of the Recommended System.*

To provide an immediate blackout lighting system for those individuals who are *unable to afford* or *cannot secure* the recommended blackout lighting system, and for those persons who must equip a vehicle *now* and *with the facilities and materials* they can most readily obtain, the following rules are provided:

(a) Dark oil cloth or rubber masks or hoods may be securely attached to the head and tail lights of vehicles, with a horizontal slit in the lower portion, about 1/4" x x3". If this hood or mask is to be used over the regular headlight or tail light, it must be removed immediately after the blackout, or, if the attachment consists of a hood with a movable flap, the flap masking the front of the headlight must be moved back out of the range of the lights immediately after the blackout, so that the regular lighting system will not be impaired.

(b) An improvised ground light may be made by attaching, under the center of the vehicle body, a small can with a shaded bulb installed at the closed end. The open end of the can should point vertically down and the wiring should be arranged so that no other vehicle lights burn when the ground light is turned on. This type of light will silhouette the car sufficiently so that it can be seen by an approaching vehicle.

(c) Where the car has a separate set of parking lights, the blackout lighting system should be arranged on the parking light.

(d) If the parking light is used, the light from the top and sides should be masked out, either with black paint or with some covering device, and a shield of some material should be arranged to black out the front portion of the light, with the exception of a center opening not exceeding two inches in diameter.

(e) Care should be taken to mask stop lights which are connected with the brake pedal.

(f) All lights should be masked or blacked out or disconnected, except not exceeding two marker lights on the front or one or two marker lights in the rear, or the ground light beneath the car referred to above.

VI. *Red Lights and Sirens.* Stautory Emergency Vehicles only will be permitted to be equipped with red lights and sirens

and the granting of blackout operating permit does not permit the use of red light or siren upon a Permitted Emergency Vehicle. No emergency red light or siren may be operated by any emergency vehicle during a blackout period.

JAMES M. CARTER, *Director Department of Motor Vehicles.*
E. RAYMOND CATO, *Chief, California Highway Patrol.*
RICHARD GRAVES, *Executive Director, California State Council of Defense.*

Civilian Defense Insignia for Physicians and Nurses

OFFICE OF CIVILIAN DEFENSE
Washington, D. C.
December 20, 1941

To the Editor:—The following material is sent to you for your information and for possible publication.

The Office of Civilian Defense has prepared insignia for volunteer civilian defense workers to wear after they have been enrolled and trained. There is one basic insigne bearing the initials "CD" in red, enclosed in a white triangle superimposed on a blue field, which is to be worn on cap and uniform collar ornaments of all civilian defense workers. Each of the fifteen activities has a distinctive design to be worn on white armbands or embroidered on the left sleeve of uniforms 1 inch below the shoulder seams. The designs have been patented by the OCD, and only enrolled civilian defense workers are entitled to wear them as part of uniforms or to any clothing that would simulate official wear. Workers or their defense councils will pay for the insignia with the possible exception of the armbands. Congress has been asked to authorize funds to distribute the latter.

Physicians and nurses serving in emergency medical field units will be identified by a red caduceus in a white triangle set in a blue circle. In the event of a war emergency such as an air raid, the problem of caring for the sick and injured will be handled by the Emergency Medical Service. Field units composed of doctors, nurses and nursing auxiliaries will set up casualty stations near the site of disaster for the purpose of giving assistance to the injured and expediting their transport to a hospital when necessary. Teams of doctors, nurses and assistants will be dispatched from this station to establish advanced first aid posts closer to the scene of the emergency.

Volunteer nurses' aides will be identified by a red cross within a white triangle set in a blue circle. This indicates that the volunteer has been enrolled and trained by the American Red Cross for service in Civilian Defense.

Special training by the Red Cross and by hospitals designated as training centers is required of nurses' aides. When they have completed the prescribed instruction they will become eligible to assist nurses in wards and outpatient clinics of hospitals, or in visiting nurse, public health, industrial hygiene and school health services. The insigne must not be worn until the course of training has been completed.

(Signed) OFFICE OF CIVILIAN DEFENSE.

MEDICAL CORPS

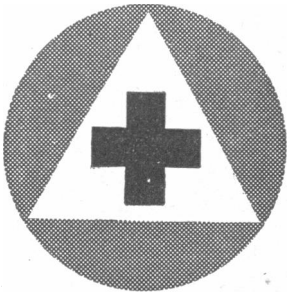
The Emergency Medical Field Units will be identified by a red Caduceus in white triangle set in blue circle.

In the event of a civilian disaster or in a war emergency such as an air raid, the problem of caring for the sick and injured will be handled by the Emergency Medical Service, the character and size of which will be established by the local Chief of Emergency Medical Services. Emergency Medical Field units composed of doctors, nurses, and nursing auxiliaries will set up a Casualty Station near the site and give assistance to the injured. Teams of doctors, nurses, and assistants will be dispatched from this station to establish advanced First Aid Posts close to the scene of emergency.

The wearing of this insigne is limited to workers enrolled in the Emergency Medical Service in the *(insert name of city or town) Civilian Defense Organization.*

NURSES' AIDES CORPS

Volunteer Nurses' Aides will be identified by a red cross within white triangle set in blue circle. This indicates that the volunteer has been enrolled and trained by the Red Cross for service in Civilian Defense.



Special training by the Red Cross and by hospitals designated as Training Centers is necessary before women volunteers can serve as Nurses' Aides. Upon the completion of instruction they will become eligible to assist nurses in wards and outpatient clinics of hospitals or in visiting nurse, public health, industrial hygiene, and school health services. The insigne must not be worn until the course has been satisfactorily completed.

The wearing of this insigne is limited to workers who are enrolled in the Volunteer Nurses' Aides Corps in the *(insert name of city or town)* Civilian Defense Organization.

U. S. Army and Navy Procurement and Assignment Service*

(COPY)

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION
535 North Dearborn Street
Chicago

December 20, 1941.

Dr. George H. Kress
California and Western Medicine
450 Sutter Street
San Francisco, Calif.

Dear Doctor Kress:

I enclose herewith copy of an editorial and an enrolment blank which will be published in The Journal of the American Medical Association for December 27.

It would be highly desirable for you to include a similar blank and the information in this editorial in the next issue of your journal in order that the notice and the blank may come to the attention of as many physicians as possible. By this means it is hoped to create a pool of names from which the Army and Navy may draw in order to provide physicians for the rapid expansion of the armed forces when that occurs.

We will appreciate greatly your cooperation in this regard.

Very truly yours,
MORRIS FISHBEIN.

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* For editorial comment and footnote, see page 1.

(REPLY BLANK)

ENROLMENT FORM FOR PROCUREMENT AND ASSIGNMENT SERVICE FOR PHYSICIANS†

Dr. Sam F. Seeley, Executive Officer
Procurement and Assignment Service
New Social Security Building
4th and C Streets S.W.
Washington, D. C.

Dear Doctor Seeley:

Please enroll my name as a physician ready to give service in the Army or Navy of the United States when needed in the current emergency. I will apply to the Corps Area commander in my area when notified by your office of the desirability of such application.

Signed———————

1. Give your name in full, including your full middle name:
2. The date of your birth:
3. The place of your birth:
4. Are you married or single?
5. Have you any children? If so, how many?
6. Do you believe yourself to be physically fit and able to meet the physical standards for the Army and Navy Medical Corps?
7. Have you filled out previously the questionnaire sent to all physicians by the American Medical Association?
8. When and where were you graduated in medicine?
9. In what state are you licensed to practice?
10. Do you now hold any position which might be considered essential to the maintenance of the civilian medical needs of your community? If so, state these appointments:
11. Have you previously applied for entry into the Army or Navy Medical Service? If so, state when, where and with what result (if rejected, state why).

Signature———————

Date——————— Address———————

I.*—Letters and Reply Blanks from Committee on Medical Prepardness of California Medical Association: In re "Emergency Field Units"

* Communications having reference serial numbers I to VII deal largely with Emergency Medical and Hospital Services in California, and explain themselves.

CALIFORNIA MEDICAL ASSOCIATION
C. M. A. COMMITTEE ON MEDICAL PREPAREDNESS
San Francisco, December 9, 1941.

The Component County Medical Societies,
Addressed.

Dear Doctors:

This letter is sent to your Society, through your President and Secretary, with request that prompt attenion be given thereto.

1. Enclosed find copy of a telegram received from the United States "Office of Civilian Defense," (Mayor La Guardia of New York, Chairman), through its national medical director, George Baehr, M. D., c/o Office of Civilian Defense, Washington, D. C. In accordance therewith, the Committee on Medical Preparedness of the California Medical Association requests your County Society, through its constituted officers, to promptly contact the hospitals in the area of your County Society, to learn what steps have been taken to date, along the lines indicated in the telegram.

2. For your information, the Bulletins of the Office of Civilian Defense appeared in the "Journal of the American Medical Association," in the following issues:

	Date	*Page*
Bulletin No. 1	August 30, 1941	793
Bulletin No. 2	November 22, 1941	1790

† This is the enrollment blank referred to in the editorial comment, on page 1.

3. Kindly note that the Government requests *Immediate Establishment of Field Units by All Hospitals.*

4. County Medical Societies of the C. M. A., through their officers and committees are requested to *immediately contact all hospitals* in their respective districts in regard to the above.

5. Since it is important to have knowledge in the C. M. A. headquarters office (450 Sutter, San Francisco), of what has been done, *reply blanks for progress reports are enclosed.* (The duplicate copies are for your own files.)

May we hope for reports at your early convenience?

Respectfully submitted,
C. M. A. COMMITTEE ON MEDICAL PREPAREDNESS,
Harold A. Fletcher, *Chairman.*
By George H. Kress, *Association Secretary.*

Attest:
Henry S. Rogers, President
Philip K. Gilman, Council Chairman
Elbridge J. Best, Executive Committee Chairman

Enclosures:
Copy of telegram
Reply blanks
Reply envelope

GHK/s

Subject: *Telegram from United States Office of Civilian Defense*

Copy of Telegram

1941 December 9 PM 1:46
Mackay Radio

Mrt F81 55 D1 Govt—Ju Washington DC 9 232P

George H. Kress, Secretary-Treasurer
450 Sutter St., San Francisco, Calif.

Office of Civilian Defense requests you to urge all (California) hospitals to establish IMMEDIATELY, emergency medical field units, in accordance with plans outlined in Medical Division Bulletins Number One and Two, and to drill weekly.

Where necessary, reserve field unities should also be organized with medical, nursing and trained volunteer personnel derived from the community.

Urge immediate action.

GEORGE BAEHR, M. D., *Chief Medical Officer,*
Office Civilian Defense, Washington, D. C.

(REPLY BLANK—RE: HOSPITAL FIELD UNITS)

(Name)———————County Medical Society

California Medical Association

Place ——————— Date ———————

C. M. A. Committee on Medical Preparedness,
Harold A. Fletcher, M. D., Chairman,
Addressed.

Dear Doctor:

1. Herewith is submitted a *Progress Report* concerning the status of Hospital Field Units in the County of (name)———————
2. On, *"Reply Sheet—Names of Hospitals in (name) County,"* we:
   (a) Have given the names of the hospitals in our County.
   (b) Have indicated by check whether they have been contacted.
   (c) Have indicated by word "Yes," if a Field Unit has been organized.
   (d) Have indicated under "Comment and Suggestions," (see below), additional information, (if it is not possible to organize a Field Unit, etc.)
   (e) *Comment and Suggestions:*
   (f) This report is sent to C. M. A. Headquarters, 450 Sutter, San Francisco, by:

Name ———————
Official Position———————

(REPLY SHEET—NAMES OF HOSPITALS IN COUNTY)

Report from the (name)————County Medical Society, C. M. A.

Herewith, names of hospitals in CITY of (name)———, etc.

Name of Hospital	*Has been Contacted (Check)*	*Has Organized A Field Unit "Yes"*	*Comment*
1.			
2.			
3.			
4.			
5.			
6.			
7.			

This Progress Report, dated————, is sent in by:

Name ————————————

Official Position————————————

(COPY)

II.—Letter from California State Council of Defense (Sub-Committee on Health, Bertram P. Brown, M.D., Chairman)

December 12, 1941

IMPORTANT NOTICE

From: Bertram P. Brown, M.D., Chairman Sub-Committee on Health, Committee on Health Welfare and Consumers' Interests, State Defense Council, State of California.

