

REPORT

North Carolina State Board of  
Medical Examiners

SUMMARY

Secretary's Report

for

1944-1950

**REPORT**

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Medical Examiners**

**S U M M A R Y**

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NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

1944 - 1950

SUMMARY REPORT

MEMBERS:

- Dr. Charles W. Armstrong, Salisbury  
Dr. M. D. Bonner, Jamestown  
Dr. Thomas Leslie Lee, Kinston (Expired October, 1949)  
Dr. R. B. McKnight, Charlotte  
Dr. Paul G. Parker, Erwin (Expired September, 1950)  
Dr. Malory A. Pittman, Wilson  
Dr. Ivan Procter, Raleigh, Secretary-Treasurer  
- Dr. James B. Bullitt, Chapel Hill (Elected to fill  
unexpired term of Dr. Thomas Leslie Lee)  
- Dr. Paul F. Whitaker, Kinston (Elected to fill  
unexpired term of Dr. Paul G. Parker)

## INDEX

	Page
Amiss, Dr. J. E. . . . .	14
Andrews, Dr. G. A. . . . .	15, 21
Angel, Dr. Furman . . . . .	14, 15, 16
Antonakes, Dr. Theodore . . . . .	14, 15, 21-22
Army Medical Corps . . . . .	34
Audit . . . . .	6
Baker, Richard C. . . . .	19-20
Basic Science Law . . . . .	26-27
Beard, Dr. W. H. . . . .	13
Bedinger, Dr. R. W. . . . .	13
Bond . . . . .	6
Broughton, Mrs. J. L. . . . .	16
Business . . . . .	35
Cain, Dr. C. H. . . . .	15, 25-26
Camp, Dr. Horton . . . . .	15, 25
Canada, Medical Council of . . . . .	34
Case, Mrs. Blanche . . . . .	17
Choate, Dr. B. O. . . . .	17
Christian, Dr. E. E. . . . .	14
Clinton, Dr. R. S. . . . .	16, 24
Compensation Members Board Medical Examiners . . . . .	34-35
Davis, Dr. J. B. . . . .	15, 17
DeShields, Dr. O. W. . . . .	14
Edstrom, Dr. Henry . . . . .	15
Endorsement of Credentials or Reciprocity	
Procedure for Licensure . . . . .	4-5, 11-12, 33, 34
Examination, Written . . . . .	2-4, 33
Applicants Declined Take . . . . .	14
Procedure . . . . .	8-11
Questions . . . . .	34
Questions 1944-1950 attached at end of summary	
Expenses Paid . . . . .	34-35
Federation State Medical Boards . . . . .	1
Fees . . . . .	3-4
Finance Committee . . . . .	6-7
Fisher-Lomax, Dr. Ora M. . . . .	15, 17
Fleming, Dr. S. W. . . . .	17
Foreign Graduates . . . . .	30
Applicants Declined Medical Licensure . . . . .	13-14

# INDEX

	Page
Medical Licensure, Applicants Declined . . . . .	13, 14
Medical Licensure, Reinstated . . . . .	15
Medical Licensure, Voluntarily Surrendered . . . . .	15
Medical Schools . . . . .	12
Grade B Graduates . . . . .	30
Foreign Medical Schools . . . . .	31-33
Foreign Medical School Graduates . . . . .	30
Medical Society, State of North Carolina . . . . .	35
Meetings . . . . .	7
Micklethwait, Dr. W. D. . . . .	13
Miller, J. W. . . . .	20
Miscellaneous, Resolutions . . . . .	33-35
Mitchell, Dr. F. B. . . . .	13
Moore, Dr. Charles E. . . . .	22
Moore, Dr. H. L. . . . .	13
Moore, Dr. J. H. . . . .	13
McCoy, J. C. . . . .	19
McDonald . . . . .	18
Narcotic Addicts . . . . .	21-26
Narcotic Investigation . . . . .	26
Naturopath, Alleged Practicing Medicine . . . . .	19
Navy Medical Corps . . . . .	34
Northington, Dr. J. M. . . . .	15, 16, 18
Novak, Dr. Louis . . . . .	14
Organization Meeting . . . . .	1
Osteopath, Practicing Medicine . . . . .	19-20
Osteopathic Legislation . . . . .	27-28
Painter, Dr. J. B. . . . .	28-30
Peterson, Dr. D. L. . . . .	13-14
Policies and Regulations . . . . .	1-8
Presidents, Board Medical Examiners . . . . .	1
Probation, Physicians . . . . .	15-16
Procedure, Licensure by Endorsement Credentials or Reciprocity . . . . .	4-5, 11-12, 33, 34
Procedure, Licensure by Written Examination . . . . .	8-11
Professional Standard . . . . .	1
Property . . . . .	36
Public Health Service of United States . . . . .	34
Publication, Licentiates . . . . .	6

# INDEX

	Page
Foreign Medical Schools . . . . .	31-33
Fultz, Dr. L. R. . . . .	14
Grade B Graduates . . . . .	30
Applicants Declined Medical Licensure . . . . .	13-14
Grausman, Dr. R. I. . . . .	13
Green, Dr. George . . . . .	14
Hearings and Inquiries . . . . .	7-8
Hofbauer, Dr. Ernest . . . . .	14
Hooker, Dr. J. S. . . . .	15, 16
Inquiries, Hearings . . . . .	7-8
Investigation . . . . .	7-8
Investigation, Narcotic . . . . .	26
Investigation, State Bureau of . . . . .	36
Irregular or Illegal Acts . . . . .	16-19
Judy, Dr. W. J. . . . .	15
Justice, Dr. G. B. . . . .	16, 21
Kafer, Dr. O. A. . . . .	25
Laymen Practicing Medicine . . . . .	16-18
Legal . . . . .	36
Legislation, Medical - Introduced in General Assembly . . . . .	27-30
Legislation, Osteopathic . . . . .	27-28
Legislation, Proposed by Board Medical Examiners . . . . .	26-27
Legislative Commission . . . . .	28
License, Duplicate . . . . .	6
License, Limited . . . . .	5-6, 34, 37-38
License Medical . . . . .	1-2, 33, 34
License, Reinstated . . . . .	15
License, Revoked . . . . .	14-15
License, Temporary . . . . .	5-6, 33
License, Voluntarily Surrendered . . . . .	15
Licensure, Medical - Applicants Declined . . . . .	13-14
Licensure, Procedure for Endorsement of Credentials or Reciprocity . . . . .	4-5, 11-12, 33, 34
Licensure, Procedure Written Examination . . . . .	8-11
Madison County . . . . .	18
Marks, Dr. L. A. . . . .	14
Marks, Dr. Pauline C. . . . .	13
Matthews, Clarence . . . . .	17-18
Medical License . . . . .	1-2, 33, 34

# INDEX

	Page
Questions, Examination . . . . .	34
Questions, Examination 1944-1950 attached at end of summary	
Quorum . . . . .	6
Reciprocal Relations . . . . .	5, 13, 34
Reciprocity . . . . .	2, 33, 34
Reciprocity, Applicants Declined Licensure by . . . . .	13-14
Reciprocity, Procedure for Licensure . . . . .	4-5, 11-12, 33, 34
Records . . . . .	6, 35
Regulations, Policies . . . . .	1-8
Reinstated, License . . . . .	15
Renegar, Dr. J. G. . . . .	14
Reports . . . . .	7, 8, 36
Resident Physicians . . . . .	4-5, 34
Resolution, Medical Schools . . . . .	30-31
Resolutions, Miscellaneous . . . . .	33-35
Revoked, License . . . . .	14-15
Rowell, Thomas . . . . .	20
Schuller, Dr. Gisela . . . . .	14
Schuller, Dr. Reinhold . . . . .	14
Secretary Board of Medical Examiners . . . . .	1
Sentence Suspended, Physicians . . . . .	15-16
Smith, Dr. R. C. . . . .	16, 24-25
Spencer, Dr. J. R. . . . .	16, 19
Statistics . . . . .	39-41
Stone, Dr. John S. . . . .	16, 23-24
Tilton, Dr. Bernard . . . . .	14
Treasurer Board of Medical Examiners . . . . .	1, 6
Veterans Administration . . . . .	34
Wessel, Dr. . . . .	14
Wright, Dr. S. G. . . . .	16, 19
Young, Dr. W. R. . . . .	15, 16, 22-23

The following is a summary of the major official activities of the North Carolina Board of Medical Examiners during its tenure of office, November 1944 to November, 1950. This preparation is not only as an official record, but in part fulfills a desire of the retiring board to be of assistance to the members of the new board in their tasks. It is hoped that the report will both simplify and clarify the record of a number of physicians as to licensure and others as to trial and disciplinary action.

The organization meeting of the 1944-50 Board of Medical Examiners was held at the Sir Walter Hotel, Raleigh, on September 12th, 1944, in conjunction with the final session of the retiring board. Dr. Charles W. Armstrong was elected president for a period of one year and Dr. Ivan Procter was elected secretary-treasurer for a period of six years.

Presidents for the ensuing years were as follows:

Dr. R. B. McKnight  
Dr. Paul G. Parker  
Dr. Malory A. Pittman  
Dr. Thomas Leslie Lee  
Dr. M. D. Bonner

On November 14th, 1944, the records of the Board of Medical Examiners were turned over to the new secretary, Dr. Ivan Procter, by the retiring secretary, Dr. W. D. James. A check for \$1,385.00 drawn on the Wachovia Bank and Trust Company was forwarded to the bonded secretary-treasurer.

#### PROFESSIONAL STANDARD

In an effort to keep high the standard of medical practice in North Carolina, the Board of Medical Examiners began in July, 1945 to instruct the members of the North Carolina State Medical Society concerning the requirements of the Medical Practice Act and the duties and obligations of physicians in upholding this important law.

#### FEDERATION OF STATE MEDICAL BOARDS

The Federation of State Medical Boards holds an annual meeting in Chicago. The meetings were attended as follows:

February, 1945 - Dr. Ivan Procter, Secretary  
February, 1946 - Dr. R. B. McKnight, President  
February, 1947 - Dr. R. B. McKnight and Dr. M. D. Bonner  
February, 1948, 1949 and 1950 not attended

#### POLICIES AND REGULATIONS

1. Licensure for the practice of medicine in the State of North Carolina shall be issued by the Board of Medical Examiners of the State of North Carolina upon

"written examination." License may also be issued by comity (reciprocity) or to physicians who have been admitted to practice in other American states as hereinafter provided.

2. License shall be issued upon the satisfactory passage of written examination by graduates of medical schools in the United States and Canada which have been approved by the American Medical Association, such applicants meeting requirements as prescribed by the board and as hereinafter set forth.

3. Persons desiring to take such written examination shall file with the secretary of the board all required papers as hereinafter set forth, not later than fifteen days prior to its next meeting:

- (1). A typewritten request for permission to take the examination shall be sent by each applicant to the secretary containing the following data:
  - A. Applicant's complete name
  - B. Permanent home address - complete
  - C. Date of birth
  - D. School of graduation
  - E. Date of graduation
  - F. Years of attendance
- (2). Letters of recommendation - Each applicant must furnish three letters of recommendation from citizens personally acquainted with him, certifying as to his moral character.
- (3). The applicant shall have the dean of his medical school furnish the secretary satisfactory proof of his medical education.

4. Applicants for Part II shall be 21 years of age.

5. Applicants for license by written examination who are graduates of medical schools beyond the limits of the United States, which have not been examined and classified by the American Medical Association may be given individual consideration by the board.

6. The written examination is divided into two parts as follows:

Part I of the written examination may be taken by an applicant completing the first two years of medicine at an approved medical school. Persons desiring to take such written examination shall file with the secretary of the board all required papers as follows, not later than fifteen days prior to the next meeting:

- (1). A typewritten request for permission to take the examination shall be sent by each applicant to the secretary containing the following data:

- A. Applicant's complete name
  - B. Permanent (home) address - complete
  - C. Date of birth
  - D. Medical school and years of attendance
- (2). Letters of recommendation - Each applicant must furnish three letters of recommendation from citizens personally acquainted with him, certifying as to his good moral character.
- (3). The applicant shall have the dean of his medical school furnish the secretary satisfactory proof of his medical education.

The written examination shall cover the following subjects:

Anatomy, Embryology, Histology  
Chemistry, Physiology  
Bacteriology, Pathology

Part II of the written examination may be taken by applicants who have graduated from medical schools approved by the American Medical Association, said applicants having successfully completed Part I of the written examination given by this board or applicants who have successfully completed examination upon the same subjects as prescribed for Part I by this state when given by other regular examining boards with which this board has reciprocal relations. An application to take Part II of the written examination shall be furnished by each applicant giving the information prescribed in Paragraph 3. When candidates are taking both Part I and Part II one application will suffice.

The written examination on Part II shall cover the following subjects:

Pharmacology, Pediatrics, Hygiene  
Medicine, Therapeutics  
Surgery  
Obstetrics, Gynecology

7. FEES - The following fees shall be paid by certified or cashier's check at the time of filing application:

Examination Part I	\$ 7.50
Examination Part II (when Part I has been given by the North Carolina Board of Medical Examiners)	7.50
Examination Part II (if reciprocity has been granted for Part I)	15.00
Examination Part I and Part II	15.00
Fee for license by reciprocity	50.00

If applicant for license by reciprocity fails to appear or fails to meet the requirements, \$5.00 of his fee will be retained, the balance to be refunded. If applicant

for license by examination fails to appear or fails to pass the examination, \$2.50 of his fee will be retained, the balance to be refunded.

Duplicate license fee	5.00
Endorsement of licentiate to another state	10.00

8. To successfully pass the written examination, the applicant is required to attain an average of 75% on Part I and likewise 75% on Part II. Neither Part I nor Part II can be used to elevate the grade on the other part. The fees set forth in Paragraph 7 for the initial examination shall be required to be paid for a repeat examination when repetition is allowed.

9. No written examination is allowed other than at a regular annual meeting of the board.

#### 10. ISSUANCE OF LICENSE BY "RECIPROCITY."

License to practice medicine in North Carolina may be issued by the Board of Medical Examiners as hereinafter set forth:

- (1). When the applicant meets all the requirements of the board.
- (2). A. Makes application upon the form prescribed by the board properly signed and executed.  
B. Signed by the dean of the medical school from which the applicant graduated.  
C. Certified by the secretary of the State Examining Board which issued the applicant an original license to practice medicine after successfully passing a written examination.  
D. Signed by an officer of the local county medical society.
- (3). Applicant must be graduated from a medical school which the American Medical Association has classified as an "approved medical school."
- (4). Applicant must be licensed to practice medicine in a state after successfully passing that state board's written examination and when that board maintains reciprocal relations with the North Carolina State Board of Medical Examiners.
- (5). Any physician serving a residency in any hospital in North Carolina may be charged \$15.00 for license by comity instead of \$50.00, said license to be limited to that particular hospital in which applicant is

...serving a residency. After the residency is completed, applicant will be allowed to come before the Board of Medical Examiners, pay the additional \$35.00 and may be granted a full license to practice medicine in the State of North Carolina.

NOTE: Reciprocal relations exist when two states issue license to each others applicants upon satisfactory presentation of credentials including a license to practice medicine in the original state obtained by successful completion of a written examination given by that state's board of medical examiners; and the applicant meets all the requirements of the North Carolina State Board of Medical Examiners as to character, personal fitness, educational training and experience.

11. Application for reciprocity license:

- (1). Properly completed application as prescribed by the board must be filed with the secretary of the board ten days prior to its next meeting.
- (2). Application must be accompanied by three letters of recommendation from citizens personally acquainted with the applicant, certifying to his or her good moral character.
- (3). Each application must be accompanied by a certified or cashier's check for \$50.00.

12. This board will consider licensure by reciprocity to physicians who meet all the requirements prescribed, such applicants having been licensed through successful written examination by:

- (1). The National Board of Medical Examiners and are now diplomates of that board.
- (2). By all medical examining boards in the United States, except the State of Florida.

13. The board has no reciprocal relations with the Government Services nor with licensing medical boards outside of the United States.

14. Licensure by reciprocity is not granted where applicant has previously failed the written examination given by the Board of Medical Examiners of the State of North Carolina.

15. LIMITED OR TEMPORARY LICENSE

The board is empowered to and may under certain conditions grant a license to practice medicine in a prescribed territory or for a prescribed period of

time. However, in order to maintain a high standard of medical practice, it is the opinion of the board that such a special license is not in the best interest of the public.

#### 16. PUBLICATION OF LICENTIATES

Following each meeting of the board for the purpose of licensure, a list of licentiates is furnished the Associated Press for publication. The American Medical Association is also furnished such list for publication.

#### 17. DUPLICATE LICENSE

When license is lost or destroyed and proper affidavit accompanies request for duplicate license, the same may be issued marked "duplicate." The fee for this service is \$5.00.

#### 18. QUORUM

Five members of the board constitute a quorum.

#### 19. ENDORSEMENT OF LICENTIAATE TO ANOTHER STATE

Fee for this service is \$10.00.

#### 20. RECORDS

The following records of the Board of Medical Examiners of the State of North Carolina are kept in the office of the secretary-treasurer:

- (1). Minutes of each meeting.
- (2). Book of Licensure of all physicians licensed in the State of North Carolina.
- (3). Complete file of all business and correspondence.
- (4). Complete records of the treasurer.

#### 21. BOND

The treasurer and assistant treasurer of the Board of Medical Examiners of the State of North Carolina are bonded in the sum of \$2,000.00 each.

#### 22. AUDIT

An annual audit of the books of the treasurer of the Board of Medical Examiners of the State of North Carolina is made by a certified public accountant.

#### 23. FINANCE COMMITTEE

A finance committee of the members of the board is appointed by the president to serve for one year. The committee examines the records of the secretary-

treasurer and reports to the board.

#### 24. REPORTS

- (1). Following each meeting of the board a report of business transactions is forwarded to the secretary of the North Carolina State Medical Society.
- (2). The secretary-treasurer of the board makes an annual report of all board meetings and actions to the House of Delegates of the North Carolina State Medical Society in regular session at the society's annual meeting.
- (3). A copy of the annual audit is filed with the secretary of the North Carolina State Medical Society.
- (4). The American Medical Association is furnished a list of licentiates; also, the name of any unsuccessful candidates who fail the written examination.

#### 25. MEETINGS

- (1). Annual meeting of the board for the purpose of written examination, licensure by reciprocity, and other business, is usually held in Raleigh during the month of June.
- (2). Special meetings may be called at any time by the board or its officers.
- (3). Meeting for licensure by reciprocity and to conduct special hearings may be held semi-annually, quarterly or monthly, according to the requirements.

#### 26. HEARINGS AND INQUIRIES BEFORE THE BOARD

Upon receipt of information by the board concerning alleged or reported violations of the Medical Practice Act or of grossly irregular or unprofessional conduct of physicians, the board is empowered to conduct such inquiry as it deems advisable through the officers and physicians of the county medical society, through the councilor of the district, through any officer of the State Medical Society or members of the Board of Medical Examiners. It may request investigation through the Attorney General and the State Bureau of Investigation. The board may summons and examine witnesses before it as a whole or before one or more of the members of the board designated by the board for that purpose. The board may receive from any physician, who is the subject of any report or information regarding unprofessional conduct, such explanation as such physician may desire to voluntarily make to the board concerning such information.

The license of a physician shall not be revoked or suspended, however, except after due hearing before the board. The accused physician may be represented by counsel, he may present witnesses in his own behalf, cross-examine witnesses and testify in his own behalf, if he so desires.

The board may take evidence concerning any matters to be considered by the board for that purpose.

27. When a physician's license has been revoked the same is reported to:

- (1). American Medical Association
- (2). Secretary of each state medical examiners board
- (3). Secretary North Carolina State Medical Society
- (4). In the case of a negro physician, to the state Negro Medical Society
- (5). Councilor of the physician's district
- (6). Secretary local county medical society
- (7). If for violation of the narcotic law, to the Narcotic Bureau

#### PROCEDURE FOR WRITTEN EXAMINATION

The date for written examination is chosen by procuring dates of graduation from the following medical schools:

University of North Carolina School of Medicine  
Bowman Gray School of Medicine  
Duke University School of Medicine  
University of Pennsylvania School of Medicine  
Jefferson Medical College  
University of Maryland School of Medicine  
University of Virginia School of Medicine  
Medical College of Virginia  
Harvard University School of Medicine  
Howard University School of Medicine  
Meharry Medical School

The dates of graduation from the above medical schools are submitted to the members of the Board of Medical Examiners as early as is practical in order that the time may be set for the annual examination for the following year.

When the date has been set, reservations should be requested for the hotel ballroom for the holding of examinations and an additional room to be used for a conference room; also reservations for members of the board. This is very important as hotels are booked many months in advance. Members of the board are advised by letter the time for this meeting; also that their reservations have been procured. A month prior to the meeting members of the board are again advised of the date.

Have at least 200 registration cards printed (check supply on hand) well in advance of the meeting. When lists have been received from the deans of the North

Carolina medical schools, forward registration cards and ask that applicants complete the same, typewritten, and present at the time of registration. State that the registration cards are not to be mailed to the secretary. Some few applicants will mail cards in and if so, return with the request that same be presented at the time of registration.

A sufficient number of printed licenses should be on hand at all times.

Procure a sufficient number of examination books (blue books) at least six months prior to the date for examination. Check any supply that may be on hand.

Request board members to have their examination questions in the hands of the secretary one month prior to the meeting in order that the same may be mimeographed.

Always caution the manager of the mimeograph company that examination questions are confidential; that they must be kept in a private and safe place to prevent illegal delivery to applicants. Request immediate mimeographing and return of all copies (clear and defaced) to the secretary. Estimate number of copies according to applications, allowing for additional copies to be retained on file. Proof-read after questions mimeographed and place in a safe place. Take examination questions to first meeting of the board (for the purpose of written examination) and present each member his questions.

When the date for the annual written examination has been set, notify the following:

American Medical Association  
North Carolina State Medical Society secretary  
North Carolina State Medical Journal Editor  
All medical schools

Request the deans of the above listed medical schools to furnish a list of graduates who plan to take the North Carolina written examination for medical licensure. This will serve as certification of graduation or certification of completion of the first two years in medicine. This certification will necessarily have to be sent in prior to graduation, therefore, request the dean to advise immediately should any applicant fail to graduate or complete the first two years. When lists have been received from the respective deans, forward requirements for written examination to each individual student, giving the time and place of said written examination.

Have separate file for applicants for Part I, Part II, and Parts I and II. At least one month prior to the date for written examination check credentials of all applicants and where not complete, advise applicant. When applicant applies to take Part II, having previously taken Part I of the North Carolina Board of Medical Examiners, verify by record on file with the secretary. If reciprocity for Part I requested from state medical boards other than National Board of Medical Examiners, request a list of subjects on which he has been examined. If this does not include all subjects of Part I of the North Carolina examination, advise applicant that he will be required to take the subjects not included. If reciprocating for Part I from the National Board of Medical Examiners or

any state medical board with which we have reciprocal relations, procure certification of the same.

Just prior to the written examination list applicants alphabetically grouped in Part I, Part II and Parts I and II. Four copies of said list of applicants are to be furnished members of the board for the purpose of registration of applicants. On said list, if credentials are complete, so state, and if not, write "incomplete." Make memorandum sheet on each applicant's credentials giving full name, medical school, and credentials, whether or not complete, payment of fee and date of payment.

All fees received are to be receipted, the receipt to show from whom and for what the same is being paid.

Advise manager of hotel prior to meeting the number of expected applicants in order that sufficient tables and chairs may be set up. It is important that examinees are not too crowded at the tables or that the tables are not too close together. Have long table at head of examining room for the seven board members. Check examining room prior to registration to see that the same is in order. This should also be done each morning before examinations are begun.

Have several bottles of ink on hand in order that examinees may use the same if necessary.

Have pitchers of water and glasses placed in the examining room.

Registration - Part I and Parts I and II - 9 A. M. first morning of meeting  
Part II - 9 A. M. second morning of meeting

Applicants for Part I to be registered first, then applicants for Parts I and II, said applicants to be grouped alphabetically. Applicants for Part II (second morning) to be grouped alphabetically.

Any applicant coming in late will not be allowed to register except by permission of the members of the board.

Registration cards are to be completed by applicants (with ink or type-written).

Advise applicants of the importance of registration cards being legible. Each time applicant registers, that is for the first two years or the second two years, he must complete a new registration card.

Examiners are seated at long table.

First examiner checks registration card.

Second examiner verifies registration card.