To: California Hospitals

The prompt response of the Association of California Hospitals and the California Medical Association to the appeal for establishment of Emergency Medical Field Units is of great aid in the activities leading to completion of provisions for Emergency Medical Services.

The Emergency Medical Field Unit constitutes a vital portion of the Medical Relief Facilities available for use by a City or County Civilian Defense Council.

The Director of a City or County Civilian Defense Council functioning in any emergency in a Control Center will determine the Emergency Medical Field Units to be placed in actual service and issue instructions upon which they will proceed.

A recognition of the Emergency Medical Field Unit as a component of the Medical Division of a City or County Defense Council is an important step in comprehending important phases of Civilian Defense.

Through complete cooperation with the Medical Division of a City or County Civilian Defense Council, confusion is avoided.

III.—Bulletin from Association of California Hospital to Component Hospital Members

(COPY)

Special Defense Bulletin

ASSOCIATION OF CALIFORNIA HOSPITALS

1182 Market St.

San Francisco, California

December 12, 1941

An Important Message to the Hospitals in the State of California:

To—Complete emergency organization of the hospital for civilian defense purposes—NOW;

Cooperate in emergency medical service plans with local units of: American Red Cross, Civilian Defense Council or Committee, and the City or County Medical Society.

The following important message has been received at this office from the Chief Medical Officer, Office of Civilian Defense, Washington, D. C.

"Office of Civilian Defense requests you urge all hospitals to establish immediately *emergency medical field units* in accordance with plans outlined in medical division bulletins number one and two, and drill weekly. Where necessary, reserve field units should also be organized with medical, nursing and trained volunteer personnel derived from the community. Urge immediate action."

The State Association's Committee on Preparedness, through this headquarters office, especially urges attention to:

The Individual Hospital:

Each hospital superintendent should become thoroughly familiar with the plan of emergency organization with respect to field units and personnel, as outlined in Bulletin No. 1 of the Office of Civilian Defense, published in the Journal of the American Medical Association, August 30, 1941, page 793; and the issue of November 22, 1941, page 1790.

(Before organizing this field unit, confer with the Director of Local Defense, or the Local Defense Authority, which might be one of the following authorities: City or County Office of Civilian Defense, City or County Medical Society, Local Chapter of Red Cross, Local Health Committee of the State Defense Council. *See Notice Attached*).

Read articles on preparedness in hospital magazines. (Bibliography attached.)

Organization of the staff, personnel and facilities of your hospital on an emergency basis, planning optimum bed capacity to handle casualties and evacuees from other areas, or evacuation from your area.

Take precautionary measures for blackouts, according to instructions of local authorities, with special consideration to operating rooms, delivery rooms, night lights, standby emergency lighting plant, and fire prevention.

Each hospital should keep itself informed by keeping in contact with its local hospital conference, and the activities of the local chapter of the Red Cross, Civilian Defense Committee, and the City or County Medical Society, to develop *unity of action, coordination of activities, and prevent duplication of efforts.*

Act independently and immediately in organizing your hospital for the emergency, conferring with other superintendents on such organization, and City or County Medical Society, if necessary.

Each hospital in the state should be thoroughly acquainted with civilian defense plans, transportation service, location of casualty stations and first aid posts, and with the cooperation of the local Red Cross unit the augmentation of nursing services (nurses' aides) and supplies which can be furnished, such as cots, blankets, splints, hot water bottles, etc.

During the emergency, visitors should be requested to visit sick relatives in the hospital during the day time hours.

Your personnel should be kept informed through the departments heads or by bulletin service on preparedness plans within the institution.

Hospitals Collectively:

In the metropolitan areas of Los Angeles County, Alameda County, and San Francisco County, coordination of effort through the local hospital council, which should have representation on the local Emergency Medical Units of the City Civilian Defense Council and Red Cross.

In cities or towns in defense industrial areas where there are two or more hospitals, superintendents should frequently confer with each other on emergency hospitalization plans and have representation on the local Civilian Defense Committees.

Preparedness plans for hospitalization should be discussed at monthly or special meetings of the district Hospital Conferences.

Hospitals in rural areas should be organized on an emergency basis to care for evacuees and casualties from defense areas.

Releases or articles to the Press on preparedness plans of the individual hospital should be considered unethical.

Hospitals in the cities should act collectively through the local defense committee in issuing information on precautionary protection measures or assurances to the public of their utmost cooperation.

Act through the local Hospital Council, District Hospital Conference, Red Cross, or Civilian Defense Committee with respect to the place of the hospital in the local community defense program.

It is suggested that the employees of your hospital should sign up for local civilian defense, with the understanding that each employee in signing the registration card request that he or she be assigned to his or her hospital for emergency service.

Association of California Hospitals:

The headquarters office of the Association (upon request) has advised the Military Authorities—and the State Defense Council has been informed—of the hospitalization facilities in the State of California. Each hospital should be prepared to anticipate calls which may require your institution to accept military and civilian casualties in the event of disaster.

The State Association will keep in close touch with the State Defense Council, American Red Cross, Office of Civilian Defense, and the Military and Naval Authorities, for matters requiring statewide coordination of effort.

Today is the eleventh hour for preparedness organization. Tomorrow may be too late. The hospitals will face a serious situation if not fully organized individually and collectively.

(Signed) ASSOCIATION OF CALIFORNIA HOSPITALS,
Committee on Preparedness,
Ellard L. Slack, *Chairman.*
By Thomas F. Clark,
Executive Secretary.

IV.—Letter Sent to Chairman of Hospital Defense Committees or Key Hospital Executives in Various Defense and Industrial Areas throughout the State

(COPY)

ASSOCIATION OF CALIFORNIA HOSPITALS

December 22, 1941.

To Whom This May Concern:

The headquarters office of the Association of California Hospitals would appreciate, and is in urgent need of, information relating to the coordination of defense hospital facilities in your area, and details covering the organization completed to date for defense purposes in the event of a major disaster, insofar as it relates to hospital service.

This request is approved by Dr. Wallace D. Hunt, Regional Medical Officer, Office of Civilian Defense, and Dr. Bertram P. Brown, Chairman, Subcommittee on Health, State Defense Council, and copy of information collected by this office will be referred to the Office of Civilian Defense and the State Defense Health Committee, which should eliminate any duplication of requests for similar information.

So much has occurred within the past two weeks that it is desirable and necessary that the headquarters office receive the details on the status of preparedness to answer inquiries and to prepare a résumé of organization on a statewide basis so that each of our district units and the state and civil authorities may be informed.

For your reply, the enclosures with this form should include a list of hospitals under your area organization plan and committee organization, bulletins issued, and a list of professional staff.

May I request that you place the headquarters office on your mailing list so that we may receive copies of any bulletins issued by the committee in your area which will keep us informed to date on your activities?

Cordially yours,
(Signed) Thomas F. Clark,
Excutive Secretary.

1182 Market Street, San Francisco.

* * *

(REPLY BLANK)

December 22, 1941

To: Association of California Hospitals
1182 Market Street
San Francisco, California

Subject: The coordination of hospital facilities for the emergency in the_____area.

Authority: The name and members of your committee sanctioned authority to coordinate hospital facilities and issue instructions:

*Name of Committee:*_____

Members _____ *Chairman*_____

*Authority Sanctioned By:*_____
(State here name of official agency which authorized the appointment of the committee, i.e. Local Civilian Defense Council, State Defense Council, Red Cross)

Area: _____
(State area covered by your committee, i.e. City or County)

Hospitals: List hospitals under your authority. (Please attach list)

Organization: (A) Enclose plan or program of work undertaken by your committee, and the description of your responsibilities related to (a) receiving casualties and method of distribution of casualties to hospitals in your area; (b) evacution plan to other areas in event of disaster; (c) instructions issued by your committee to hospitals in your area.

Bulletins: (B) Enclose copy of all bulletins on defense which your committee has issued to the hospitals.

Instructions: (C) Has your committee recommended each hospital:

1. To issue temporary pass or identification card to hospital employees_____(enclose copy)
2. To request employees to register for Civilian Defense and to be assigned to the hospital for volunteer service in an emergency_____.
3. To organize Emergency Field Units in line with Bulletins Nos. 1 and 2, Office of Civilian Defense_____
4. To cooperate with Red Cross in training volunteer nursing aides_____
5. (Other recommendations)_____

Supplies: Has the local Red Cross supplied hospitals with with emergency supplies, including stretchers, blankets, cots, hot water bags, surgical dressings, etc.?_____

Organization With Each Hospital: Have the various hospitals in your area completed this emergency organization covering (a) organization of medical and surgical teams, (b) nursing services, (c) personnel, (d) hospital plant?_____

Professional Staff: Enclose a list of the Medical Staff organized to service medical and surgical teams for emergency defense work in all hospitals in your area.

This report furnished by:

_____
(Name)

_____
(Address)

V.—Letter from California Hospital of Los Angeles to Members of Medical Staff

(COPY)

THE CALIFORNIA HOSPITAL
1414 South Hope Street
Los Angeles, California

December 16th, 1941.

To the Members of the Attending Medical Staff:

Sometime ago the California Hospital Medical Staff, in connection with the Los Angeles Major Disaster Program, formulated a plan in connection with this hospital. This Major Disaster Plan, with some slight changes, is now being accepted under the County organizations for the United States Civilian Defense Program. Briefly, the Civilian Defense Program, from a medical and hospital standpoint, centers around the general hospitals.

The California Hospital will be assigned a certain district which is to be covered should any type of disaster occur. Your Administrative Staff Committee is, therefore, confirming the original program so as to correspond to the National Plan. It is important that you cooperate with us on the following items:

1. Mail the attached questionnaire today. (Mail it whether you will accept an assignment or not as we wish to be able to report to the County Medical Association and the County Civilian Defense with reference to the assignment of each Member of our Staff.)

2 In case of disaster or air raid and you are in the vicinity of the hospital, we suggest that you report to the Staff Lounge Room where further detailed instructions and plans will be given. If unable to get to the hospital, we suggest you contact the County Medical Association.

3. If you contemplate an assignment with this hospital you can secure, now at the Record Room, a temporary Identification Pass Card which will be recognized by the Police until standard identification has been formulated.

Your prompt reply in the enclosed stamped envelope will assist us in this National Defense Program.

Very truly yours,
CALIFORNIA HOSPITAL MEDICAL STAFF,
(Signed) H. D. Van Fleet, M. D., *Chairman.*

* * *

(REPLY BLANK)

For the United States Office of Civilian Defense, I give you the following information:

1. Name _____
2. Office Address _____
3. Office Telephone Number _____
4. Residence Address _____
5. Residence Telephone Number _____
6. I classify myself in the following specialty groups as checked:
   (a) Surgery _____ (If some special branch of surgery, state: _____)
   (b) Medicine _____ (If some special branch of medicine, state: _____)
   (c) Obstetrics _____
   (d) General Practice _____
7. Will you accept an assignment under the Office of Civilian Defense in connection with The California Hospital? State yes or no. _____
8. If not, please state what other assignment you have accepted. _____

Signature of Physician _____

VI.—Letter Concerning Patient's Release for Possible Evacuation from Hospital

(COPY)

THE CALIFORNIA HOSPITAL
Los Angeles, California
December 16, 1941

To the Members of the Attending Staff of the California Hospital:

In cooperation with the Office of the Civilian Defense, the following system has been inaugurated by your Executive Committee for a plan of evacuating patients in case of major disaster or other emergencies, such as air raid, where a large number of people are injured and it is necessary to use the facilities of our acute general hospital for the care of injured people. The plan, therefore, calls for the cooperation of the general physician under the following conditions:

First: All patients admitted will sign a rubber stamp provision stamped on the admitting card, reading as follows:

"In requesting admission to the hospital I agree by my signature on this admission card to being moved to rest home or my home as may be indicated from time to time by my attending physician or the authorities of the hospital should an emergency in the City make this necessary."

Second: From day to day attending physicians should cooperate with the supervisor and the following rubber stamp should be placed on Form MS-80, "Summary of Record," on the day that the patient, in the opinion of the attending physician, could be discharged should an emergency arise:

"This patient is now in condition to be removed from the hospital should an emergency arise. Suggest patient go by:

(Ambulance _____ to (Rest home _____
(Automobile _____ (Home _____
Date _____ Attending Physician _____ M.D."