Third examiner checks credentials.

Fourth and fifth examiners assign number, the same is placed on registration card, the number is placed on the list of applicants furnished, and applicant is advised that he is to use his number on his examination book (instead of name) through the examination.

When registration is complete have examinees seated and pass out examination books and questions.

The examiner will be responsible for his examination and will have one other examiner assist him at all times.

Post schedule for examinations in two or three conspicuous places.

The board will assemble for a dinner and executive meeting on the evening preceding examinations. Arrangements are to be made with the hotel giving number and time.

A day is set for interviewing applicants for licensure by endorsement during the meeting held for written examination. This information is also to be given the American Medical Association, North Carolina State Medical Society secretary and the North Carolina State Medical Journal Editor.

Hearings and other business may be scheduled.

Prepare agenda, listing all matters to be considered.

Have licenses signed by the board members during the session.

Minutes of the previous meeting to be read.

#### PROCEDURE FOR MEETING FOR LICENSURE BY ENDORSEMENT OF CREDENTIALS

The dates for meetings for the purpose of interviewing applicants for licensure by reciprocity are set according to the need for the same (usually when there will be 25 or more applicants). The secretary may communicate by letter with the board members stating the need for a meeting or the date may be set at a previous meeting. The place for said meeting is also to be decided at that time.

As soon as the date has been set, the assistant secretary makes reservations for a hotel meeting room and a room for each member of the board. If the secretary thinks necessary, a dinner and executive meeting may be set for the evening preceding the meeting. In this case, make reservations for the dinner, notifying hotel the number and time. Always obtain letter from the hotel verifying reservations for the meeting and members.

Notify each board member when the date has been set, advising that his hotel reservation has been made.

When date has been set, notify the American Medical Association, North Carolina State Medical Society secretary and the North Carolina State Medical Journal Editor that a meeting will be held for the purpose of licensure by reciprocity.

See requirements for licensure by endorsement of credentials.

When application is made for licensure by endorsement, ascertain from what medical school applicant graduated, the date, and by what medical board originally licensed (that is by written examination).

North Carolina has reciprocal relations with all state medical licensing boards except Florida, which state has no reciprocal relations. It also reciprocates with the National Board of Medical Examiners. It has no reciprocal relations with medical examining boards outside of the United States. It has no reciprocal relations with the Government Services.

If applicant meets the requirements, he is forwarded application, together with requirements. If he does not meet the requirements, he is so advised. If he then requests to appear before the Board of Medical Examiners to present his credentials, he is granted that privilege, but in all events, he is first advised of the requirements.

Applicants who are graduates of grade A medical schools, but are licensed to practice medicine by boards with which we do not have reciprocal relations, are to be advised they are eligible to take the written examination.

Approved medical schools, with addresses, in the United States and Canada; also certain European medical schools, are listed in the Educational Number, Medical Education in the United States and Canada, American Medical Association, in the file of the secretary.

A letter is to be written to each applicant's medical school (to the dean) asking if the applicant is graduated from said medical school and if so, on what date. The dean is requested to certify photograph of the applicant.

A letter is also to be written to each applicant's licensing board asking if he is licensed to practice medicine in that state and if so, on what date.

When applicant's credentials have been received attach a memorandum sheet, list his full name, medical school and each credential. State if fee has been paid, give the date. If incomplete, note what credentials are to be furnished. When credentials complete, so label. Just prior to meeting list applicants alphabetically to be interviewed.

Hearings and other business may be set for any scheduled meeting.

Prepare agenda, listing all matters to be considered.

Have licenses signed by board members.

Minutes of previous meeting to be read.

At fall meeting president to be elected for the next year.

On January 1st, set date for board to hold reciprocity meeting at Pinehurst during the annual meeting of the North Carolina State Medical Society. Request reservations for meeting room and for board members.

## RECIPROCAL RELATIONS

The Minnesota State Board of Examiners in the Basic Sciences in a survey made, advised that all examinations given by this board would be acceptable for reciprocal purposes with the exception of one examination, chemistry and physiology given in 1946, where the two subjects were combined and contained six questions. The secretary of the Minnesota Board advised that a licentiate would be required to take a repeat examination on the said subjects. The secretary also advised that its law required a passing grade of 75% on each subject, therefore, a licentiate would have to repeat any subject on which he had made a grade of less than 75%.

## APPLICANTS DECLINED MEDICAL LICENSURE BY RECIPROCITY

### Foreign graduates:

Dr. Aniceto Montero-Chaves  
Dr. David Handelman  
Dr. E. L. Hirsley  
Dr. Herman deJong  
Dr. S. M. Rauchwerger  
Dr. Aaron Weiner

### Grade B graduates:

Dr. G. F. Dillard, Jr.  
Dr. J. D. Karras  
Dr. D. W. Martin  
Dr. W. J. Martin (Later licensed by examination under resolution as to native North Carolinians)  
Dr. Bert J. Ferciot  
Dr. Joseph Marino  
Dr. E. L. McCalip  
Dr. F. E. Verdon  
Dr. Franklin L. Wilson (Later licensed by examination under resolution as to native North Carolinians)  
Dr. R. W. Bedinger - Desired to practice when on visits home  
Dr. Roland I. Grausman - Resort practice only  
Dr. W. H. Beard - Desired practice one month to relieve another physician  
Dr. Pauline C. Marks - Not ready to move to North Carolina (Advised apply at later date)  
Dr. W. D. Micklethwait - Original license issued without written examination  
Dr. F. B. Mitchell - Declined  
Dr. H. L. Moore - Resort practice only  
Dr. J. H. Moore - Unethical practice another state  
Dr. Donald Lang Peterson - Narcotic addiction - License revoked another state, later reinstated. Dr. Peterson has been persistent in an effort to procure license. Board ha

APPLICANTS DECLINED MEDICAL LICENSURE BY RECIPROCITY (continued)

continued to deny license as being undesirable account morphine addiction.

VERDICT: June 1950 - After hearing Dr. Donald Lang Peterson's attorney and his witness, Mr. Leo H. Suggs, the State Board of Medical Examiners continues in its opinion that in spite of their presentation and the evidence presented personally by Dr. Peterson, he, Dr. Peterson has not so rehabilitated himself as to justify medical licensure.

Dr. Bernard Tilton - Began practice before licensed - later issued license

No Reciprocal Relations with Government Services

Dr. J. E. Amiss  
Dr. George Green  
Dr. J. G. Renegar - Later licensed by written examination

APPLICANTS DECLINED PRIVILEGE TO TAKE WRITTEN EXAMINATION FOR MEDICAL LICENSURE

Foreign Graduates

Dr. Ernest Hofbauer  
Dr. Louis Novak  
Dr. Gisela Schuller  
Dr. Reinhold Schuller  
Dr. Wessel

Grade B Graduates

Dr. E. E. Christian  
Dr. O. W. DeShields  
Dr. L. A. Marks

Dr. Luther R. Fultz - convicted felony in another state

LICENSE REVOKED

1. Dr. Furman Angel - License revoked, judgment suspended on good behavior for 5 years, for grossly immoral conduct and dishonorable conduct unworthy of the medical profession.
2. Dr. Theodore Antonakes - License revoked for narcotic addiction, judgment suspended.

3. Dr. Calvin Howard Cain - License revoked, narcotic addiction.
4. Dr. Horton Camp - License revoked, narcotic addiction, judgment suspended, on probation.
5. Dr. Judge B. Davis, colored - License revoked for conviction of a felony in the Superior Court. (See License Reinstated)
6. Dr. Ora Mabel Fisher-Lomax (Logan), colored - License revoked for conviction of a felony in the Superior Court.
7. Dr. John S. Hooker - License revoked for conviction of a felony in the Superior Court. (See License Reinstated)
8. Dr. James M. Northington - License revoked 3 years, last 2 years suspended, on probation, for conviction in Federal Court of a felony.
9. Dr. Wiley Royster Young - License revoked for narcotic addiction (See License Reinstated).

#### LICENSE REINSTATED

1. Dr. J. B. Davis - July, 1950
2. Dr. John S. Hooker - July, 1948 - To remain on probation
3. Dr. James M. Northington - Last 2 years of judgment suspended (beginning July 23rd, 1949), to remain on probation for that period.
4. Dr. Wiley Royster Young - Probation for 2 years (probation ended June 23rd, 1950).

#### LICENSE VOLUNTARILY SURRENDERED

1. Dr. W. J. Judy - March, 1946
2. Dr. Henry Edstrom - August, 1950

#### PHYSICIANS GIVEN SUSPENDED SENTENCE OR PLACED ON PROBATION

1. Dr. George A. Andrews - Probation extended June, 1950 - Narcotic addiction.
2. Dr. Furman Angel - January, 1947 License revoked, judgment suspended, probation 5 years.
3. Dr. Theodore Antonakes - June 1950 - License revoked, judgment suspended, probation.
4. Dr. Horton Camp - May, 1948 - License revoked, sentence suspended - narcotic addiction.

5. Dr. Roland S. Clinton - June, 1948 - Probation indefinitely  
January, 1950 - Recommended narcotic license be restored.
6. Dr. John S. Hooker - July, 1948 - License restored, placed on probation.
7. Dr. Gaston B. Justice - June, 1947 - Judgment continued on charge of habitual narcotic addiction.
8. Dr. J. M. Northington - June, 1948 - License revoked 3 years, suspended last 2 years, probation for the 2 year period (Suspended sentence began July 23rd, 1949).
9. Dr. Randall C. Smith - October, 1948 - Probation - narcotic addiction.
10. Dr. J. R. Spencer  
Dr. S. G. Wright - No final action taken with reference charges (irregularities in issuance marriage licenses), matter held open for future action.
11. Dr. John S. Stone - October, 1947 - placed on probation - narcotic addiction.
12. Dr. Wiley Royster Young - June, 1948 - License restored, probation 2 years - narcotic addiction.  
September, 1950 - Recommended restoration narcotic license.

#### IRREGULAR OR ILLEGAL ACTS

Dr. Furman Angel, Franklin, N. C. - Dr. Angel was heard before the board because of grossly immoral conduct and dishonorable conduct unworthy of a member of the medical profession and affecting the practice of his profession. (See Minutes and file for complete testimony and report). VERDICT: That after considering the evidence and testimony presented concerning the case of Dr. Furman Angel, the Board of Medical Examiners does hereby revoke and rescind the license of Dr. Furman Angel to practice medicine in the State of North Carolina, provided, however, that this order and rescission be suspended upon condition that Dr. Furman Angel be and remain of good behavior; that he not violate any criminal law; that he be of good moral conduct, and that he practice medicine on a high professional plane and in an ethical manner for a period of five years from this date. This the 16th day of January, 1947.

Present Status: Probation January 16th, 1947 - January 16th, 1952.

Mrs. J. L. Broughton, Raleigh, N. C. (layman) - Mrs. Broughton was reported to the board as practicing medicine without a license, treating cancer. This matter was referred to the solicitor of the Seventh Solicitorial District for prosecution.

Present Status: Solicitor W. Y. Bickett reported on June 28th, 1950 that Mrs. Broughton had expired.

IRREGULAR OR ILLEGAL ACTS (continued)

Mrs. Blanche Case, R. F. D. #2, Greenville, N. C. (layman) - Mrs. Case was reported to the board as practicing medicine without a license, which matter was referred to the solicitor of the Fifth Judicial District, who advised that in his opinion there was not sufficient evidence to warrant an indictment and prosecution.

Dr. B. O. Choate, Sparta, N. C., was tried in the Superior Court of Alleghany County in 1947 and found guilty of criminal abortion. Dr. Choate appealed to the Supreme Court and was granted a new trial on a technicality.

Present Status: This case has never been called for retrial due to Dr. Choate's health.

Dr. Judge B. Davis (colored), Fuquay Springs, N. C., was convicted in the Superior Court of Wake County in 1949 of criminal abortion and manslaughter, sentence suspended, and the defendant placed on probation. Dr. Davis' medical license was revoked July 23rd, 1949, and said license surrendered to the secretary of the board.

Present Status: Dr. Davis' medical license was reinstated July 22nd, 1950.

Dr. Ora Mabel Lomax-Fisher (Logan), (colored), was convicted in the Rockingham County Superior Court in 1947 of criminal abortion and was ordered by the judge to surrender her medical license to the clerk of the court, which license was duly surrendered and is on file in the office of the secretary.