From day to day this condition of discharge may be altered by the attending physician by changing the method of discharge. The purpose of this stamp is to have available daily a list of all patients who may be discharged so that in case of emergency your Executive Committee may proceed to function on this authority for evacuating patients. We have cautioned all department heads and supervisors in the hospital that this order should be transmitted to the patients in such a way as not to cause any alarm, and it must be understood that it is only to function in case of an extreme emergency when we will operate under the orders of the Office of Civilian Defense.

Thanking you for your cooperation, we are,
Very truly yours,
THE CALIFORNIA HOSPITAL,
(Signed) R. E. Heerman, *Superintendent.*

VII.—Letter Concerning "Volunteer Nurses' Aides"

(COPY)

OFFICE OF CIVILIAN DEFENSE
Washington, D. C.

December 1, 1941.

To: Editors of Medical Journals

From: Dr. George Baehr, Chief Medical Officer, Office of Civilian Defense, Washington, D. C.

The accompanying material is sent to you for your information and for possible mention in your journal. It includes a "Guide for the Training of Volunteer Nurses' Aides" outlining the essential requirements and objectives of this project; the "Syllabus" used in the course; a letter from U. S. Director, F. H. LaGuardia, addressed to hospital executives and directors of schools of nursing; Medical Division Memorandum No. 2 explaining the program further. The release below emphasizes phases of the training program believed to be important to the medical profession.

The national emergency has brought about a shortage of nurses in hospitals, clinics, public health and field nursing agencies. To relieve this situation, which is likely to grow more acute with the expansion of military establishments and of plans for civilian defense, the American National Red Cross and the Office of Civilian Defense have jointly undertaken a project to train volunteer nurses' aides. With such assistance graduate nurses may extend their services to many more persons. The volunteer aides will work under supervision of a nurse and are being trained for certain nontechnical tasks in order that graduate nurses may be released for the highly technical duties they alone are qualified to perform.

The local "Chief of Emergency Medical Service" and the "Local Office of Civilian Defense" in communities where the training program is undertaken have definite responsibilities listed as follows by the national headquarters of the Office of Civilian Defense:

1. To assist the Red Cross and the Civilian Defense Volunteer Office in recruiting and enrolling desirable applicants for training.
2. To assist local chapters to conclude arrangements with appropriate general hospitals to serve as training centers.
3. To assist the Red Cross in organizing and maintaining a placement service so that Volunteer Nurses' Aides may continue to serve and to accumulate experience.
4. To reassign Volunteer Nurses' Aides to emergency duty if the need should arise.

The Red Cross, in collaboration with the Medical Division of the Office of Civilian Defense, has revised its standard course of instruction for Volunteer Nurses' Aides with reference to needs that may develop during the period of the national emergency. The standard course was instituted in July 1940, an outgrowth of volunteer services that have been sponsored by the Red Cross since World War 1. . . .

Authorized duties for the nurses' aides have been outlined in the Red Cross publication "Chapter Organization and Administration of Red Cross Volunteer Nurses' Aides Corps." These duties are of course subject to approval of individual institutions.

In hospitals they may, among other activities, make beds, take care of personal belongings of patients, take care of rubber goods, clean dressing trays, take care of linen closets, feed helpless patients, take patients to and from treatment rooms, help with admission and discharge of patients and care for ambulatory patients. In dispensaries and clinics the aides may serve as interpreters in foreign languages, interpret clinic rules and instructions to patients, help weigh and measure, undress and dress children, assist in taking physicians' notes, help with inventories, clean and put away instruments and help put rooms in order after clinics.

In community health agencies the aides may perform whatever nursing duties are approved by the organization for which they work, provided these duties are performed under the direct supervision of a nurse.

VIII.—Information on Emergency Medical Service

Instructions: Department of Health—City of Los Angeles

Plans for emergency medical and public health services to go into operation in the event of disaster have been formulated by the medical committees of the City and County Defense Councils and the County Medical Association. All hospitals in the area are being contacted for the purpose of establishing a standardized plan for the handling of medical emergencies. The County Medical Society is to act as the clearing house for all calls for medical personnel and all physicians are being circularized to this effect. It is specifically requested, in the event of a disaster, that physicians remain either in their homes or offices and await assignment by either telephone or through radio station KFI which has been designated as the official station for the broadcasting of medical emergency calls.

Numerous reports have been received that physicians experience difficulty in making calls on patients during blackouts. It is therefore requested that

1. Physicians be called only in cases of emergency during blackout period.
2. Calls for physicians be placed early in the day so that patients may be visited prior to the blackout period.
3. Physicians carry with them at all times their State Medical License card or Medical Association card for identification purposes.

December 13, 1941

GEORGE M. UHL, M.D., *Health Officer.*

American Red Cross War Fund Compaign

(COPY)

Western Union
San Francisco, Calif. 9 905P

Dr. Henry S. Rogers, President California Medical Association:—Earnestly request that your organization give full support American Red Cross War Fund Campaign launched December 8th for minimum fifty million dollars. All Red Cross chapters have received their quotas and now busily initiating their local campaigns. Urge you issue statement all your membership that they cooperate with their local Red Cross Chapter by offering their services in campaign in whatever way they can serve best and by making contributions. Kindly send me copy of statement you issue and will give it appropriate publicity.

A. L. SCHAFER, *Manager American Red Cross, Pacific Area, Civic Auditorium, San Francisco.*

(COPY)

Petaluma, December 10, 1941.

Mr. A. L. Schafer, Manager
American Red Cross, Pacific Area
Civic Auditorium
San Francisco, California.

Dear Mr. Schafer:

Organized medicine as represented in California by the California Medical Association, always has, and in the future will support the American Red Cross.

As individual physicians, and collectively, we will contribute our personal services and money in time of need.

Sincerely yours,
HENRY S. ROGERS, M. D.,
President, California Medical Association.

(COPY)

AMERICAN RED CROSS
Washington, D. C.

AMERICAN RED CROSS APPEALS FOR $50,000,000 WAR FUND

Calling for the united support of the entire nation the American Red Cross has appealed for a special war fund of $50,000,000 to carry on and expand its work among Army and Navy personnel. The appeal was broadcast to the nation through major radio networks by Red Cross Chairman Norman H. Davis.

In preparation for just such an emergency as the country now faces the Red Cross has been spending funds at the rate of more than $1,000,000 a month. However, with war in the Pacific now a reality the traditional Red Cross responsibilties to the nation and its armed forces have increased manifold and steps were taken immediately to meet these obligations, Chairman Davis said.

"Millions of Americans today desire to demonstrate their will to victory," the Chairman said. "Not all can be in the armed forces, not all can volunteer their services for humanitarian work, but all can volunteer their dollars to arm the Red Cross to be their representative at the scene of battle and distress.

"Today is the day to demonstrate our high morale, our unity, our determination to support our fighting men at the front, and to insure to the wounded and to our

homeless and suffering fellow citizens in our Pacific Islands that we, as a nation, stand one hundred per cent ready to aid them through the Red Cross.

"Let the Red Cross be the spokesman for every community in America. Thus, what we do and what we give will be the triumphant expression of our humanitarian spirit and our faith in victory."

In its months of preparations the various services which the Red Cross provides to the nation and its Army and Navy have been effectively strengthened. But under the new conditions activities all along the line, on the war front and on the home front, must be rapidly expanded. By tradition, custom and Congressional Charter the Red Cross is the organization that maintains those human and family links between our fighting men and the people at home, links which mean so much to both military and civilian morale. Through its ministrations to the men on whose shoulders the safety of our country now rests the Red Cross must prove that they have the wholehearted support of every single American, it was stated. The people, united as always in an hour of peril, will pour from their hearts the means which their Red Cross needs to carry on its work.

Federal Grants for Hospitals and Health Centers: H.R. 4545*

(COPY)

Community Facilities in Defense Areas.—Since the President signed H.R. 4545, on June 28, a bill introduced by Representative Lanham of Texas to authorize an appropriation of $150,000,000 to provide for the acquisition and equipment of public works made necessary by the defense program, the Federal Works Administrator has had for study nearly $800,000,000 of proposals for projects to relieve acute shortages in congested defense areas, projects including schools, waterworks, sewers, sewage, garbage and refuse disposal facilities, public sanitary facilities, water treatment and purification works, hospitals, health clinics and centers, recreational facilities and streets and access roads.

As explained by the Federal Works Agency, this new program was made necessary by the inability of many communities to cope alone with the demand for public works in the face of a phenomenal growth of population due to the expansion of defense industry and enlargement of military reservations and posts. Projects that have been approved will either be constructed by sponsoring municipalities and other agencies with federal financial aid or will be federally financed and constructed. The former are referred to as non-federal projects; the latter, as federal projects.

Field construction divisions have been set up in each of the eleven Defense Public Works Regions to expedite the building of non-federal projects for which grants or loans have been made. In each such Region will be four construction supervisors, one responsible for supervising and following up on the construction of schools, another will handle hospitals, health centers and clinics, a third will expedite water and sewer projects and a fourth will have supervisory jurisdiction over all other types of construction projects.

In the Public Buildings Administration of the Federal Works Agency there has been established an Emergency Operations Unit to supervise and expedite the construction of all schools, health centers and clinics to be built on the basis of 100 per cent federal contributions. With respect to recreational facilities to be wholly constructed by federal funds, this part of the program has been assigned to the War Department.

From time to time the Information Division of the Federal Works Agency has released mimeographed memoranda giving information with respect to the various projects that have been approved for construction. This information has included, in most instances, the type of the project, its proposed location, its sponsor, its estimated cost and the amount of the federal financial contribution and the reasons prompting its approval. Scattered through these memoranda are numerous references to the proposed construction of hospitals, clinics and health centers and the following summary is based on such references found in the available releases:

CALIFORNIA

Salinas.—Additions and alterations to the Monterey County Hospital will be constructed and equipped at an estimated cost of $527,606, all of which will be supplied by the Federal Government. The addition will add 96 beds to the present capacity. Due to the proximity of Fort Ord with 35,000 soldiers, the Salinas Airfield, Kane City Airfield, Camp Roberts and various defense industries, the present population is estimated at 100,000—an increase of 25,000 in one year. Present hospital facilities are considered inadequate. The applicant is the County of Monterey. (Release 208, FWA, October 6, 1941.)

San Luis Obispo.—A health clinic building, including necessary equipment, will be constructed at an estimated cost of $122,477, all of which will be supplied by the Federal Government. The new building will provide quarters for the Department of Health, Welfare Department, a Public Health Laboratory and various clinics. Due to defense activities at nearby Camp San Luis Obispo and Camp Roberts, the city population has had an increase of about 2,000 and the county of about 7,000. The applicant is the County of San Luis Obispo. (Release No. 208, FWA, October 6, 1941.)

Vallejo.—This project calls for the construction of a building to house clinics, public health nursing and milk inspection services, at a total estimated cost of $32,498 to be made available by federal grant. The present city health department is located in an old building, inadequate to house clinics and laboratories. In addition, the area in and around Vallejo has increased to a present estimated population of 44,600 and it is expected the population will reach 61,500 by January 1, 1942. In addition to the Mare Island Navy Yard adjoining the city, the Benicia Army Arsenal is approximately six miles distant. The applicant is the City of Vallejo. (Release No. 158, FWA, September 2, 1941; Release No. 171, FWA, September 9, 1941.)

At the time H.R. 4545 was being considered by the Senate Public Buildings and Grounds Committee, Mr. McNutt in his capacity as Coordinator of Health, Welfare and Related Defense Activities, said that the $150,000,000 appropriation authorized by the bill was a mere "drop in the bucket." Others also voiced the opinion, when the bill was considered in the Senate and in the House, that the sum authorized was inadequate to meet the needs. It was anticipated that further appropriations would be requested to lighten the burden on communities in the vicinity of areas of defense activity.

An additional appropriation of $150,000,000 has now been requested in the form of a bill, H.R. 6135, introduced November 28 by Representative Lanham of Texas. The bill is pending before the House Committee on Public Buildings and Grounds.

Medical Plan Is Organized

An emergency medical plan in the event of attack was placed in effect here today with physicians all over the city standing ready at designated posts to render instant aid.