The Attorney General ruled in this connection that it is the duty and prerogative of the Board of Medical Examiners to revoke license under the provisions of the statute.

Dr. S. W. Fleming, grade B graduate, was convicted in the Superior Court of Edgecombe County in 1948 for practicing medicine without license. Dr. Fleming was granted permission under the resolution for native North Carolinians who are grade B graduates, to serve an internship, after which he would be allowed to take the written examination.

Present Status: Dr. Fleming was granted medical license after completing successfully the written examination of the board in June, 1950.

Clarence Matthews, Olivia, N. C. (layman) - Practicing medicine without a license. State Bureau of Investigation requested to make investigation. The following is synopsis of report: Witnesses interviewed and in their statements they told of Clarence Matthews representing himself as a doctor and prescribing medicines for curing their ills. From information the writer obtained a warrant from Recorder's Court at Lillington charging Clarence Matthews of Swan Station with the practice of medicine without a license.

Present Status: On June 28th, 1950 the defendant, Clarence Matthews, was tried in Recorder's Court at Lillington, N. C. and found guilty. The judge gave the defendant 90 days on the roads, suspended upon payment of \$50.00 and upon condition that he

IRREGULAR OR ILLEGAL ACTS (continued)

refrain from holding himself out as a doctor and refrain from the practice of medicine.

Madison County: - (laymen practicing medicine) - It was reported to the Board of Medical Examiners that several laymen were practicing medicine in isolated sections of said county. The board procured, after much delay, complete investigation by the State Bureau of Investigation and the same was referred to the Attorney General.

Present Status: Referred by the Attorney General to the solicitor for prosecution. The same has not to date been docketed for trial due to the illness of the solicitor.

T. J. McDonald, Hendersonville, N. C. (layman) - Practicing medicine without a license. Advertised in the newspapers and circulars mailed out to boxholders signed "Dr. T. J. McDonald, M. D., P. T."

Present Status: He was tried in Federal Court, fined \$1,000 and sentenced to serve two years in Federal Prison for using the mails to defraud.

Dr. J. M. Northington, Charlotte, N. C., was convicted in the Federal Court in 1948 of violation of the Federal Narcotic Law. After two hearings in this connection the following was the judgment of the Board of Medical Examiners: "After hearing before the Board of Medical Examiners of the State of North Carolina on June 23rd, 1948, at its regular meeting at the Sir Walter Hotel, Raleigh, N. C., pursuant to notice and summons duly given to the above-named James M. Northington, M. D., upon charges and allegations filed and made by the board against Dr. Northington, and after the presentation of evidence supporting said charges and concerning the same, the hearing of witnesses and the hearing of testimony of Dr. Northington, the Board of Medical Examiners concluded and determined that Dr. James M. Northington has been guilty of unprofessional and dishonorable conduct unworthy of, and affecting, the practice of his profession, as alleged in the charges and accusations made and filed by the board herein; and, at said meeting the Board of Medical Examiners of the State of North Carolina further resolved that the medical license of Dr. James M. Northington be revoked for a period of three years, the last two years of such revocation being suspended upon condition that the respondent James M. Northington be and remain of good behavior and not violate any of the provisions of the State or Federal criminal law. It is, therefore, pursuant to the foregoing action and resolution of the Board of Medical Examiners of the State of North Carolina, ordered and decreed that the medical license of Dr. James M. Northington be revoked and suspended for a period of three years, the last two years of such sentence being suspended upon condition that he be and remain of good behavior and shall not violate any provisions of the Medical Practice Act of North Carolina, the Federal Narcotic Act, or any provision of State or Federal criminal law, and that the said James M. Northington be and he is hereby directed to surrender his medical license issued by this board to the secretary of the board to be held by the secretary of the board in accordance with this order."

Present Status: Suspended sentence June, 1949 - June, 1951 - probation for the two year period.

IRREGULAR OR ILLEGAL ACTS (continued)

Dr. J. R. Spencer, South Mills, N. C.

Dr. S. G. Wright, Camden County, N. C.

A hearing was held in 1946 with reference to the so-called "marriage mill" in South Mills and alleged irregularity of issuance of certificates for marriage license by Dr. J. R. Spencer and Dr. S. G. Wright. The following was read and forwarded to Dr. J. R. Spencer and Dr. S. G. Wright: "The North Carolina Board of Medical Examiners has gone into the matter of your alleged participation in the so-called Camden County marriage mill and your professional conduct in the issuance of marriage licenses because of information which has come to its attention which warrants very serious consideration by this board. We consider the charges extremely serious and that is the reason that we have gone to this extent to have a hearing in Asheville. We do not intend to take any final action with regard to these charges at this time, but we wish to warn you that the matter is still open and pending for further action of the board and is being held under consideration by it. If there is any further action or hearing, you will be given due notice and an opportunity to be heard. Any other irregularities reported to us in the future will be investigated to the extent of our ability and charges will be pressed."

Present Status: This matter held open for any further evidence in this connection.

J. C. McCoy, High Point, N. C. - Naturopath - Evidence was presented to the Board of Medical Examiners that J. C. McCoy was practicing medicine without a license.

Present Status: When summonsed to appear before the board J. C. McCoy left the state.

OSTEOPATHS PRACTICING MEDICINE

Richard C. Baker, Rockingham, N. C. See Minutes for full report.

Dr. Baker was tried in the Superior Court of Richmond County for practicing medicine without a license and was convicted of said charge. Dr. Baker appealed to the Supreme Court. At the 1948 spring term of the Supreme Court in a very able opinion by Mr. Justice Erwin, the conviction in Richmond County Superior Court of Richard D. Baker, licensed osteopath, on a charge of practicing medicine without a license was upheld. As heretofore reported, this indictment was based upon evidence that the defendant had used various and sundry drugs and medicine in his practice by an arrangement with the local druggists under which the druggists did sell to patients medicines which the defendant requested of the druggists by telephone or which he recommended orally to the patient. The state's evidence also indicated that the defendant used a card bearing his name and the designation "physician and surgeon." The defendant relied upon numerous defenses, including the contention that he had a right to do what he was charged with doing because the medicines were over the counter prescriptions purchasable by the general public; that the medicines were not drugs within the meaning of the statute prohibiting an osteopath to practice with the use of drugs; that an osteopath had a right to practice osteopathy "as taught in the osteopathic schools," which he contended taught and qualified him to use

drugs, and that he issued no written prescriptions. In overruling each of the defendant's contentions, the court in a very broad opinion clarified and upheld the Medical Practice Act among other things:

1. That the term "drugs" in the statute defining osteopathy means any substance or preparation used for the treatment of a human ailment and that is therefore immaterial that the medicines recommended or used are purchasable without a physician's prescription.
2. That the definition of osteopathy as "the science of healing without the use of drugs as taught in the schools of osteopathy" does not broaden the meaning of osteopathy as heretofore known and defined and does not authorize an osteopath to use drugs.
3. That it was immaterial that the defendant issued no written prescriptions where it appeared that he orally recommended, suggested or ordered drugs for the use of his patients.

Had the decision of the Supreme Court been in favor of the defendant upon his several contentions, the present restriction on the practice of osteopathy under the North Carolina statutes would have been nullified. The defendant attacked the present statute broadly and in all of its aspects and had he succeeded, the practice of osteopathy would have been redefined by court decision as a science of healing as taught in any of the schools of osteopathy recognized by the State Osteopathic Board, with or without the use of drugs, which right the osteopaths have sought from the Legislature over a period of years. The opinion covered ten important questions and resulted in clarification of the statute in accordance with every contention of the state. In other words, had the defendant been successful, it would have been a complete breakdown of all restrictions on the practice of osteopathy under the present Medical Practice Act and the statute defining osteopathy, and everything the Medical Society has stood for would have been nullified at one stroke of the pen. There would have been no further need for the Legislature to amend the statute as the osteopaths have requested over a period of years.

J. W. Miller, Osteopath, Englehard, N. C. - September, 1946 it was reported to the board that J. W. Miller, Osteopath, was practicing medicine. An investigation was made by the State Bureau of Investigation and it was noted that he was practicing medicine; that the defense was an emergency - created by the lack of physicians in that territory; that a conviction of practicing medicine under the statute would require an affirmative verdict of the jury and it would be extremely difficult to obtain the same. Therefore, no action was taken in regard to the matter.

Present Status: March, 1950 - The councilor for the State Medical Society advised that Dr. Miller had left North Carolina.

Thomas Rowell, Osteopath, Concord, N. C. At his appearance before the Health Committee of the General Assembly March, 1949, Dr. Rowell made the statement that he had practiced obstetrics and minor surgery using anesthetics, vitamins, et cetera. The Board of Medical Examiners directed that the secretary advise the Board of Censors of Cabarrus County Medical Society with reference to this statement. No reply was made to this report.

NARCOTIC ADDICTS (PHYSICIANS)

Dr. Gaston B. Justice, Marion, N. C. - February, 1945 narcotic agent reported as follows: That Dr. Justice surrendered narcotic license in 1930, paid fine, after which stamp restored; 1933 narcotic license surrendered and later returned; 1936 narcotic license surrendered. Since that time narcotic license had not been restored. Dr. Justice was summonsed to appear before the board at February, 1945 meeting, but was not physically able to do so. Many prominent residents of Marion interceded on behalf of Dr. Justice. The board suggested that Dr. Justice go to a hospital for treatment. June, 1945 Dr. Justice appeared before the board and stated he had not used morphine for many months. The board advised him not to apply for narcotic license. August, 1946 he applied for registration of narcotic license. It was reported by the councilor for that district in January, 1947 that according to information received Dr. Justice was using narcotics, barbiturates and alcohol.

Present Status: June, 1947 Dr. Justice appeared before the board, at which time the councilor recommended that Dr. Justice not be given narcotic license, but that he be allowed to practice. The board instructed him not to apply for narcotic license; that the charge of narcotic addiction be continued.

Dr. George A. Andrews, Hamlet, N. C. - Dr. Andrews surrendered narcotic stamp October 16th, 1945. Appeared before Board of Medical Examiners July, 1946 - addicted morphine, dilaudid and barbiturates. The board recommended he be admitted to the USPHS Hospital, admitted September, 1946, discharged March, 1947, and at that time was considered as being no longer addicted within the meaning of the law. May, 1948 Dr. Allyn B. Choate reported that Dr. Andrews was using barbiturates and recommended that his probation be extended, therefore, board declined to recommend reissuance of narcotic license. Dr. Choate reported in January, 1950 that Dr. Andrews was doing a limited practice and had no need for a narcotic license; that he was taking opiates and barbiturates. June, 1950 narcotic agent reported that Dr. Andrews had closed his office in Hamlet in 1948 and it was alleged he was using narcotics at that time. That he had moved back to Mt. Gilead and opened an office there; that it was the belief in Mt. Gilead that he was not using narcotics. It was recommended by the narcotic agent that Dr. Andrews' narcotic license not be restored.

Present Status: June, 1950 - The board resolved that Dr. Andrews' status remain as it has been ; that his probation be extended.

Dr. Theodore Antonakes, Greensboro, N. C. - Appeared before board October, 1946. Alleged to be taking dilaudid. Narcotic stamp surrendered January, 1946. Dr. Antonakes appeared to be free of narcotics at time of appearance and stated he had taken none since June, 1946, prior to his discharge from a private sanatorium. June, 1947 the board declined to recommend reissuance of narcotic stamp due to fact that he is afflicted with rather severe asthma and temptation to use narcotics would be strong. January, 1950 it was reported to the board that Dr. Antonakes had administered cocaine to himself intravenously. He was admitted to the State Hospital from September, 1949 to November, 1949. June, 1950 narcotic agent reported that upon investigation it was alleged that Dr. Antonakes is taking some drugs; that when seen by him (narcotic agent) he apparently was under the influence of barbiturates; that he would not recommend that his narcotic license be restored.

NARCOTIC ADDICTS (Continued)

Present Status: June, 1950 - The board resolved that Dr. Antonakes' medical license be revoked as of June 21st, 1950 because of his use of narcotic drugs, sentence to be suspended and not to go into effect unless and until the board received evidence that he had personally used narcotics, hypnotics or any other habit forming drug administered personally or by someone else in any manner whatsoever or until he violates any narcotic act; that he is to report to Dr. M. D. Bonner, Jamestown, N. C., every 30 days to show compliance with this order.

Dr. Charles E. Moore, Greensboro and Carolina Beach, N. C. - November, 1946 the Narcotic Bureau reported that Dr. Moore had been convicted in the Federal Court of violation of the Narcotic Law; that he had no narcotic license since 1939 but had written narcotic prescriptions. January, 1947 Dr. Moore appeared before the board. Upon investigation the board found that on October 27th, 1944 Dr. Moore's license to practice medicine was revoked because of conduct unbecoming to the medical profession; that at that time he was serving a sentence in the Federal Penitentiary. Dr. Moore stated that he had no knowledge that his medical license had been revoked. The board thereupon notified Dr. Moore by registered mail that his license had been revoked and that the same had not been reinstated. Dr. Moore has since expired.

Dr. Wiley Royster Young, Angier, N. C. - Narcotic addiction - Dr. Young first became addicted to morphine in 1938 following an accident. He had been a patient in several private sanatoriums and the USPHS Hospital. He returned to private practice in 1946. Dr. Young first appeared before the board in January, 1947 and denied that he had used narcotics for several years. At this time the board recommended that Dr. Young's narcotic license not be restored. Dr. Young was again a patient at a private sanatorium in January, 1947 and in May, 1947. He appeared at the June, 1947 meeting of the board, at which time his license to practice medicine was revoked, sentence suspended and not to go into effect unless and until the board received evidence that he was using narcotics, et cetera or had violated the Narcotic Act; that Dr. Young report to Dr. Paul G. Parker every 30 days to show compliance with this order. August, 1947 Dr. Parker reported that Dr. Young had been arrested for forgery of narcotic prescriptions. At the October, 1947 meeting of the board Dr. Young's medical license was automatically revoked due to violation of the board's order of June, 1947. (See Minutes). June, 1948 Dr. Young appeared before the board and asked for restoration of his medical license. He stated that he had taken no narcotics since August, 1947. Dr. Paul G. Parker stated that he had investigated and was convinced Dr. Young had been free of drugs since August, 1947. The board at this time restored Dr. Young's license on condition that he refrain from the use of drugs for a period of two years and that his license be automatically revoked if at anytime he used drugs; also provided he report to Dr. Paul G. Parker monthly and if at anytime he failed to report that would constitute the same as a violation. Dr. Young has complied with the order to report to Dr. Parker and from Dr. Parker's investigation and observation, Dr. Young is practicing and doing well. In January, 1950 investigation was requested of the Narcotic Bureau looking toward recommending restoration of Dr. Young's narcotic license at the end of his probation period in June, 1950, due to the fact that all reports have been good with reference to habits, conduct and prosecution of his medical practice. The Federal Probation officer reported

NARCOTIC ADDICTS (Continued)

Dr. Wiley Royster Young (continued)

that he was of the information that Dr. Young was not now addicted to narcotics but that he had continued to associate with known narcotic addicts and that he would not recommend restoration of his narcotic license due to the temptation that would be afforded. The narcotic agent corroborated the report of the probation officer, enlarging somewhat thereon; that Dr. Young was under suspended sentence and on probation following conviction in Federal Court and was not eligible at this time for reinstatement of his narcotic license.

Following the evidence presented, the board did not recommend restoration of Dr. Young's narcotic license. Dr. Young was advised by the board that the probation of the Board of Medical Examiners terminated June 23rd, 1950; that he would have the privilege of appearing again before the board in ninety days, if he so desired, to petition for recommendation of restoring his narcotic license.

Present Status: Probation of the board terminated June 23rd, 1950. September 25th, 1950 - Recommendation by board that narcotic license be reinstated.

Dr. John S. Stone, Leaksville, N. C. - Narcotic addiction - Narcotic stamp surrendered August, 1947, September, 1947 Narcotic Bureau reported Dr. Stone was addicted to narcotics. October, 1947 Dr. Stone appeared before the board, at which time he was put on probation; that upon any violation of the Narcotic Act he would be called before the board looking to revocation of license; that he was to report to Dr. M. D. Bonner every 30 days to show his compliance with this order. In May, 1948 Dr. Bonner reported that Dr. Stone had reported to him every month and he did not believe he was taking morphine. June, 1948 Dr. Bonner reported that Dr. Stone had not reported to him since the May, 1948 meeting. In July, 1948 the councilor reported that Dr. Stone was getting into trouble with narcotics and alcohol. In January, 1949 Dr. Bonner advised that Dr. Stone had not reported to him every 30 days, at which time Dr. Stone was advised that if he did not comply with the direction of the board he would be requested to appear before the board to show cause why his license should not be revoked. May, 1949 Dr. Bonner reported that Dr. Stone had not complied with the order of the board. June, 1949 Dr. Stone was subpoenaed to appear before the board, at which time he stated that he had rehabilitated himself; that he had misinterpreted the direction of the board. April, 1949 narcotic agent reported that in his opinion Dr. Stone was not using narcotics. The board directed Dr. Stone to appear before Dr. Bonner every 30 days to show his compliance with the order of the board. October, 1949 Dr. Bonner reported that Dr. Stone had been in a few days prior to the meeting with excuses as to why he had not been in. Dr. Bonner stated he believed he was taking something but could not prove it. Dr. Bonner also stated that physicians in Leaksville would not co-operate. January, 1950 Dr. Bonner stated that Dr. Stone had not appeared before him, at which time the board directed that Dr. Stone be subpoenaed to appear at its next meeting. Dr. Stone was duly summonsed to appear before the board at the May, 1950 meeting to show cause why he had not complied with the order of the board. Dr. Stone failed to appear. Dr. Stone appeared at the June meeting and stated that he was not served with summons to appear at the May meeting (this summons was duly executed by the sheriff of Rockingham County).

NARCOTIC ADDICTS (Continued)

Dr. John S. Stone (continued)

Dr. Stone gave excuses as to why he had not appeared before Dr. Bonner, which were not satisfactory to the board. The board resolved that Dr. Stone be reprimanded for his failure to comply with the order of the board, he was directed to report in person to Dr. Bonner every 30 days for the next three months; that if he complied with this order and all reports concerning his conduct and habits were favorable, then his case would be dismissed by this board.

Present Status: September, 1950 - Dr. Stone has continued to fail to comply with the order of the Board of Medical Examiners to report to Dr. M. D. Bonner. The Narcotic Agent gave a favorable report following recent investigation in Leaksville. The board requested Dr. Stone to report to Dr. Bonner within two weeks; that unless he complied with the order of the board, his medical license would be revoked.

Dr. Roland S. Clinton, Gastonia, N. C., appeared before the board January, 1948. Narcotic Agent stated he was alleged to have been using drugs in July, 1936, at which time he took treatment; June, 1942 was reported for the use of drugs, at which time he surrendered narcotic stamp and submitted to treatment. May, 1944 he was reported for writing prescriptions and using narcotics himself, at which time he received treatment. September, 1947 he was again reported as using drugs. The board directed that Dr. Clinton surrender narcotic license, narcotic stamps and narcotic order forms; that he be placed on probation indefinitely and that he be referred to Dr. Allyn B. Choate. May, 1948 Dr. Choate appeared before the board and stated he had been advised by three different persons that Dr. Clinton was doing satisfactorily in regard to the use of narcotics. January, 1950 Dr. Choate reported that the committee strongly recommended that Dr. Clinton's narcotic license be reinstated; that he had been doing well for several years; that everyone spoke well of him in Gastonia and that he had been elected president of his county medical society.

Present Status: January 23rd, 1950 Dr. Clinton appeared before the board and stated he had been free of drugs since January, 1948, at which time he appeared before the board. The board recommended at that time that Dr. Clinton's narcotic license be restored.

Dr. Randall C. Smith, Ayden, N. C. - Narcotic addiction - Narcotic license surrendered. September, 1948 Narcotic Bureau reported that Dr. Smith had received treatment for addiction on two occasions. October, 1948 Dr. Smith appeared before the board, at which time he was placed on probation and it was requested that Dr. Grady Dixon, Ayden, act as personal advisor in co-operation with the Committee on Mental Hygiene. March, 1949 Dr. Dixon advised that he thought Dr. Smith was off opiates but that he probably was taking barbiturates. Dr. Dixon recommended that he be allowed to practice but did not recommend restoration of narcotic license. December, 1949 Dr. Dixon reported that he thought at times Dr. Smith was taking barbiturates or alcohol. June, 1950 Dr. Smith appeared before the board, stated that he had not taken alcohol or drugs and had gained 40 pounds; that he did not desire restoration of narcotic license

NARCOTIC ADDICTS (Continued)

Dr. Randall C. Smith (continued)

on account of the temptation. Narcotic agent gave a good report on Dr. Smith; that from all reports he was doing well with his practice and was free of drugs.

Present Status: The board complied with the request of Dr. Smith not to recommend restoration of his narcotic license. The board reported to Dr. Grady Dixon that the term of office of this board would expire this year and that the new board would proceed as it saw fit as to further handling of the case of Dr. Smith.

Dr. Horton Camp, Pittsboro, N. C. - Addicted morphine - appeared before board May, 1948, admitted using about 5 grains morphine daily to narcotic agent. Surrendered narcotic stamp March, 1948. At time of appearance Dr. Camp stated he had been in a private sanatorium for four weeks and had been free of narcotics since that time. Dr. Camp's license to practice medicine was revoked, sentence suspended, not to go into effect unless evidence received that Dr. Camp was personally using narcotics or any habit forming drug, and was ordered to report to Dr. Allyn B. Choate every 30 days. The Bureau of Narcotics reported that Dr. Camp was admitted to USPHS Hospital on September 8th, 1948 and remained until January, 1949 and when called to account for not complying with the order of the board he gave as his excuse a misunderstanding. The board was lenient and directed Dr. Camp to follow its original directions.

Present Status: February, 1950 Dr. Choate advised Dr. Camp had a complete nervous breakdown and was a patient at a veterans' hospital. The Veterans Hospital July 3, 1950 reported that he was admitted November, 1949 for treatment of schizophrenic reaction, paranoid type. Narcotic Agent reported Mrs. Camp stated in her opinion Dr. Camp would never return to his practice.

Dr. Oscar Adolph Kafer, New Bern, N. C. - Morphine addiction - Surrendered narcotic stamp in May, 1944. Patient at USPHS Hospital July-August, 1944. Narcotic stamp restored October, 1944. July, 1948 narcotic agent visited Dr. Kafer, at which time he surrendered narcotic stamp. July, 1949 he requested restoration of narcotic stamp. October, 1949 Dr. Kafer appeared before the board and requested recommendation for restoration of narcotic license. The board declined such recommendation at that time and referred Dr. Kafer to Dr. Choate with the instruction that he see three psychiatrists before reappearing. January, 1950 Dr. Choate recommended that Dr. Kafer's narcotic license be restored. October, 1949 Mr. B. M. Martin of the Narcotic Bureau recommended that Dr. Kafer's narcotic license be restored.

Present Status: January 23rd, 1950 Dr. Kafer appeared before the board, at which time it was recommended by the board that Dr. Kafer's narcotic license be restored.

Dr. Calvin Howard Cain, Petersburg, Va. - It was reported to the board in May, 1950 that Dr. Cain had come to Lenoir, N. C. and was employed in a hospital there; that his Virginia license had been revoked for narcotic addiction; that he had

## NARCOTIC ADDICTS (Continued)

### Dr. Calvin Howard Cain (continued)

continued the use of narcotics and had been discharged, and that his plans were to locate in another town in North Carolina. Dr. Cain was summonsed to appear before the board in June and July, 1950, which he failed to do. At the June, 1950 meeting of the board narcotic agent gave a flagrant report of Dr. Cain's use of narcotics.

Present Status: At the July, 1950 meeting of the Board of Medical Examiners it was resolved that Dr. Cain's license to practice medicine in the State of North Carolina be revoked; that Dr. Cain be notified to that effect and that if he desired to have his license reinstated, he might come before the board in the future and request the same.

### Narcotic Investigation

The following resolution with reference to narcotic addiction was passed by the board in January, 1948:

"That the State Board of Medical Examiners report to the chairman of the State Mental Hygiene and Mental Rehabilitation Committee and the secretary of the State Medical Society in regard to narcotic addicts, particularly those who have been discharged as well, and that this committee keep in touch with these individuals and report semi-annually to the State Board of Medical Examiners and the secretary of the State Medical Society as to their use of narcotics and such allied drugs." An amendment changed this report to quarterly.