Under this plan, worked out by the San Francisco County Medical Society, the San Francisco chapter of the American Red Cross, the City and County Department of Public Health and the S. F. Civil Defense Council, citizens are advised, in case of air raid injury, to seek their nearest physician or emergency hospital.

Directions Given

If they are unable to reach these, they are directed to go to one of the 10 medical aid centers; if they cannot reach one of these, or if other facilities are crowded, they are to go to one of the 11 hospital clinics which have established special first aid stations. . . .

* Excerpts from a bulletin issued by the American Medical Association, Bureau of Legal Medicine and Legislation, J. W. Holloway, Jr., Acting Director.

Program Announced

Meanwhile, representatives of all private hospitals in the city, after a meeting with Dr. A. J. Rourke of the Office of Civilian Defense, announced a program.

First, they urged relatives and friends of patients to confine hospital visits to daytime visiting hours. This action was taken to avert possible injury to patients and visitors, as well as interference with hospital personnel, during night blackouts.

Arrangements also were ordered for emergency power supplies in the event existing power systems are damaged, or the master switch for the city pulled to avert disaster.—San Francisco *News*, December 10.

* * *

Hospitals Prepared for Perils of War

Recommendation that relatives and friends confine their hospital visits to daytime hours was made today as San Francisco hospitals went on a war footing.

Plans for evacuation of patients, fire fighting, blackouts and the treatment of large numbers of emergency cases have been adopted and are now in force, following a meeting of all San Francisco hospital administrators under chairmanship of Dr. A. J. Rourke of the Office of Civilian Defense.

Dr. Rourke, who is also administrator of Stanford Hospitals, announced the changes in visiting regulations.

"In order to provide better protection for present patients in hospitals during air raid alarm periods," Dr. Rourke said, "it is recommended that relatives and friends confine their hospital visits to daytime hours."

* * *

Doctors Toil Near Battles

With Furthermost Casualty Clearing Station on Fringe of Libyan Battle field, December 5.—Today I visited the men in white trying desperately to save human lives on the edge of raging battles.

In this North Africa mobile ambulance hospital, the operating theater unit has just completed 106 major operations within 72 hours without losing a single case. The work has been done by two teams working 12 and 16 hours at a stretch and then returning after only two or three hours of sleep.

Doctors in this group avoided making a single amputation among their latest cases, a matter of great gratification to their commanding officer.

The unit was taken as close to the battlefield as possible to avoid carrying casualties in ambulances long distances over rough desert tracks. Much of the equipment used was made in the United States, including the operating theater, x-ray machines and medicines.—San Francisco *News*, December 6.

Navy Relaxes Physical Rules

Washington, December 6 (AP).—The Navy relaxed its physical standards for recruits today in an effort to increase enlistments.

Under a new policy men with certain minor ailments heretofore considered a bar to enlistment will be accepted and, when necessary, the defects will be corrected.

Defects which no longer will disqualify a prospective recruit include varicocele, hydocele, hernia (provided the applicant has an intelligent quotient of 75 or better), nasal deformity, and seasonal hay fever (provided it is not complicated).—San Francisco *Examiner*, December 7.

Evacuation Rules of California Hospital of Los Angeles

THE CALIFORNIA HOSPITAL

December 15th, 1941.

General Order:

TO: Director of Nurses' Office
Admitting Desk
Supervisors

Effective at once, the following order will govern all patients admitted to the hospital, and also applies to patients now in the hospital as far as the supervisors are concerned:

ADMITTING DESK: When patients are admitted special emphasis should be placed upon the rubber stamp imprint, which will be placed on all admitting cards Form MS-1. The rubber stamp reads as follows:

> In requesting admission to the hospital I agree by my signature on this admission card to being moved to rest home or my home as may be indicated from time to time by my attending physician or the authorities of the hospital should an emergency in the City make this necessary.
>
> (Name: Signed)_____

Patients should be cautioned that this is only in case of some extreme emergency, major disaster, or air raid, in which we would have to operate under the Local Director of the Office of Civilian Defense.

SUPERVISORS: The Supervisors should have at their station a rubber stamp as per imprint below:

> This patient is now in condition to be removed from the hospital should an emergency arise.
>
> Suggest patient go by { Ambulance_____ / Automobile_____ }
> to { Rest Home_____ / Home_____ }
>
> Date_____
>
> Attending Physician_____M.D.

The Supervisors should make a daily check to see that this stamp is placed on Form MS-80, Summary Record on the chart. This stamp is to be placed on the chart when the attending physician is of the opinion that the patient may be discharged in an emergency. From time to time certain rules with reference to this situation will be formulated. At the present time the Committee has ruled on two conditions:

1. All normal obstetrical cases would be in a condition to be discharged six hours after delivery.
2. All fracture cases after cast has set.

The purpose of this order is to have an up-to-date list daily of all cases that may be evacuated should an emergency occur, such as a major disaster or air raid with a large number of casualties where the hospital facilities must be utilized. The supervisor in her daily contacts with the physicians will ascertain when this stamp can be placed on the patient's chart. After the stamp is on the chart it may be modified from day to day as far as the indications by the physicians whether the patient can be discharged by ambulance or automobile to rest home or home. The supervisor's daily report to the Director of Nurses' Office should list these patients separately under these classifications:

1. Patients who can be discharged by ambulance. Under this classification:
   (A) To rest homes
   (B) To homes
2. Those who may be discharged by automobile. Classified:
   (A) To rest homes
   (B) To homes

These reports will be assembled daily in the Director of Nurses' Office so that if an emergency arises, the Administrative Committee can immediately have access to the file for evacuating patients.

(Signed) R. E. HEERMAN, *Superintendent.*

1414 South Hope Street.

Emergency Field Aid and Outpatient First Aid Sets

EMERGENCY FIELD AND OUTPATIENT FIRST AID SETS MADE UP IN CONNECTION WITH EMERGENCY DISASTER SET-UP AT THE CALIFORNIA HOSPITAL,

1414 South Hope Street
Los Angeles

Emergency First Aid Sets for Doctors (On Squad from Hospital)

Two (2) sets consisting of the following, are prepared:

8 (8 to bag) 3 x 3 gauze sponges
6 2 in. gauze bandages (sterile)
6 3 in. gauze bandages (sterile)
6 large dressings (sterile)
3 dozen safety pins
1 roll ½ in. Z. O. adhesive plaster
1 roll 1 in. Z. O. adhesive plaster
3 doz. cotton wound applicators, sterile.
2 tourniquets
2 oz. Mercurophen Sol. 1/2,000
2 oz. 70% grain alcohol
1 1½ oz. tube Antipyrexol Burn Salve
1 oz. Arom. Spirits of Ammonia
4 amps. Morphine Sulph. gr. ¼
4 1 cc. amps. Adrenalin
4 amps. Caffeine and Sodium Benzoate
1 pair Surgeons Rubber Gloves, size 7½ (sterile)
6 Yucca splints
2 2 cc. Hypo. syringes
2 Hypo. needles, 25 gauge x ⅝ in.
4 Kelly forceps
1 Bandage scissors, 5½ in.
} —Sterile
6 Muslin Binders, ½ yd. x 1½ yd.
6 arm slings
6 ABD pads, small (sterile)

Cardboard splints used by Georgia Street Receiving Hospital, as soon as procurable.

Emergency First Aid Sets for Use in Hospital

Two (2) of these sets, consisting of the following items, are prepared:

4 2 in. gauze bandage
3 3 in. gauze bandage
1 ½ in. roll Z. O. Adhesive Plaster
1 1 in. roll Z. O. Adhesive Plaster
12 2 x 3 Gauze Sponges
2 oz. 70% grain alcohol
1 oz. Tincture of Iodine
½ oz. Arom. Spirits of Ammonia
1 1½ oz. tube Antipyrexol Burn Salve
3 doz. cotton wound applicators 6 in.
1 pair Surgeons Rubber Gloves, size 7½ (sterile)
2 Kelly Forceps (sterile)
1 pair 5½ in. Bandage Scissors (sterile)

Ampoules for restoratives and hypo syringes and needles are already in all floor emergency boxes.

Equipment for Physician's Emergency Kit*

1. (a) *Necessary Equipment*

1 roll sterile folded gauze
2 rolls each of 1-inch, 2-inch and 3-inch gauge bandage
1 roll 3-inch adhesive tape
1 pkg. sterile absorbent cotton
12 applicator sticks and 12 tongue blades
1 thermometer
1 ashlight
1 pair bandage scissors
1 2 cc. Luer syringe, with 2 hypo needles

(b) *Necessary Drugs*

Ointment for dressings—1 oz. pyrol or vaseline
Tincture of merthiolate, 1 oz.
Glycerine and alcohol (equal parts), 4 ozs.
2 adrenalin ampoules
2 ampoules caffeine sodium benzoate
10 tablets pantopon, ⅓ gr. (for hypo or oral use)
1 tube ophthalmic ointment
1 tube tannic acid jelly
6 ozs. ethyl alcohol
2 ozs. aromatic spirits of ammonia

2. *Optional Equipment*

2 ¼ gr. M. S. syrettes
2 ⅛ gr. M. S. syrettes
2 tubes No. 1 plain cat gut
1 needle holder and 2¾-inch half circle needles
Dermal suture material
1 pair curved surgical scissors
2 pairs Kelly hemostats
1 tooth thumb forceps
1 Bard-Parker knife
6 splints (yucca board or heavy cardboard)
1 tourniquet
1 sphygmomanometer

3. *Additional Optional Equipment*

1 ampoule amyl nitrate
2 sterile towels
2 sheets sheet wadding
4 2-oz. rubber-stoppered ampoules sterile water
Mouth gag and airway
Stomach tube
Umbilical tape
½ oz. 1 per cent silver nitrate solution

Press Clippings.—Some news items from the daily press on matters relating to military practice follow:

Promotion Basis Should Be Equal for Military

There has been a great deal of discussion concerning the morale problem of the American army lately. The government has taken steps designed to improve morale, and a Morale Branch, headed by a brigadier general, has been established.

In the Medical Corps, however, the war department has adopted a policy which would seem to be definitely damaging to morale. This policy provides that promotions above the rank of major are suspended so far as reserve officers are concerned. That means that no reserve corps doctor in the country's military services, no matter what his abilities or experience, can advance beyond the grade of major.

The importance of the finest possible kind of medical service in a great army is clear to anyone. Ten thousand physicians now in active service have the job of keeping our soldiers physically and mentally healthy. Only 1,250 of these doctors are regular army men. All the rest have been drawn from the medical reserve.

These reserve officers, in many instances, have given up prosperous practices to enter military service. They are definitely making sacrifices on behalf of their country. And these sacrifices are being made willingly—in any kind of emergency, the doctor is the first to respond. Certainly, it is unfair and unwise to make promotion to high ranks impossible for these men.

Medical reserve officers should be given promotions precisely as are regular army doctors—on the basis of merit, age, etc. It is to be hoped that the War Department changes its policy.—Martinez *Gazette*, November 25.

Student M.D.'s Get Deferment

Washington, December 31 (AP).—Medical students in the last two years of their college courses or in their interneship today were offered commissions in the Army or Navy and the opportunity to complete their education and training.

At the same time Brig. Gen. Lewis B. Hershey, director of Selective Service, said that first and second year students, or even those who only had been enrolled in medical schools would be put in a deferred class "as long as their school officials certify that they give indication they will become qualified medical practitioners."

Third and fourth year students and internes who apply for commissions will be put in a deferred class by local boards.—San Francisco *Examiner*, December 31.

Capacity of Los Angeles General Hospital to Be Increased by 700 Beds

President Signs Bill Appropriating $194,000; Supervisors to Seek Information on Maintenance

An additional 700 beds for the Los Angeles County General Hospital are made available under an appropriation of $194,000 approved recently by President Roosevelt, according to word received from Washington.

The appropriation is one of 21 totaling $3,886,000 of the $150,000,000 recently allocated by Congress to the Defense Public Works Agency for health and welfare activities among defense workers and their families.

The Federal government will install the 700 beds at the General Hospital, where there is plenty of vacant space.

Estimates of county officials are that it will cost $1,000,000 annually to maintain the equipment.

An application has been filed by the county government for an appropriation to cover the maintenance costs and word is now being awaited as to whether the President's approval of the equipment appropriation also covers the application for maintenance costs.

The total bed capacity of the General Hospital is 4374. There are now 2600 beds in use.—Los Angeles *Times*, December 24.

American Physicians Ready to Meet Wartime Diseases

Chicago, Dec. 18 (INS)—Fortified by new scientific knowledge and new medical methods, America's 185,000 licensed physicians today were being placed on a full wartime footing to combat modern war's companion killer, disease.

More than 10,000 U. S. physicians have already been called up for military duty, at a rate of six for each 1000 troops, and the number mobilized for front line service will be steadily expanded. Those remaining behind, meanwhile, face increasing civilian tasks.

Against influenza, which in 1918-19 caused an estimated 21,000,000 deaths including 1,075,685 in North America, medical science this time enters the lists with weapons and knowledge far superior to those available in the last war.

The influenza virus was isolated for the first time in recent years. An influenza vaccine, consisting of anti-bodies developed in chickens infected with the virus, has been produced. It is expected that the vaccine will be brought into wide use if danger of an epidemic appears.

However, Dr. Morris Fishbein warned today against over-optimism with regard to wartime health. Dr. Fishbein who is editor of the American Medical Journal published in Chicago by the American Medical Association, declared:

"We are much better prepared than ever before to fight epidemics, and we are taking every conceivable step to prevent them. But we can't say that epidemics, which have been sweeping the earth for centuries, won't occur again."

Even age-old bubonic plague still presents a serious preventive problem, he pointed out. The government is spending more than $1,000,000 to stamp out traces of this, and the even more deadly pneumonia plague, which were found in rats and ground squirrels on the Pacific Coast recently.

Dr. Fishbein, serving on a dozen national committees and commissions and consulting with scores of other groups, is a key figure in the nationwide network of organizations set up in the last year and a half to direct wartime medical work.—Burlingame *Advance*, December 18.

* The equipment articles here given were listed in "The Bulletin of the San Francisco County Medical Society," January, 1942; Vol. XV, No. 1.

Men Over 35 May Never Be Drafted

Washington, December 14 (AP).—War Department officials made clear today that it would be a long time—perhaps never—before any men outside the 21-35 age group are drafted for the army despite the proposal to require all aged 18 to 64, inclusive, to register.

Brigadier General Lewis B. Hershey, Selective Service director, warning against any "hysteria," in connection with the draft extension, said there was no way of telling when it might be necessary to tap the reservoir of men outside the 21-35 group.

"We can meet the situation today and tomorrow with the present draft age limits of 21 to 35," Hershey said.

Secretary of War Stimson requested Congress last week to enact legislation for the registration of all men from 18 to 64, inclusive, and making those from 19 to 44, inclusive, subject to military training and service. This registration, Hershey said, would apply to 41,000,000 men including the 17,500,000 who already have registered.

But the program as of today, Hershey explained, calls for the induction of the remaining 1,000,000 in the 21 to 27 age brackets; then eligibles in the group from 28 to 35, will be called up, and next the 1,000,000 who become 21 each year.

"Having done that, you ought to have a full year's supply of men," Hershey said.

In the meantime, there will be a continuing re-examination of men deferred because of dependency, employment in vital defense industries and minor physical disabilities.

"We must go at this thing, calmly and coolly," Hershey said. "We must not take every man regardless of his physical condition or no matter how many dependents he has."

One of his aides said that employers should start thinking about replacing young men now deferred with older men and perhaps women.—San Francisco *Chronicle*, December 15.

* * *

Draftees Needed

[*Estimate on December 3, 1941; before War Started*]

Only 200,000 draftees are likely to be called in the next seven months. The Army now has 1,600,000 men, and plans to have 1,800,000 by next June 30.

About 200,000 more are likely to be drafted in the ensuing six months beginning July 1, if the international status quo continues. Present appropriations call for an Army of 2,000,000 men a year, from now. Equipment for an Army of 3,200,000 is to be accumulated under proposed appropriations (including the new $7,000,000,000 bill). But the additional men above 2,000,000 are not likely to be brought in unless all out war starts.—San Francisco *Examiner*, December 3.

* * *

Medical Unit of California State Guard

Taking enlistment facilities right to the potential candidates, members of the State Guard's First Medical and Ambulance Battalion yesterday recruited men and women at a sidewalk station at Sixth and Springs Sts.

Lieut. Brandon Bernstein was in charge of the station yesterday. Other officers, including the group's commander, Maj. Frank G. Nolan, will be on hand during a month-long campaign.

Presenting information to questioners as well as signing up recruits were Corp. Oldean Rhodine and Mittie M. Barham, members of the nurses' corps, which is part of the unit.—Los Angeles *Times*, December 2.

* * *

Doctors on Alert

San Francisco's doctors and nurses have come through.

While some other groups met this week's emergency with a welter of inefficiency, with plans that were only on paper, with brilliant ideas and nothing else, the men in white and their teams stood ready.

Last night, they stood ready to man their posts with personnel and equipment intact.

On Tuesday night, while others awaited a blackout, they were already at their jobs.

And when the blackout came yesterday morning, they were back again—ready for what might come.

Tuesday night and early yesterday morning, this writer toured a dozen medical aid stations set up in every district in San Francisco. They were ready—had been ready for hours.

Doctors and nurses were there, equipment was sorted and in place, emergency assistants, drivers, first-aid helpers, Boy Scout orderlies, Red Cross workers were all in position. They weren't merely waiting to be called. They were there.

Telephone lines—special trunks to the Red Cross, to the blood bank, to other medical centers—were installed and operating.

The same picture was found at emergency hospitals and special clinics of most general hospitals.

At the San Francisco County Hospital, the Laguna Honda Home and the Hassler Health Farm, entire wards had been cleared and made ready to receive bomb raid victims. Patients were moved to lower floors, sand piles were put on the roofs for protection against incendiary bombs.

Every hospital could swing into blackout operation in a few seconds. Windows were already covered, emergency generators could supply electricity, and water supplies and fire fighting equipment was at hand.

City Health Officer Geiger reported about 30 emergency field units were ready for action in any bombed area.

The medical aid stations—11 are now in readiness, with others organized to take over in case any station is bombed—may be one of the most vital features in this organization. One is located in Grace Cathedral, the others are placed in schools.

Each can be expanded from an emergency station into a field hospital.

Each station, organized around three doctors and three trained nurses, can operate on a 24-hour basis. Each is equipped to dress wounds, provide blood transfusions, repair broken bones, and even perform emergency operations.

Planned on paper years ago—planned to handle any emergency from earthquake, fire and epidemic to outright enemy attack—planned in spit of ridicule and scoffing, the medical defense of San Francisco has faced its greatest challenge—and has not been found wanting.—San Francisco *Chronicle*, December 11.

* * *

Los Angeles Blackouts

U.S.C. Professor Reports Los Angeles Darker in First Attempt Than Rome

Los Angeles' first blackout, incomplete though it was, proved to be as successful as those in Italy after a year's subjection to R.A.F. bombings.

Dr. Ivan Benson, professor of journalism at the University of Southern California, made this observation last night. And his opinion merits more attention than the average, because he spent a full year under European blackouts.

Studied in Sweden

Studying in Stockholm while on sabbatical leave, Dr. Benson was trapped there by the outbreak of the war and it wasn't until June, 1940, that he was able to leave, traveling by train through Germany and Italy en route to the ship which carried him and his family of four back to the United States.

From his experience, Stockholm's blackouts were by far the most complete he had seen, with those in Germany and particularly those in Berlin—although they had been bombed on numerous occasions—only a little better than our initial ones.

Italy Inefficient

Italy, although it had had a year's practice, was very inefficient in darkening its cities," he said.

"Authorities were very strict in Stockholm during blackouts, allowing not even a pencilpoint of light to escape from houses. Under no circumstances were the people allowed to light cigarettes or pipes out of doors," Dr. Benson said.

"We used 'blackout paper' to cover the windows, paper black on one side and green on the other. Autoists did not paint their headlights blue but masked them, except for a small slit which directed the light downward.

Pedestrians' Buttons

"Pedestrians wore phosphorescent buttons on their clothes to warn motorists, who drove slowly and carefully. The accident rate, incidentally, in Stockholm was very, very low during blackouts."

The Swedish city also had the same trouble at first that Los Angeles experienced, a failure of many citizens to hear siren warnings. This was soon remedied, Dr. Benson said, by distributing sirens, one for each small area, with a designated person in charge.—Los Angeles *Times*.

* * *

Air Raid Rules

These are the official air raid warning signals which have been adopted for San Francisco and the eight counties bordering San Francisco bay.

No "alert" will be sounded. Instead, a signal—designed for uniformity throughout the eight counties—will be given for immediate, simultaneous blackout.

The Blackout Signal: Fluctuating siren and whistle blasts of two minutes' duration. The blackout signal will rise and fall in tone. Watch the street lights.

For All Clear: A continuous signal of two minutes' duration at a steady pitch. Watch the street lights.

In San Francisco, the siren blasts will be sounded by the Ferry building siren and by all police and fire apparatus in the city.

What to Do

1—Turn out all house lights if you have not blacked out your windows. Stay home. When bombs fall, lie down on the floor away from the path of flying glass.

2—If you are driving, pull car into curb, turn out lights and get under cover and lie down. Avoid crowded places and stay off the streets.

3—If incendiary bombs fall on your house, cover them with dry sand. Keep sand bags in your home. If possible keep garden hose attached to faucet. Play a *fine spray only* on bombs. *A jet* or *splash* of water will make them explode.

4—If you have a soda-and-acid extinguisher (the kind you use upside down), put your finger over the nozzle to make spray. Don't use the small cylinders of liquid on bombs. They are all right for ordinary fires.

5—Under raid conditions, fill your bathtub and all buckets for Fire Department in case water mains are broken. Locate your nearest fire alarm box now and use it instead of a telephone.

6—If gas is used, go to the most inside room of your house (fewest doors and windows). Paste paper over windows, stuff cracks in doors and windows with rags.

7—Appoint one member of the house now as air raid warden to take charge and remember all the rules.

8—Above all, be calm. Stay home. The enemy wants you to create a panic and rush into the streets and highways. Don't do it. Safety lies in taking proper shelter and combating incendiary bombs correctly. Keep blacked out until the all clear.

* * *

Women Doctors Make Military Service Bid

Appeal Made for Admission to Army and Navy Reserve Corps on Same Basis as Men

Philadelphia, December 6 (AP).—Directors of the American Medical Women's Association sent resolutions to President Roosevelt today asking that women doctors be admitted to the Army and Navy Reserve Corps on the same basis as men.

Although the Army does not specifically ban women doctors, the Navy does, and there are no women members of either reserve, directors point out at a meeting here.

The resolutions request that women physicians be taken into the Army Reserve "on the same terms as other members" and "with all the privileges accorded thereto" and that "all proper and necessary steps be taken" to make them eligible for the Navy Reserve.

Copies were sent to military officials and United States Surgeon General Thomas Parran. . . . —Los Angeles *Times*, December 7.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

C.M.A. Refresher Courses in Obstetrics and Dermatology

The Committee on Postgraduate Activities has issued a memorandum from which the following is taken. Members of component county societies who would be interested in such work are requested to contact promptly their officers and postgraduate committees in order that suitable schedules may be arranged.

* * *

(COPY)

In addition to informative circulars already mailed to county societies by the C. M. A. Committee, (containing names of physicians who have indicated willingness to give postgraduate talks on topics under which their names appear), the Committee on Postgraduate Activities presents this memorandum concerning two full-time representatives of the California State Board of Public Health, whose services are now available for postgraduate conferences and refresher courses.

Appended hereto, are brief biographical sketches of Doctors Sydney E. Sinclair and Julius R. Scholtz, of the California State Board of Public Health. Doctor Sinclair is particularly interested in pediatrics, and Doctor Scholtz in syphilology and dermatology. They will be happy to discuss any phases of the specialties in which they are particularly interested. Some of their talks are illustrated by slides, in case you have facilities for the display of same.

In addition to talks that may be given in the evening, say between 8:00 and 10:00 P.M., Doctors Scholtz and Sinclair are prepared to place themselves at the service of members of your Society in consultation work, or in special round-table conferences during the afternoon.

There will be no charges for this consultation service, and you are asked to feel free to avail yourselves of this offer, in any problem or other cases concerning which you would be glad to have their opinions. This service is available to any of your members.