The following is letter of September 16th, 1949 from Dr. Allyn B. Choate, Chairman of Mental Hygiene Committee: "Referring to your letter of sometime ago referring to examination for barbiturates and morphine in urine I have arranged with the Professional Building Laboratory, Charlotte, N. C. to run these tests at \$5.00 each and which I understand the Board of Medical Examiners has agreed to pay. When a doctor is instructed to check with another doctor every month, please ask the doctor who is checking him to obtain the specimen of urine and mail it direct to the above mentioned laboratory. If possible occasionally specimens should be collected from the doctor when he is not expecting an examination. Send specimen to Professional Building Laboratory, Charlotte. Must be at least 200 cc, preferably an 8 ounce bottle. Reports will be sent to the office of Dr. Allyn B. Choate, who will refer the same to the Board of Medical Examiners."

The following resolution with reference to narcotic addiction was passed by the board July, 1949:

"That the Board of Medical Examiners co-operate with the Rehabilitation Committee and pay a fee of \$5.00 for a test to be run on barbiturate addicts."

PROPOSED LEGISLATION by the North Carolina State Board of Medical Examiners

Basic Science Law - The board made a thorough study of the Basic Science

PROPOSED LEGISLATION (continued)

Basic Science Law (continued)

Law, a tentative law was drawn and the proposal for such a law was presented to the State Medical Society. In December, 1946, the Committees of the State Board of Medical Examiners and the State Medical Society decided to postpone action until the 1949 session of the General Assembly due to the amount of proposed medical legislation to be presented to the 1947 General Assembly. No action was taken at the 1949 General Assembly due to the apparent attitude of the Legislature towards medical legislation and the necessity of defense with reference to the osteopathic bill. (See file for complete data on the study of the basic science law).

Additional proposed legislation to amend the Medical Practice Act, which was not acted upon for the above reasons:

1. Require one year's internship for medical licensure - required in 24 states and the District of Columbia.
2. Annual registration of physicians - required in 32 states and the District of Columbia (either annual or biennial).
3. Registration of all internes in the state - required in 4 states.
4. Registration of all residents in the state - required in 22 states.
5. Inclusion of the injunctive process, which would eliminate trial by jury in the case of irregularity - included in law of 14 states.
6. That the office of the secretary-treasurer be located permanently in the City of Raleigh. This location is advisable on account of its proximity to other state offices and officers. It is frequently necessary for the secretary to have the suggestions of the Attorney General, the State Bureau of Investigation and the attorneys for the State Medical Society and this board

MEDICAL LEGISLATION INTRODUCED IN THE GENERAL ASSEMBLY:

Osteopathic

- 1945 - Osteopaths presented a bill to allow the use of drugs. This bill was defeated in the Health Committee. The secretary of the board assisted in the presentation of evidence which resulted in the defeat of the bill.
- 1947 - Osteopaths again presented a bill to allow the use of drugs and this bill was also defeated in the Health Committee.
- 1949 - Osteopaths presented a bill identical to that of 1947 to allow the use of drugs. A concerted effort was made by the osteopaths and their

MEDICAL LEGISLATION INTRODUCED IN THE GENERAL ASSEMBLY (continued)

counsel to have the bill passed, which would have been an entering wedge to the practice of medicine. Members of the State Medical Society, including the president and secretary, representatives of the three medical schools, representatives of the State Board of Medical Examiners, and representatives of the State Board of Health, and members of the state society all over the state, worked hard to prevent the passage of such a bill. This bill was defeated but not as overwhelmingly as in previous years.

- 1949 - An act was passed requiring the Board of Medical Examiners, upon the convening of each regular session of the General Assembly and within 15 days thereof, to file with the principle clerks, a copy of all rules and regulations, the violation of which would constitute a crime. The Board of Medical Examiners could see no objection to this bill due to the fact that it has no regulations, the violation of which would constitute a crime; that such regulations are set by law.

The Legislative Commission proposed that a general licensing board be established, under which all licensing boards would function, which would assume a great part of the rights and authority now vested in the regular licensing boards. A bill, however, was not introduced in the legislature in this connection in the 1949 session. On November 7th, 1947 the officers of the board were summonsed to appear before this Legislative Committee and were cross-examined in detail for an hour as to the organization, operation, duties and policies of the board.

- 1947 - A bill was introduced in the General Assembly to grant license to Dr. John B. Painter of Jackson County, which was as follows:

"A BILL TO BE ENTITLED AN ACT TO GRANT LICENSE TO JOHN B. PAINTER FOR THE PRACTICE OF MEDICINE IN JACKSON COUNTY. INTRODUCED BY TOMPKINS OF JACKSON COUNTY.

"WHEREAS, the records of Bennett Medical College Department of Medicine of Loyola University disclose that John B. Painter of Cullowhee, N. C., attended Bennett Medical College for four years from September 1911 to June, 1915, and had passing grades in all subjects during these four years; and

"WHEREAS, the records further show that John B. Painter would have been issued a diploma with the degree of M. D. as of June 1, 1915 if his tuition had been paid; and

"WHEREAS, in the summer of 1916 Bennett Medical College ceased to function as a medical college; and, therefore, there is no means of issuing him a diploma; and

MEDICAL LEGISLATION INTRODUCED IN THE GENERAL ASSEMBLY (continued)

"WHEREAS, he has practiced medicine in Jackson County in association with and under the supervision of duly licensed physicians continuously from 1915 until the spring of 1947; and

"WHEREAS, every licensed and practicing physician in the County of Jackson has attested in writing to his ability and skill as a physician and has recommended that he be granted a limited license to practice medicine in Jackson County; and

"WHEREAS, it is to the interest of the people of the country districts in Jackson County that he be issued a license for the practice of medicine within that county and every physician in the county has so stated; NOW, THEREFORE

"The General Assembly do enact:

"Section 1. That John B. Painter be, and he is hereby, granted license to practice medicine in Jackson County in as full and ample a manner and to the same extent as if he had been granted license to practice medicine under the provisions of Article 1 of Chapter 90 of the General Statutes; that in the practice of medicine in Jackson County by the said John B. Painter under the license herein granted he shall exhibit to the Clerk of the Superior Court of Jackson County a certified copy of this Act and thereupon it shall be the duty of the Clerk of the Superior Court of Jackson County to register the name of the said John B. Painter as a physician as required by Section 90-19 of the General Statutes; that the license to practice medicine herein granted to John B. Painter may be suspended or revoked by the Board of Medical Examiners of the State of North Carolina for any of the reasons or causes stated in, and as provided by Section 90-14 of the General Statutes.

"Section 2. That this Act shall apply to Jackson County only.

"Section 3. That all laws, clauses of laws in conflict with this Act are hereby repealed.

"Section 4. That this Act shall be effective from and after its ratification."

Dr. Painter completed four years of medicine at Bennett Medical College in 1915 with passing grades, but was unable to pay his tuition, therefore, he was not granted a diploma. The year later, before he was able to pay said tuition, the school closed and he has never procured a diploma. Dr. Painter practiced under another physician for thirty years in isolated mountain areas in western North Carolina. The members of the Health Committee of the General Assembly were in sympathy with this bill and it was agreed by counsel for the State Medical Society, members of the Board of Medical Examiners and officers of the State Medical Society that it would be very serious for a

## MEDICAL LEGISLATION INTRODUCED IN THE GENERAL ASSEMBLY (continued)

precedent to be set by the legislature passing a bill to license a certain physician. The Board of Medical Examiners, therefore, agreed that if the bill were withdrawn Dr. Painter would be granted permission to appear before the board for examination. Dr. Painter was examined by the board and granted a limited license on May 1st, 1947 to practice medicine in Jackson County, North Carolina.

## MEDICAL SCHOOLS

### Resolution as to Grade B Graduates

January, 1948 the board passed the following resolution: "That any native North Carolinian graduated from a Grade B or unclassified school prior to 1946, who will serve a rotating internship of not less than two years in hospitals approved by the Board of Medical Examiners, shall be allowed to take the examination for medical licensure in North Carolina. The question of a native North Carolinian is to be decided by the board."

NOTE: The above resolution was adopted after repeated appeals by a limited number (approximately five) of native North Carolina physicians who were found to be graduated from Grade B medical schools and were, therefore, disqualified for license in North Carolina. These physicians were either unfortunate in the selection of their schools or had failed in grade A schools and persisted in their medical education by transfer to grade B schools. When this resolution was adopted the board felt that it could then take a positive stand in its disqualifying of all other grade B graduates.

Three physicians qualified under this resolution and took the written examination in 1950, all of who passed the examination.

### Resolution as to Foreign Graduates

January, 1948 the board passed the following resolution: "That on account of the extreme emergency in state mental institutions due to the small number of physicians that have been available for service, that the North Carolina State Board of Medical Examiners hereby temporarily approves certain physicians recommended by General Superintendent Dr. David A. Young and grants to them temporary, limited license to practice within the confines of said state mental institutions and under the direction and supervision of Superintendent Dr. David A. Young for a period of three years."

Three physicians qualified under this resolution and took the written examination in 1950, two of which made a passing grade.

The schools of two of these physicians were approved by the American Medical Association just prior to the taking of the examination.

One physician, whose school was not included in the approved list of foreign medical schools, but who qualified under the above resolution, failed to pass the written examination.

Foreign Medical Schools

The following resolution was passed by the board May, 1947:

"That the Board of Medical Examiners in regular session thinks that it is incumbent upon the American Medical Association to send representatives to foreign schools for regular survey and examination similar to that carried on within the United States and Canada for the purpose of determining the standardization of such schools and the type of curricular that they offer, in order that their graduates may be properly classified when they make application for examination before the various state boards of medical examiners in America. It was further resolved that this resolution be sent the American Federation of State Boards and ask that it be published, and to each secretary of the state boards of medical examiners; that each state board of medical examiners will share in the expense of said investigation if necessary."

The American Medical Association has approved as of February and July, 1950 the following European medical schools:

Denmark

University of Copenhagen Faculty of Medicine

Finland

University of Helsinki Faculty of Medicine

Medical Faculty Turku University

Netherlands

University of Amsterdam Faculty of Medicine

Royal University of Groningen Faculty of Medicine

Royal University of Leiden Faculty of Medicine

Royal University of Utrecht Faculty of Medicine

University of Oslo Faculty of Medicine

Sweden

Royal Charles University Medical Faculty, Lund

Charles Medico-Surgical Institute, Stockholm

Royal University of Uppsala Medical Faculty

Foreign Medical Schools (continued)

United Kingdom \*

England

University of Birmingham Faculty of Medicine  
University of Bristol Faculty of Medicine  
University of Cambridge Faculty of Medicine  
University of Durham Medical School, Newcastle-Upon-Tyne  
University of Leeds Faculty of Medicine  
University of London \*\*  
University of Manchester Faculty of Medicine  
University of Oxford Faculty of Medicine  
University of Sheffield Faculty of Medicine

Northern Ireland

Queen's University of Belfast Faculty of Medicine

Scotland

University of Aberdeen Faculty of Medicine  
University of Edinburgh Faculty of Medicine  
University of Glasgow Faculty of Medicine  
University of St. Andrews Medical School, St. Andrews and Dundee

Wales

Welsh National School of Medicine, University of Wales, Cardiff

\* The recommendation applies only to those physicians trained in the United Kingdom who hold medical degrees from the Universities listed. The recommendation does not apply to those physicians who received their medical training at these universities or their affiliated hospital medical schools but who did not complete the work for the degree and who obtained their qualifications only through the examinations of the licensing corporations of the United Kingdom.

\*\* Work for the medical degree of the University of London is offered at the following hospital medical schools:

Charing Cross Hospital Medical School  
Guy's Hospital Medical School  
King's College Hospital Medical School  
London Hospital Medical School  
Middlesex Hospital Medical School  
Royal Free Hospital School of Medicine  
St. Bartholomew's Hospital Medical College  
St. George's Hospital Medical School

Foreign Medical Schools (continued)

St. Mary's Hospital Medical School  
St. Thomas' Hospital Medical School  
University College Hospital Medical School  
Westminster Hospital Medical School

Switzerland

Lebanon  
American University of Beirut School of Medicine

Recommendation with respect to the following medical schools in Switzerland applies only to those graduates of Swiss medical schools who hold the Swiss Federal Diploma issued by the Federal Department of the Interior.

University of Basel Faculty of Medicine  
University of Bern Faculty of Medicine  
University of Geneva Faculty of Medicine  
University of Lausanne Faculty of Medicine  
University of Zurich Faculty of Medicine

The Board of Medical Examiners in May and July, 1950 ruled that the said foreign medical schools be accepted as approved by the Council on Medical Education and Hospitals of the American Medical Association and the Executive Council of the Association of American Medical Colleges, and that their graduates be admitted to take the written examination for medical licensure in North Carolina or to apply for licensure by comity.

RESOLUTIONS - Miscellaneous

"That the North Carolina State Board of Medical Examiners decline to give any more examinations outside of the state."

"That no temporary license be granted."

Due to the fact that no temporary license be granted the following resolution was passed: "That if the secretary found it necessary for an applicant to procure license prior to the next meeting of the board, he might grant permission for said applicant to appear before members of the Board of Medical Examiners individually after all credentials were completed and approved by the secretary. License would be granted in such a manner only upon the unanimous vote of the members of the Board of Medical Examiners. Otherwise applicant would be required to appear personally at a regular meeting of the Board of Medical Examiners."

"That all physicians practicing in North Carolina, regardless of salary status are required to be duly licensed and registered."

RESOLUTIONS - Miscellaneous (continued)

"That all persons practicing medicine in North Carolina be required to have a license after his first year's internship in a hospital approved either by Council on Medical Education of the American Medical Association, American College of Surgeons or the State Board of Medical Examiners. This includes local or county and state health officers and physicians employed in state institutions."

"That in order to grant license by reciprocity, five affirmative votes of the board would be required."

"That any physician serving a residency in any hospital in North Carolina be charged \$15.00 for license by comity instead of \$50.00, said license to be limited to that particular hospital in which applicant was serving a residency. After the residency was completed, applicant would be allowed to come before the Board of Medical Examiners, pay the additional \$35.00, and may be granted a full license to practice medicine in the State of North Carolina."

"That no license be granted by endorsement of credentials with any board with which we do not have reciprocal relations."

"That no reciprocal relations have been granted the Medical Council of Canada until mutually satisfactory arrangements can be worked out with that organization."

"That it is the policy of the board that physicians on active duty with the Veterans Facility, United States Public Health Service, Army and Navy Medical Corps, doing no outside or private practice, are not required to have a North Carolina license. Physicians at the State Sanatoriums are required to have license."

"That all physicians working for the Veterans Administration on a fee basis must have a license to practice medicine in the State of North Carolina."

"That the examination questions should be included in the annual report of the State Board of Medical Examiners made to the Executive Committee of the State Medical Society in order that the same may be published in the Transactions of the State Medical Society."

NOTE: It has been customary to mail a copy of the annual examination questions to the editor of the North Carolina Medical Journal for publication in the Transactions of the State Medical Society rather than include the same in the annual report.

"That councilors, when requested to appear before the Board of Medical Examiners, be paid on a per diem basis and for mileage as the members of the board."

NOTE: It has been the custom to also pay any other physician requested to appear as a witness as above set out.

In June, 1947, the board passed the following resolution: "That the State Board of Medical Examiners having completed one-half of its six year term, the

## RESOLUTIONS - Miscellaneous (continued)

secretary-treasurer, is hereby directed to pay all unpaid and past due compensation, salaries, and expenses which have accrued to both officers and members of the board in their discharge of all duties pertaining to the regulation of the practice of medicine and surgery in North Carolina."

## STATE MEDICAL SOCIETY MEMBERSHIP

Due to the fact that a certain physician continued to enjoy the privileges of the State Medical Society after his license had been revoked, the Board of Medical Examiners brought this matter to the attention of the secretary of the State Medical Society. The board was advised that under the constitution and by-laws revocation of license would not affect the status of an honorary member. A report was then made to the committee for revision of the constitution and by-laws. The constitution was then revised to read as follows: "All forms of membership are automatically cancelled upon conviction in the court or by the State Board of Medical Examiners of criminal or unethical conduct."

## RECORDS KEPT

Book of Licensure, including all licentiates, all revocations and reinstatements of medical license

Minutes of each meeting

Examination grades, card system, and in addition separate books for Part I, Part II and Parts I and II.

Complete file on every matter handled

Complete file on examination questions

## BUSINESS

An annual audit is made of the books of the Board of Medical Examiners by a certified public accountant.

Surety bonds on both treasurer and assistant treasurer in the amount of \$2,000.00 each.

Fire insurance policy in the amount of \$500.00 on office equipment.

Floater policy on audograph in the amount of \$400.00.

Fees - See policies of the Board of Medical Examiners.

All moneys to be receipted in receipt book, showing for what paid.

## PROPERTY OF THE BOARD

- 1 steel typewriter desk
- 1 floor mat (for typewriter chair)
- 1 desk chair
- 1 Royal typewriter
- 1 straight chair
- 1 small table
- 3 steel filing cabinets
- 4 card files (registration cards with grades)
- 1 steel supply cabinet
- 1 brief case
- 1 filing tray
- 1 audograph machine
- License plate at Edwards & Broughton Co
- Board seal
- Routine office supplies
- Webster dictionary

## REPORTS

- Annual report of the Board of Medical Examiners presented at the annual meeting of the State Medical Society
- Report of all licensure and revocation or examination failure to the American Medical Association on blanks furnished by it
- Copy of Minutes to secretary State Medical Society

Bureau of Vital Statistics furnishes list of physicians who have expired. This information is noted in the Book of Licensure.

## LEGAL

It is the policy of the Board of Medical Examiners to consult with the Attorney General to procure ruling on any questionable matter as a protection to the board (See Legal File as to previous rulings of the Attorney General.).

Consult with the board's attorney as to hearings and have said attorney draw all papers when possibility of revocation of license; also to appear at said hearings.

## STATE BUREAU OF INVESTIGATION

Services available when investigation necessary for illegal act by physician or layman in violation of the Medical Practice Act.

LIMITED LICENSES ISSUED

Total number limited licenses . . . . . 60  
Limited licenses granted hospital residents . . . . . 47  
Limited licenses granted otherwise . . . . . 13

J. P. Adams	License limited Duke University School Medicine
S. S. Ambrose, Jr.	License limited Duke University School Medicine
J. R. Ashe, Jr.	License limited Duke University School Medicine
R. H. Belser	License limited Duke University School Medicine
I. L. Bennett, Jr.	License limited Duke University School Medicine
H. E. Berk	License limited Graylyn, Bowman Gray School Medicine
H. B. Brumer	License limited confines State Mental Institutions, Grade B graduate
G. E. Campbell	License limited Avery-Buncombe Counties
T. A. Campbell, Jr.	License limited Cleveland County
G. G. Casten	License limited Duke University School Medicine
L. E. Cluff	License limited Duke University School Medicine
R. G. Connar	License limited Duke University School Medicine
C. H. Davis, Jr.	License limited Duke University School Medicine
W. J. A. DeMaria	License limited Duke University School Medicine
W. S. Easterling	License limited Duke University School Medicine
B. F. Edwards	License limited Duke University School Medicine
J. K. Fancher	License limited Jackson County
J. H. Felts, Jr.	License limited Bowman Gray School Medicine
Rosalind V. Ferguson	License limited Durham-Orange Counties (granted full license June, 1950, graduate foreign school approved by the American Medical Association)
T. B. Ferguson	License limited Duke University School Medicine
B. H. Flowe	License limited Duke University School Medicine
B. I. Friedman	License limited Duke University School Medicine
N. F. Garland	License limited Mitchell County
R. A. Gowdy	License limited Duke University School Medicine
W. P. Hadley	License limited Duke University School Medicine
W. C. Haggerty	License limited Duke University School Medicine
N. M. Hornstein	License limited Outer Banks (granted full license September, 1950, graduate foreign school approved by the American Medical Association)
J. M. Ingram	License limited Duke University School Medicine
J. M. Javer	License limited Duke University School Medicine
A. W. Jester	License limited Bowman Gray School Medicine
R. L. Lange	License limited Duke University School Medicine
S. D. W. Light	License limited Buncombe-Henderson Counties
R. F. Lorenzen	License limited Duke University School Medicine
W. S. Lynn, Jr.	License limited Duke University School Medicine
D. K. Lyons	License limited Duke University School Medicine
L. C. Meyer	License limited Duke University School Medicine

LIMITED LICENSES ISSUED (continued)

J. C. Muller	License limited Duke University School Medicine
Elisabeth J. McCauley	License limited Rex Hospital
H. T. McPherson	License limited Duke University School Medicine
R. L. McWhorter, Jr.	License limited Duke University School Medicine
J. B. Painter	License limited Jackson County
R. L. Pinck	License limited Duke University School Medicine
T. C. Prince, Jr.	License limited Bowman Gray School Medicine
W. W. Pryor	License limited Duke University School Medicine
J. G. Robbins	License limited Duke University School Medicine
M. J. Rosenblum	License limited Duke University School Medicine
P. M. Sarazen, Jr.	License limited Duke University School Medicine
W. E. Sawtelle	License limited Duke University School Medicine
R. E. Schipke	License limited Duke University School Medicine
Rosemary Schrepfer	License limited Duke University School Medicine
H. O. Sieker	License limited Duke University School Medicine
Eileen C. Simmons	License limited Duke University School Medicine
R. M. Sinskey	License limited Duke University School Medicine
Renzo Sutter	License limited Surry County (granted full license June, 1950)
B. M. N. Walden	License limited Henderson-Polk-Rutherford Counties
H. M. Walker	License limited Polk County Dr. Walker, who resides and practices radiology in Spartanburg, S. C., and only wished to practice radiology in Polk County, has repeatedly protested the granting of limited license - See file)
K. K. Wallace	License limited Roanoke-Chowan Hospital, Ahoskie, N. C.
R. W. Williams	License limited Bowman Gray School Medicine
F. R. Wrenn, Jr.	License limited Duke University School Medicine
W. G. Young, Jr.	License limited Duke University School Medicine

STATISTICS - September 12, 1944 - September 25, 1950

Total number meetings . . . . .	30
Total number days served . . . . .	65
Total number days absentee - The greater part of this. . . . .	7
due to illness	
Total number applicants granted license . . . . .	1593
By reciprocity . . . . .	956
By written examination . . . . .	637
Written examination failure . . . . .	4
Parts I and II . . . . .	3
Part I . . . . .	1
Total applicants rejected licensure by endorsement . . . . .	29
Foreign graduates . . . . .	6
Grade B graduates . . . . .	9
No reciprocal relations with foreign examining boards. . . . .	2
Unethical practice in reciprocating state . . . . .	1
No reciprocal relations with Government Services . . . . .	2
Desired practice 1 month relieve physician. . . . .	1
Desired resort practice only . . . . .	2
Declined . . . . .	1
Original license issued without written examination . . . . .	1
Narcotic addict. . . . .	1
Applicant not ready to move to North Carolina . . . . .	1
For beginning practice medicine in North Carolina prior to receiving license. (Later reconsidered and granted license.) . . . . .	1
Desired practice in North Carolina when on visits home. . . . .	1
Total applicants declined permission to take written examination for licensure. . . . .	11
Foreign graduates . . . . .	7
Grade B graduates. . . . .	3
Criminal abortion another state. . . . .	1
Total physicians granted license by written examination under special resolution as to native North Carolinian who graduated from Grade B medical school . . . . .	3
Total physicians granted license by written examination under special resolution as to foreign graduate who served special internship in state mental institu- tions . . . . .	2
Total physicians failed pass written examination under special resolution as to foreign graduates who served special internship in state mental institutions . . . . .	1