If, for a refresher program, you wish to utilize the services of Doctors Sinclair and Scholtz, may we ask that you forward your requests to the undersigned as promptly as possible, in order that schedules may be prepared that will not conflict?

Please feel free to communicate with us in regard to the above, or on any other postgraduate programs. Awaiting your advices,

Cordially yours,

C.M.A. COMMITTEE ON POSTGRADUATE ACTIVITIES,
DWIGHT L. WILBUR, M. D., *Chairman.*
(Signed) GEORGE H. KRESS, M. D., *Secretary.*

Sydney E. Sinclair, M.D.—Graduate of the University of Pennsylvania Medical School, 1936; at Henry Ford Hospital, Detroit, 1936-1938; On Pediatric Service, New Haven Hospital, 1938-1940; Instructor in Pediatrics, Yale University School of Medicine, 1940-1941; Pediatrics Consultant, Bureau of Child Hygiene, State Department of Public Health, 1941.

Doctor Sinclair is prepared to speak on the general field of pediatrics and most specified problems of broad interest. The following are examples of subjects which might be of interest: "Recent Advances in Pediatrics"; "Use of Sulfonamides in Pediatrics"; "Immunization Procedures"; "Care of Premature Infant".

Julius R. Scholtz, M.D.—Graduate of the Stanford Medical School, 1934; Resident Dermatologist and Syphilologist, Los Angeles County Hospital, 1934-1936; Instructor in Medicine (Syphilology), University of Southern California Medical School, 1936-1940; Consultant Syphilologist, Bureau of Veneral Diseases, State Department of Public Health, 1941.

Doctor Scholtz will be happy to discuss any topic or subjects for which request is made.

Both speakers will present material either formally or informally. Slides are available on most subjects if desired.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Research Study Club of Los Angeles

Announcement of two courses: (a) Clinical, in Eye, Ear, Nose and Throat, and (b) Cadaver, in Head and Neck. Courses begin on January 19th and 22nd.

* * *

The Research Study Club of Los Angeles has announced its Eleventh Annual Mid-Winter Postgraduate Clinical Course in Ophthalmology and Otolaryngology to be held January 19th to January 30th, 1942, inclusive. This year there will also be a Special Course, "Applied Anatomy and Cadaver Surgery of the Head and Neck," January 22 to January 28, 1942, inclusive, this arrangement being made so that the Cadaver Course will not interfere with the regular Clinical Course.

Following the John Finch Barnhill tradition, the Research Study Club of Los Angeles announces a special course in "Applied Anatomy and Cadaver Surgery of the Head and Neck." This course will be given during the Eleventh Annual Mid-Winter Postgraduate Clinical Course. It will be given by Simon Jesberg, M.D., and Professor S. A. Crooks, anatomist.

Dr. Crooks, professor of Anatomy at Loma Linda University, who is so highly regarded for the clarity of his teaching, will demonstrate all anatomic relations in the different fields of head and neck operations so that

these relations will be clear in the mind of each man while performing his work under the direction of Dr. Jesberg, who will demonstrate the different operations in these regions.

This Cadaver Course will be given during the two weeks of the Mid-Winter Clinical Course, beginning on January 22nd, at hours which will not conflict with the didactic lectures or the regular work of the Clinical Course. Twenty cadavers are available. The Course is restricted to 40 members—two to each table. The fee is $50.00. In order to register for this Special Course, kindly send $25.00 to Pierre Viole, M.D., 1930 Wilshire Blvd., Los Angeles, and pay the other $25.00 at the opening of the Course. Naturally the members will be enrolled in the order of registration. In the future it may be possible to have a larger group, but this year only 40 members will be provided for, in the Cadaver Course.

The Eleventh Annual Mid-Winter Postgraduate Clinical Course will be given from January 19th to January 30th, inclusive. The first week will be devoted largely to the Eye; the second largely to the Ear, Nose and Throat.

Guest speakers will be Ralph I. Lloyd, M.D., of Brooklyn, who will carry the main burden of the Eye course; and John R. Lindsay, M.D., of Chicago, who will be the principal teacher of the Ear, Nose and Throat.

Dr. Bennet M. Allen, for so many years Professor of Biology at the University of California, Los Angeles, will present "Modern Concepts of Endocrine Therapy." Dr. Allen is a pioneer in this field, and originated one of the first formal courses in endocrinology in this country.

Clinton H. Thienes, M.D., Professor of Pharmacology of the University of Southern California, School of Medicine, will bring an up-to-the-minute therapeutic evaluation of the drugs of the sulfonamide group; epinephrine; and anesthesia, local and general.

Dr. Orda A. Plunkett, for sixteen years in the Department of Botany of the University of California, Los Angeles, will present the subject of the role of pathogenic fungi and molds in diseases of the eye, ear, nose and throat.

The fee for the Clinical Course is $50.00; the fee for the Cadaver Surgery Course is $50.00; for those who take both, the fee for the two courses is $100.00. Kindly send a deposit of one-half of the fee to Pierre Viole, M.D., 1930 Wilshire Blvd., Los Angeles, and pay the balance at the opening of the Course. It will be advisable to write for accommodations direct to Mr. Nickerson, Manager, Elks Club, Westlake Park, Los Angeles, who will arrange to accommodate as many as possible in the Elks Club itself and the others in adjacent hotels and apartment houses.

All those who are in active Military Service may enroll at one-half of the regular fee, for either the Clinical or the Cadaver Course—or both.

Courses for General Practitioners: In Los Angeles

The School of Medicine College of Medical Evangelists, at the White Memorial Hospital, has announced Winter Session courses in January, February, and March, 1942.

Application should be made as early as possible since enrollment in all courses, unless otherwise stated, will be limited to 20 doctors. A check for tuition should accompany the application. Make checks payable to Postgraduate School, College of Medical Evangelists.

For further particulars and application for courses, address G. Mosser Taylor, M.D., Chairman, Committee on Postgraduate Education, 312 North Boyle Avenue, Los Angeles. For telephone communications, call Mrs. Esther Varney, ANgelus 8221, Station 297.

OUTLINE OF COURSES

CARDIOLOGY — 12 hours, $24.00

Tuesdays, 8:00 p.m., Evans Hall, Clinic Building.
Course begins Tuesday, January 6.

The fundamentals of cardiac diagnosis and treatment will be reviewed by means of lectures, round table discussion and presentation of patients. Topics for discussion are as follows:

Pathological Physiology in Heart Disease - - - - - - - W. E. Macpherson, M.D.
Cardiac Drugs - - - - - - - F. G. Moor, M.D.
Radiological Examination of the Heart W. L. Stilson, M.D.
Electrocardiography - - - W. P. Thompson, M.D.
Cardiac Arrhythmias - - - - D. E. Griggs, M.D.
Hypertensive Vascular Disease and Subacute Bacterial Endocarditis - R. M. Tandowsky, M.D.
Rheumatic Fever and Chronic Rheumatic Heart Disease - - - - - - R. M. Clarke, M.D.
Syphillitic Heart Disease and The Heart in Myxedema and Thyrotoxicosis - - - - - - R. M. Tandowsky, M.D.
Heart Disease in Pregnancy and The Surgical Risk in Cardiac Patients J. F. Anderson, M.D.
Coronary Artery Disease
(a) Angina Pectoris
(b) Acute Coronary Occlusion - D. E. Griggs, M.D.
Congested Heart Failure - - W. P. Thompson, M.D.
Neuro-circulatory Asthenia Pericarditis R. M. Clarke, M.D.

GASTRO-ENTEROLOGY — 12 hours, $24.00

Tuesdays, 8:00 p.m., Junior Amphitheater, Service Building.
Course begins Tuesday, January 6.

Diseases of the gastrointestinal tract will include: Peptic ulcer and its complications; new growths of the gastrointestinal tract; gastritis and gastroscopy; diarrhea and constipation; liver disease together with physiology and functional tests; gall bladder and pancreatic disease; esophageal lesions and esophagoscopy. This work will be based in the main on clinical presentations, case studies, demonstrations and round table discussions.

Drs. Eugene L. Armstrong, James Cryst, Olov A. Blomquist, Otto Arndal, I. Lew Mintz, Clarence E. Stafford, Eugene J. Joergenson, H. James Hara, Walter L. Stilson.

NEUROLOGY — 10 hours, $20.00

Wednesdays, 8:00 p.m., Evans Hall, Clinic Building.
Course begins Wednesday, January 7.

Organic lesions of the central and peripheral nervous system will be covered didactically, illustrated by gross specimens, clinics, and blackboard outlines. The topic for lectures will be:

(a) The Essentials of a Neurologic History and Examination.
(b) The Apoplexies—Their Diagnosis and Treatment.
(c) Craniocerebral Injuries—Management of Cases.
(d) Multiple Sclerosis—An Important Neurologic Disease in the Young Adult.
(e) The Sciaticas—Their Differential Diagnosis.
(f) Headaches.
(g) Pituitary Diseases and their Diagnosis.
(h) Diseases of the Spinal Cord and Peripheral Pain.

Dr. Cyril Courville.

MINOR ORTHOPEDIC SURGERY (Limited to 10 doctors) — 8 hours, $16.00

Wednesdays, 8:00 p.m., Room 215 Clinic Building.
Course begins Wednesday, February 2.

Subjects covered in this course will be those in which the general practitioner should have working knowledge, such as low back pain, arch strain, surgery of the hand and foot, besides the common lesions affecting the major joints of the extremities—shoulder, elbow, hip, and knee.

Drs. Jos. C. Risser, G. Mosser Taylor, C. Cornell McReynolds, Fred Polesky.

GENERAL UROLOGY — 6 hours, $12.00

Wednesdays 8:00 p.m., Junior Amphitheater, Service Building.
Course begins Wednesday, January 7.

Didactic lectures including lantern slides, motion pictures and patient demonstrations. Topics for discussion are:

(a) Gonoccal Infection in the Male.
(b) Treatment of Non-specific Urethritis and Prostatitis and Stricture.
(c) Toxic Hyperplasia of the Prostate.
(d) Disturbance of Sexual Function.
(e) Acute Urinary Retention—Courses and Treatment.
(f) Pathological Conditions of the Prostate.
(g) Urinary Infections in the Female.

Drs. Hermon C. Bumpus and Roger Barnes.

PROCTOLOGY (Limited to 10 doctors) 20 hours, $40.00
Mondays and Thursdays, 7:00-9:00 p.m., Evans Hall, and Room 205
Clinic Building, and Operating Rooms in Hospital.
Course begins Monday, January 5.
The diagnosis and treatment of the diseases of the anorectal region is an important subject. Although the anatomical field is small, mild complaints may be associated with serious disease. In this course a review will be given of the common lesions of the large bowel, rectum and anal canal. Diagnosis and treatment will be stressed, including the technic of examination, office methods of treatment, and operative technic.

Dr. R. Malcolm Hill and Staff.

VARICOSE VEINS (Limited to 10 doctors) 6 hours, $12.00
Thursdays, 8:00 p.m., Evans Hall, Clinic Building.
Course begins Thursday, January 8.
An intensive course with modern treatment of varicose veins and ulcers of the leg will be presented. Pathological anatomy and physiology will be the introduction for the discussion of the diagnostic tests and later the treatment by injection and operative methods. The instruction will include the use of the Varicose Veins Clinic for one session on Wednesday, January 21, from 1:00 to 3:00 p.m.
Drs. Carl H. Talmadge, Alfred E. Gilbert, John M. Fernald.

ANESTHESIOLOGY
Thursdays, 8:00 p.m., Evans Hall, Clinic Building.
Course begins Thursday, February 5.
Round table discussions and demonstrations in Anesthesiology will be presented, emphasizing the pitfalls and how to avoid them. Inhalation, spinal, regional, rectal, and intravenous anesthesias as well as combined types will all be covered.

Drs. Lawrence Lee and Dirk E. Stegeman

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Basic Science Initiative Petitions

Progress on the proposed Basic Science Initiative Law has been a little slower recently, with the bulk of petition forms from the metropolitan centers already in and those from other counties coming along in a steady flow. Volunteer signature solicitors from various counties have been asked to take on additional petitions at this time, and circulators have also gone to work in fields allied with medicine and dentistry.

About one-third of the required signatures have already been secured. This means that a long road lies ahead before the total number of names is on hand for filing with the Secretary of State.

More volunteers are needed. Any member or anyone affiliated with a member is urged to take on the responsibility of securing another 100 names on a petition blank. Send in your request for a new blank to the Public Health League in Los Angeles or San Francisco, or to the C. M. A. office, 450 Sutter, San Francisco.

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; James F. Doughty, Tracy; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Henry S. Rogers (ex officio), Petaluma. Communications to the committee may be addressed to Frank R. Makinson, M.D., chairman, Wakefield Building, Oakland, or to the California Medical Association office, 450 Sutter Street, San Francisco.

(COPY)

THE PUBLIC HEALTH LEAGUE OF CALIFORNIA
Organized to Protect the Public Health by the Preservation of Modern, Scientific Medicine, Dentistry and Nursing
244 Kearny Street
San Francisco, California

December 10, 1941.

Dear Doctor:

Concerning the Basic Science Initiative Campaign:

One man in Southern California has turned in over 800 signatures. Several members have filled two or more petitions. But too many have failed to do their share. Public reaction to the initiative has been splendid. Those who have filled their petitions report that it was not a difficult task. All that is required is a little real application of effort.

Any registered voter in your County can circulate a petition in that County. If you feel that you cannot personally do this little job, here are some methods that have proved successful.

1. Your Secretary can circulate a petition if she is a registered voter.
2. Your druggist friend can circulate one if he is a registered voter. He should be willing to assist you in this.
3. Any patient or other friend who is a registered voter can circulate a petition.
4. Some members have employed a registered voter to circulate a petition.

Any method you may wish to use is satisfactory if the petition is circulated and sworn to by a registered voter in your County.

Fraternally yours,
(Signed) SIDNEY J. SHIPMAN, M.D., *President.*
(Signed) FRANCIS ROCHEX, M.D., *Secretary, Northern District.*

COMMITTEE ON MEDICAL DEFENSE

Malpractice Coverage: A New Company Enters California

Good news for all California physicians was contained in information received last month that another American insurance company had re-entered the field of malpractice insurance in this state. Full terms of the new domestic malpractice policies are not yet known, but policy limits offered in California will be $50,000 for any one injured person and $150 000 for any one policy year. Policies will be offered only in counties where the underwriter is assured of the cooperation of an active and effective medical defense committee.

County medical societies which have not already organized an active medical defense committee will doubtless want to do so in the near future, in order that the new policies may be obtained by their members. County society by-law amendments setting up such a committee have already been suggested in a "Brochure on Medical Defense" issued by the C. M. A. Committee on Public Relations in 1940 and distributed to county societies this year by the Committee on Medical Defense.

It is the present hope of the Committee on Medical Defense that the entrance of a domestic insurance carrier into the California malpractice field will bring the advantages of competition and a subsequent reduction in malpractice insurance rates.

Any questions on this new development may be addressed to the C. M. A. Committee on Medical Defense, Nelson J. Howard, M. D., Chairman, at the C. M. A. office, 450 Sutter Street, San Francisco.

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Medical Schools Speed Courses

Year Cut Off Training to Provide More Doctors in War

Dr. Willard C. Rappleye, an officer of the Association of American Medical Colleges, on December 19th, announced the adoption of a plan by the Association to lop a year off the regular four year course, in seventy-six recognized schools to provide more physicians in war time.

He pointed out, in response to inquiries, that the plan was not binding on the schools—all members of the association—although he expressed belief they would adopt it generally.

"No medical school has to adopt this plan," he said. "The executive council of the Association voted for the change and it is the spokesman for the Association."

Doctor Rappleye, New York city commissioner of hospitals, estimated that 5,000 more physicians would be graduated in the next three years than heretofore if the plan was adopted generally.

The plan calls for first-year medical students to begin their courses about July 1 of next year, instead of in September and October. Vacations will be cut to a minimum, so that the colleges will operate on a twelve month calendar year.

"Under the plan," Doctor Rappleye said, "there will be no reduction in the standards of instruction or the content of the medical course, but the four-year program will be condensed into approximately three calendar years.

"The acceleration of the medical course will help to provide more physicians during the next few years for the military and civilian needs."

* * *

More Frequent Examinations by State Board of Medical Examiners

Dwight W. Stephenson, State director of professional and vocational standards, on December 17th, ordered professional, examining boards under his jurisdiction to speed up their tests for physicians, dentists and others engaged in similar work.

Stephenson said his action was taken to increase the trained professionals available for wartime work.

Most of the boards formerly delayed license examinations until at least 100 applications had been received Under the new order, they will give tests for twenty-five applicants.

C.M.A. CANCER COMMISSION†

Wars, Traffic Accidents, and Cancer

In considering the subject of war, it is interesting to compare the deaths from wars, traffic accidents, and cancer, for a fifteen-year period in the United States. The United States has fought six major wars since 1776. These six wars covered a total period of fifteen years—the Revolutionary War, War of 1812, War with Mexico, Civil War, War with Spain, and the first World War. According to Livingston and Pack, 244,357 American soldiers were killed in action or died during these fifteen years of war. The fatalities due to traffic injuries are well known. Every year, the Fourth of July is marred by many hundreds of accidents. The slogan, "Worse than War" has been logically adopted in the fight to control traffic accidents because during the fifteen-year period from 1922 to 1937, 441,912 people were killed during the time when this country was free of combat and at peace.

It is difficult to turn to a subject which justly deserves the same consideration as the mobilization of our youth and national resources for a war against aggression. A critical examination of the facts will reveal that the world cannot enjoy real security until the threat of the rising cancer death rate has been removed. Cancer causes 150,000 deaths in the United States each year, and during the past fifteen years, 2,250,000 individuals have died of cancer.

Deaths in the United States

15 years of war	244 357
15 years of traffic accidents	441,912
15 years of cancer	2,250,000

† For roster of members of the Cancer Commission of the California Medical Association, see page 2 in the front advertising section (bottom of the second column).

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (18)

Alameda County (1)

Josephine Borson, *Berkeley*

Butte-Glenn County (1)

Edward Evan Simpson, *Oroville*

Kings County (1)

Thomas Troupe Messenger, *Avenal*

Orange County (1)

Arthur T. Harris, *Laguna Beach*

Sacramento County (7)

Marshall R. Beard, *Sacramento*
James E. Conklin, *Sacramento*
James E. Culleton, *Sacramento*
Miriam Hubbell, *Fair Oaks*
Arthur C. Huntley, *Sacramento*
Kenneth M. Johnson, *Sacramento*
Raymond J. Simmonds, *Sacramento*

San Francisco County (4)

Bert Lewis Halter, *San Francisco*
Douglas M. Kelley, *San Francisco*
Frederick J. Northway, *San Francisco*
Robert N. Shaffer, *San Francisco*

Sonoma County (2)

Harding Clegg, *Santa Rosa*
Horace F. Sharrocks, *Santa Rosa*

Stanislaus County (1)

Archie N. Tonge, *Modesto*

Transfers (3)

Harold J. Chapman, from Los Angeles County to San Diego County.

Daniel M. Clark, from Santa Barbara County to Ventura County.

W. A. Vinks, from Placer-Nevada-Sierra County to Sacramento County.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Barrette, Louis Charles. Died at Sacramento, November 15, 1941, age 45. Graduate of Washington University School of Medicine, St. Louis, Missouri, 1925. Licensed in California in 1927. Doctor Barrette was a member of the Sacramento Society for Medical Improvement, the California Medical Association, and the American Medical Association.

✤

Chapman, Joseph Andrew. Died at Bakersfield, November 16, 1941, age 43. Graduate of University of Texas Faculty of Medicine, Galveston, Texas, 1924. Licensed in California in 1926. Doctor Chapman was a member of the Kern County Medical Society, the California Medical Association, and the American Medical Association.

✤

Christian, James Tilden. Died at Sacramento, November 30, 1941, age 62. Graduate of Cooper Medical College, San Francisco, 1902. Licensed in California in 1902. Doctor Christian was a member of the Sacramento Society for Medical Improvement, the California Medical Association, and the American Medical Association.

✤

Gilbert, Quinter Olen. Died at Oakland, December 3, 1941, age 58. Graduate of University of Michigan Medical School, Ann Arbor, Michigan, 1914. Licensed in California in 1920. Doctor Gilbert was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Kilgore, Eugene Sterling. Died at San Francisco, January 2, 1942, age 64. Graduate of Harvard Medical School, Boston, 1909. Licensed in California in 1911. Doctor Kilgore was a member of the San Francisco County Medical Society, the California Medical Association and a Fellow of the American Medical Association.

✤

La Fontaine, Emma Caroline. Died at San Francisco, November 14, 1941, age 77. Graduate of Cooper Medical College, San Francisco, 1887. Licensed in California in 1888. Doctor La Fontaine was a retired member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

✤

Priestley, Spurgeon Floyd. Died at Stockton, November 23, 1941, age 73. Graduate of the Barnes Medical College, St. Louis, Missouri, 1898. Licensed in California in 1901. Doctor Priestley was a retired member of the San Joaquin County Medical Society, the California Medical Association, and the American Medical Association.

✤

Stadtmuller, Ellen Smith. Died at San Francisco, November 25, 1941, age 58. Graduate of the University of California Medical School, Berkeley-San Francisco, 1912. Licensed in California in 1912. Doctor Stadtmuller was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. HARRY O. HUND.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM.....Asst. Chairman on Publicity

News Items

The Alameda County Auxiliary has planned its January meeting to honor Mrs. Harry O. Hund, President of the State Auxiliary. Her message will make the Auxiliary more aware of its responsibilities.

The program is to be a musical one, furnished by two of the Alameda Auxiliary members: Mrs. Frederic M. Loomis, who has been giving a number of concerts for the British War Relief, will sing the vocal numbers; and Mrs. James L. MacDonald, one of the younger members and a graduate of the Chicago Institute of Music, will play selections for the piano.

Seventy Auxiliary members have enrolled for a First Aid course with the Red Cross.

The campaign for *Hygeia* is well on its way. Every member has been contacted and offered the Christmas rate.

The Contra Costa Auxiliary held its first meeting of the season at the home of Mrs. U. S. Abbott. Mr. J. C. Wampler, Curator of the Archeological Museum of the Pacific School of Religion, discussed "Palestine—Modern and Ancient."

The first autumn luncheon was enjoyed at Tisbury-Farm, north of Walnut Creek. It was well attended by both Contra Costa and Alameda County members, including Mrs. Hobart Rogers, past State President; Mrs. R. Stanley Kneeshaw, present State Chairman of Membership; Mrs. R. Abbott Crum, Alameda County President; and Mrs. George A. Gray, President of Santa Clara County Auxiliary.

Dr. Robert J. P. Harmon, President of Contra Costa Medical Association, gave a short address.

Humboldt County Auxiliary held its third meeting of the season at the home of Mrs. Walter Dolfini.

As many of the members knitted, it was decided that the Christmas party for Mrs. Alice Osborn's girls, the T. S. L. Club, (which was mentioned in the last report,) be given at "Snug Harbor", the country home of Dr. and Mrs. John M. Chain, Sr. It was also arranged that each girl be given a gift, and a committee was appointed to purchase these gifts.

The question of having a lecture on the "Control of Cancer" at a future meeting was discussed.

On November seventh, Fresno County Auxiliary had a very successful Bridge-Benefit for its philanthropic fund, at the Sunnyside Country Club. Over two hundred attended, and it was agreed to make this affair an annual event, since it was such a social and financial success.

The regular December meeting was held at the University Sequoia Club, twenty members attending. Captain Samuel C. Ross spoke on "Health Measures at the Air Base in Fresno," and Dr. Henry Randall held a brief discussion on the proposed Basic Science Law.

The Los Angeles County Auxiliary met for a Thanksgiving luncheon on November twenty-fifth, in the Los Angeles Athletic Club. There were seventy-five members present.

Mrs. Lyman Johnson spoke of "Red Cross Service in Our Emergency", explaining the nine different divisions of Red Cross work in which women may take part and do their bit in this present emergency.

† Reports of county chairmen of publicity should reach Mrs. Rossner Graham, Assistant Chairman of Publicity, 6101 Acacia, Oakland, by the tenth of the month previous to publication. Address of the Chairman of Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

Mr. Basil Rice spoke on "Civilian Defense", and gave some interesting highlights of the plans being worked out for defending the immediate locality in case of attack.

Members of the Monterey County Auxiliary met for luncheon and their regular business meeting on November sixth, at the Santa Lucia Inn. The Hollister members were in charge of the meeting and presented a very interesting program. Mrs. Young, of Hollister, reviewed an article from *Hygeia* and Chaplain Albert S. Click, of Fort Ord, spoke on "Patriotism and Religion."

Following a business meeting, the members and their guests adjourned to the El Sausal Sanatorium, where Mrs. Sam Black, (who is in charge of occupational therapy among the tubercular patients,) told the women of her work among the patients, and showed a very interesting display of handwork. Dr. John Sharp and Miss June Guthrie conducted the Auxiliary members through the Sanatorium.

The Orange County Auxiliary has had two meetings this year. The first was a Bridge Tea held at the home of Mrs. J. W. Truxaw, of Anaheim. The second meeting was held at the home of Mrs. J. C. Kraushaar. This was a joint meeting with the Orange County Dental Auxiliary. Mrs. Laura Warren, Executive Secretary of the local Red Cross, gave a talk on the activities of her organization.

Tea was served with the two presidents of the Auxiliaries, Mrs. J. B. Price and Mrs. Stanley Norton, at the tables.

The December meeting of the Santa Clara County Auxiliary was turned into a "new-member tea", and was held at the San Jose Country Club. Those attending were greeted by the President, Mrs. George Gray, and Mrs. R. Stanley Kneeshaw, First Vice-President of the State Auxiliary, and all past County Presidents, in order. About one hundred members and guests were served.

Members of the Santa Cruz and Monterey County Auxiliaries were also present. Wives of the County Hospital doctors and Agnew State staffs were invited, as well as the wives of the physicians of Moffatt Field Army Base.

A string quartet furnished the music throughout the afternoon, and Christmas decorations and candles made the clubhouse a beautiful setting for the occasion.

The Santa Barbara Auxiliary held its regular luncheon meeting at the El Mirasol Hotel on November seventh. About fifty members were present and the meeting was planned to honor Mrs. Harry O. Hund, who was unable to attend. Mrs. R. Stanley Kneeshaw substituted and was a most interesting guest of honor. She entertained with highlights concerning the State Organization and the work of various county units.

A large number of new members were introduced, along with others from the Hoff General Hospital.

The Auxiliary sponsored a Bridge Tea given by the Girl Scouts and is very busy each Monday with the Women's Volunteer Service, making bandages constituting the chief activity in this line.

San Diego County Auxiliary held its annual benefit Bridge-Dessert, to raise funds for the group's expanded Service program. The party was held at the Thursday Clubhouse and was limited to sixty-five tables.

Boxes of home-made candy and hand-made bridge scores were sold during the afternoon.

The Auxiliary's benevolences include this year contributions to local health agencies: Community Chest, Visiting Nurses, Tuberculosis Association; The Women's Field Army, Crippled Children's Society; gifts to the Vauclain Home children's ward; and the maintenance of the annual scholarship for a premedical student recommended by San Diego State College.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
March, 1941	24,107
September, 1941	30,071
November 31, 1941	32,966

California Physicians' Service is owned by its beneficiary and professional membership. The professional membership constitutes the electorate and, by process of vote, controls policy and management. This is achieved through the election of Administrative Members.

For the purpose of adequate and complete representation from the professional membership the State has been divided into twenty-one districts. Each district elects two Administrative Members who hold staggered terms of three years. In addition, there are a limited number of Administrative Members-at-large elected by the Administrative Members themselves.

The Administrative Members meet once a year in connection with the annual meeting of the Calfornia Medical Association for the purpose of reviewing the affairs of C.P.S. and electing, from the membership, persons to fill vacancies which may have occurred on the Board of Trustees. The Board of Trustees is the governing body of C.P.S. It holds regular meetings every two months to determine policy and to consider problems in adminstration.

Election of Administrative Members from districts has just been completed. There was an excellent response from the professional membership throughout the State Each district had to fill a vacancy through the expiration of a regular term. Some districts had two vacancies, due to the failure to elect an Administrative Member at the last regular election. Results were as follows:

District I.—(San Francisco, San Mateo and Marin Counties)
Three Year Term: T. Henshaw Kelly, M. D.

District II.—(Part of Los Angeles County)
Three Year Term: Carl R. Howson, M. D.

District III.—(Alameda and Contra Costa Counties)
Three Year Term: Dexter N. Richards, M. D.

District IV.—(Part of Los Angeles County)
No nominations.
Three Year Term: Lewis P. Bolander, M. D., incumbent.
Two Year Term: John J. Smith, M. D., incumbent.

District V.—(Santa Clara and Santa Cruz Counties)
Three Year Term: Leslie B. Magoon, M. D.

District VI.—(Part of Los Angeles County)
Three Year Term: William Gibbs, M. D.

District VII.—(Lake, Mendocino, Napa, Solano, and Sonoma Counties)
Three Year Term: Henry S. Rogers, M. D.

District VIII.—(Part of Los Angeles County)
Three Year Term: Kenneth C. Brandenburg, M. D.

District IX.—(Del Norte and Humboldt Counties)
Three Year Term, Allan R. Watson, M. D.
Two Year Term: Joseph S. Woolford, M. D.

District X.—(Orange County)
Three Year Term: B. J. Van Doren, M. D.
Two Year Term: No nominations—Glenn C. Curtis, M. D., incumbent.

District XI.—(Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono and Tulare Counties)
Three Year Term: Clinton D. Collins, M. D.

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† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

District XII.—(San Luis Obispo, Santa Barbara and Ventura Counties)
Three Year Term: P. A. Gray, M. D.
Two Year Term: Hugh F. Freidell, M. D.
District XIII.—(Alpine, Amador, Calaveras, San Joaquin, Stanislaus and Tuolumne Counties)
Three Year Term: J. Frank Doughty, M. D.
District XIV.—(Imperial and San Diego Counties)
Three Year Term: Lyell C. Kinney, M. D.
Two Year Term: William A. Clarke, M. D.
District XV.—(El Dorado, Nevada, Placer, Sacramento, Sierra, Sutter and Yuba Counties)
Three Year Term: Frederick Scatena, M. D.
Two Year Term: Louis E. Jones, M. D.
District XVI.—(Kern County)
Three Year Term: William H. Moore, M. D.
District XVII.—(Butte, Colusa, Glenn and Yolo Counties)
Three Year Term: Leslie Freudenthal, M. D.
Two Year Term: Willard W. Carey, M. D.
District XVIII.—(Riverside and San Bernardino Counties)
Three Year Term: No nominations—Carlos Hilliard, M. D., incumbent.
Two Year Term: C. L. Emmons, M. D.
District XIX.—(Shasta, Siskiyou, Tehama and Trinity Counties)
Three Year Term: O. T. Wood, M. D.
Two Year Term: O. J. Hansen, M. D.
District XX.—(Monterey and San Benito Counties)
No nominations.
Three Year Term: J. B. McCarthy, M. D., incumbent.
Two Year Term: L. P. Davlin, M. D., incumbent.
District XXI.—(Lassen, Modoc and Plumas Counties)
Three Year Term: C. I. Burnett, M. D.
Two Year Term: W. B. McKnight, M. D.

MEDICAL EPONYM

Howell-Jolly Bodies

In an article entitled "The Life-History of the Formed Elements of the Blood, Especially the Red Blood Corpuscles" and published in the *Journal of Morphology* (4:57-116, 1890), William Henry Howell (b. 1860), professor of physiology and histology, University of Michigan, described these as follows:

> I have met with corpuscles containing granulations very frequently. . . . Sometimes the granules—which stain, by the way, like nuclear chromatin—are so arranged as to represent the outline of the nucleus. . . . There is no evidence to show that the granules are the last remaining fragments of an absorbed nucleus. . . . They must be looked upon, it seems to me, as bits of the nuclear chromatin (membrane) left behind when the nucleus leaves the cell.

J. Jolly, in a monograph entitled "Recherches sur la formation des globules rouges des mammifères [Studies in the Formation of Red Cells in Mammals]," which was published in the *Archives d'Anatomie Microscopique* (9:133-314, 1907), repeatedly refers to similar bodies.—R. W. B., in *New England Journal of Medicine.*

MEDICAL EPONYM

Lane's Kink

W. Arbuthnot Lane (b. 1856), surgeon to Guy's Hospital, London, first described this condition in an article, entitled "Chronic Constipation: A consideration of its surgical treatment," which appeared in *Surgery, Gynecology and Obstetrics* (6:115-129, 1908).

> . . . . There can be no doubt that the pathological changes which are present in these conditions of imperfect drainage are most obvious and important. . . . The portion of the caecum above the brim of the pelvis, together with the ascending colon, is retained in a position of abnormal fixity to the posterior wall of the abdomen. This is affected [*sic*] by the development of adhesions between the outer aspect of the large bowel and the peritoneum covering the abdominal wall in its vicinity. . . . As a rule these adhesions merely fix the bowel, but occasionally they constrict its lumen very materially in one or more situations and render it liable to become obstructed. Not only do the adhesions anchor this part of the large bowel, but they also bind down to the iliac fossa a proportion of the appendix. . . . The result of this arrangement is that, when the caecum is loaded, it exerts a vertical strain upon the proximal portion of the appendix and causes that structure to become flexed abruptly at the lower limit of its adhesions. . . . When I recognize that the mechanics of the intestines have been altered to a degree that cannot be rectified satisfactorily by the division of bands, etc., I divide the ileum at a distance of about five or six inches from the caecum, . . . the descending colon and sigmoid are removed, the rectum . . . being occluded in the same manner as the ileum.—R. W. B., in *New England Journal of Medicine.*

MEDICAL EPONYM

Eck's Fistula

Nikolai Vladimirovich Eck (b. 1849) of St. Petersburg (now Leningrad), published a "preliminary communication" in the *Voyenno-Meditsinsky Jurnal* (130:1, 1877) entitled "K voprosu o perevyazkie vorotuoi veni [Ligature of the Portal Vein]." A portion of the translation follows:

> If in the dog, after establishing a free communication between the inferior vena cava and the portal vein, one ties off the portal vein, the change in direction of the blood flow and the deprivation of the liver of blood from the portal vein produce no serious results in the organism. The animal recovers from the operation, his nutrition improves after recovery, and he remains in perfect condition.

The technic of the operation is described and its possible application to the treatment of human ascites mentioned.

The medium by which this experimental procedure attained its first wide publicity was an article entitled "Die Eck'sche Fistel zwischen der unteren Hohlvene und der Pfortader und ihre Folgen für den Organismus [Eck's Fistula between the Inferior Vena Cava and the Portal Vein and Its Results upon the Organism]" by Hahn, Massen, Nencki and Pavlov, which appeared in the *Archiv für Experimentelle Pathologie und Pharmakologie* (32:161-210, 1893).—R. W. B., in *New England Journal of Medicine.*

Postgraduate Courses in Obstetrics

At the Chicago & Lying-In Hospital the Department of Obstetrics and Gynecology of the University of Chicago will offer five postgraduate courses in obstetrics between January 12 and June 6, 1942. In view of the present national defense program in all probability many physicians will be forced to take on heavier loads in those communities where some of their colleagues have gone into government service. This will mean that some of these men who have done little or no obstetrics lately or who are poorly trained in obstetrics will be called upon to do more in this field just as in other fields. It seems especially appropriate that refresher and postgraduate courses should be made available to all physicians in order that our civilian population may continue to have the same good medical service that the profession wants them to have. The physicians may contribute in the national defense programs by maintaining good local morale and doing the type of practice the laity expects of them at home.

The courses are sponsored by the Illinois State Department of Health and the Children's Bureau of the U. S. Department of Labor. The features of the program consist of observations on current managements of normal and abnormal states of the pregnant, parturient, and puerperal patient. Lectures, demonstrations, clinics, and other teaching means augment the operating room and birth room observations, and ward round discourses. The course is run on a non-profit basis. A deposit of $25.00 is required on registration. $10.00 of which is refunded at the completion of the course. All the members of the department participate in giving the courses. Additional information and application blanks may be obtained by request from *Postgraduate Course, Department of Obstetrics and Gynecology, 5848 Drexel Avenue, Chicago, Illinois.*