Total number applicants granted limited license . . . . .	60
Total number applicants granted limited license as hospital residents . . . . .	47
Limited license otherwise granted . . . . .	13
(See attached list)	
Total number physicians allowed public health internship under Dr. J. W. R. Norton, State Health Officer, for a period of one year . . . . .	3
Foreign graduates . . . . .	2
Grade B graduate (degree Public Health University of North Carolina). . . . .	1
Hearings . . . . .	38
Narcotic addiction . . . . .	28
Osteopath practicing medicine without license . . . . .	1
Irregularities by licensed physicians . . . . .	2
Physician convicted misdemeanor in Superior Court . . . . .	2
(Same Case)	
Physician convicted felony in Superior Court . . . . .	2
Layman practicing medicine without license . . . . .	1
Physician convicted felony in Federal Court (Same Case) . . . . .	2
Investigation by State Bureau of Investigation . . . . .	11
Physician practicing medicine without license . . . . .	2
Osteopath practicing medicine without license . . . . .	2
Laymen practicing medicine without license . . . . .	5
Irregularities by licensed physicians . . . . .	2
License Revoked . . . . .	11
License voluntarily surrendered . . . . .	2
(1) On admission that same was procured under false pretense	
(2) Questionable conduct	
Convicted misdemeanor in Superior Court, judgment sus- pended . . . . .	1
Convicted felony in Superior Court . . . . .	3
Narcotic addiction, judgment suspended, order of the Board of Medical Examiners violated, judgment put into effect . . . . .	1
Narcotic addiction, judgment suspended . . . . .	2
Narcotic addiction . . . . .	1
Convicted felony Federal Court, license revoked for a period of 3 years, last 2 years suspended . . . . .	1

License Restored . . . . . 4

License revoked for narcotic addiction, restored and physician placed on probation . . . . . 1

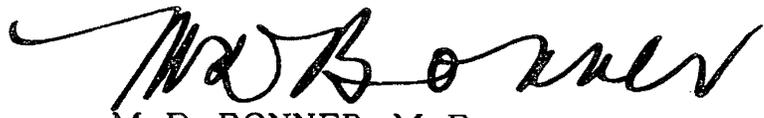
License revoked for conviction felony in Superior Court, restored and physician placed on probation . . . . . 1

License revoked for conviction felony in Federal Court for a period 3 years, judgment suspended last 2 years, placed on probation 2 years . . . . . 1

License revoked conviction felony in Superior Court, restored . . . . . 1

Recommend Restoration Narcotic License . . . . . 3

The North Carolina State Board of Medical Examiners, 1944-1950, respectfully submits this official report to the people of the state and to the medical profession of North Carolina as the first document of its kind and with the hope that it may be continued in the future as a record for the benefit of a continued high standard of medical practice.

  
M. D. BONNER, M. D.  
President

  
IVAN PROCTER, M. D.  
Secretary-Treasurer

ANATOMY - PHYSIOLOGY - EMBRYOLOGY  
DR. M. A. PITTMAN  
WILSON, N. C.  
Monday, June 18th, 1945, 10 A. M.

1. Define the following:

(a) Semi-Permeable Membrane

(b) Perichondrium

(c) Motor Aphasia

(d) Hiatus - (example)

(e) Neuroglia

2. Describe the Quadriceps Femoris Muscle

(a) Origin

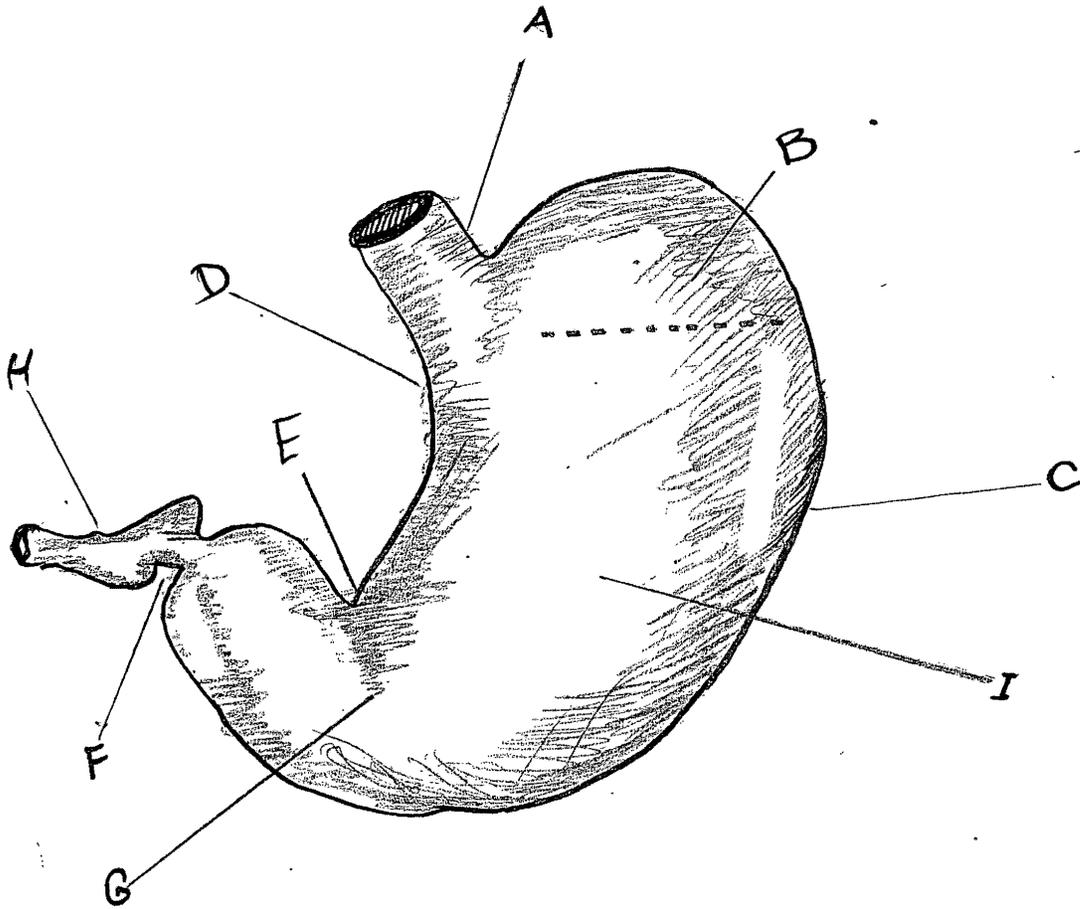
(b) Insertion

(c) Function

3. Name in order structures that are incised in performing a Classical Caesarean Section.

4. Name the Component Bones of the Os Coxæ or Os Innominatum. What socket do they form?

5. Label Component Parts of Stomach.



6. Complete the sentence

- (a) Fats are digested mainly in the \_\_\_\_\_.
  - (b) Oxidation is stimulated by the \_\_\_\_\_ Gland.
  - (c) Metabolism of sugar is regulated by \_\_\_\_\_.
  - (d) The liver receives its oxygen from the \_\_\_\_\_.
  - (e) An increase in number of white cells in the blood is called \_\_\_\_\_
-

7. Check ones that are true.

The Pancreas

- (a) Produces Insulin \_\_\_\_\_
- (b) Excretes Urea \_\_\_\_\_
- (c) Aids in Oxidation of Glucose \_\_\_\_\_
- (d) Defective action causes Diabetes Insipidus \_\_\_\_\_

8. What is the average Systolic Blood Pressure?

- (a) At Birth? \_\_\_\_\_
- (b) At One Month? \_\_\_\_\_
- (c) At Twelve Years? \_\_\_\_\_
- (d) At Puberty? \_\_\_\_\_
- (e) At Sixty? \_\_\_\_\_

9. Name the Factors maintaining arterial circulation.

- (a)
- (b)
- (c)
- (d)

10. Name:

- (a)
- (a) The Three Germ Layers (b)
- (c)
- (b) Tissues derived from the Ectoderm

11. Assuming that a cell must have a nucleus to be alive, what group of cells do their work after they are dead?

Answer any Ten

## QUESTIONS ON CHEMISTRY AND PHYSIOLOGY

Monday, June 18th, 1945, 2 P. M.

- I. Discuss briefly the relation of the chemical changes during muscle contraction to fatigue.

Discuss the effect of exercise on the condition of muscle.

- II. Enumerate the normal constituents of the urine. Name five abnormal constituents that might be found in urine. Briefly describe the tests used to discover each and name the disease or condition that might produce each.

- III. Discuss the origin and fate of red corpuscles.

- IV. Define

- (a) Hematopoiesis
- (b) Apnea
- (c) Presbyopia
- (d) Anoxic Anoxia
- (e) Vital Capacity
- (f) Basal Metabolic Rate

- V. What are the functions of the Pancreas?

- VI. Name a physiological or pathological condition, in which each of the following may be observed.

- (1) Low Blood Calcium
- (2) Presence of non-fermentable reducing sugar in urine.
- (3) Abnormally high fat and fatty acid content of the feces.
- (4) Blood chlorides (calculated as sodium chloride) of 350 mgs. per 100 cc.
- (5) Glycosuria associated with normal content of blood sugar.
- (6) High Blood Cholesterol.
- (7) Serum Albumin of 215 grams per 100 cc.
- (8)  $\text{CO}_2$  combining power of blood plasma of 80 volumes per cent

- VII. Discuss the factors that are concerned in the production of Hypoproteinemia.

By: M. D. Bonner, M.D.

Jamestown, N. C.  
May 21, 1945

PATHOLOGY EXAMINATION

By Dr. Ivan Procter

Tuesday, June 19th, 1945, 9 A. M.

1. List the symptoms and signs found in acute glomerulonephritis and give the pathological changes responsible for each.
2. Define:
  - (1) Anaplasia
  - (2) Fat Necrosis
  - (3) Tubercle
  - (4) Krukenberg tumor
  - (5) Teratoma
3. Contrast the microscopic appearance of rheumatic endocardial verrucae, vegetations of acute bacterial endocarditis and the endocardial lesions of endocarditis lenta (subacute bacterial endocarditis).
4. What are the varieties of carcinoma of the breast? What are the mechanisms by which these tumors are distributed to other parts of the body?
5. Name four diseases of the pancreas and describe briefly the microscopic findings in each.
6. What are the essential differences between healing by first intention and by second intention?
7. Describe the changes that take place in the uterine mucosa in the course of a complete menstrual cycle.
8.
  - (1) What is meant by the infective granulomata?
  - (2) Name three of them.
  - (3) What must you do in order to establish definitely the diagnosis in this group of diseases?

**BACTERIOLOGY EXAMINATION**  
By Dr. Ivan Procter  
Tuesday, June 19th, 1945, 9 A.M.

1. List the infections caused by streptococci.  
Into what general groups are streptococci divided and how are these groups differentiated?
2. Explain clearly the difference in the nature, use, and purpose of (1) vaccines and (2) immune sera.
3. Define or otherwise identify each of the following:
  - (1) Frei test
  - (2) Weil-Felix reaction
  - (3) "H" antigen
  - (4) Bacteriostasis
  - (5) Negri body
  - (6) Neufeld reaction
  - (7) Dick test
  - (8) Heterophile antigen
  - (9) Autogenous vaccine
  - (10) Anaphylaxis
4. Name and describe the procedure for the isolation and identification of one pathogenic fungus.
5. Describe the procedure for examining a specimen of urine for tubercle bacilli.
6. With mother, child, and alleged father available, how would you proceed to establish non-paternity.
7. Describe the blood-findings in a case of tertian malaria.
8. What laboratory tests should be done on blood to be used in a transfusion?  
Describe the tests briefly.

O B S T E T R I C S  
By Dr. Thomas Leslie Lee  
Tuesday, June 19th, 1945, 2 P. M.

Answer 3

1. Describe the mechanism of labor in occipito left anterior position.
2. Name three conditions which must be present before obstetrical forceps can be SAFELY applied to extract the fetal head.
3. Discuss the significance of the presence or absence of the RH factor in the father and mother. What serious complication may arise in the mother due to the absence of this factor in her blood?
4. Describe the treatment of pre-eclamptic toxemia at the eighth month of gestation.

G Y N E C O L O G Y

Answer 2

1. A woman aged fifty presents herself to you complaining of irregular vaginal bleeding. She has lost ten pounds in weight. Completed the menopause at 45 years of age and has had no vaginal bleeding until six months ago.
  - (a) Describe your examination to discover the etiology of this bleeding.
  - (b) It is your duty to prove that she has or has not \_\_\_\_\_  
How is the proof obtained?
2.
  - (a) Describe the treatment of cervical erosion.
  - (b) Describe the treatment of gonorrhoeal vaginitis.
3. Describe the physiology of menstruation.

PEDIATRICS AND PUBLIC HEALTH

By Dr. C. W. Armstrong

Tuesday, June 19th, 1945, 7:30 P. M.

1. Outline an immunization program, beginning with a six and one-half months old child and going through the sixth year. (a) What diseases? (b) When? (c) What biologicals or immunizing agents?
2. What use will you make of the State Laboratory of Hygiene as (a) Health Officer (b) Private Physician?
3. What are some of the complications of diphtheria? Outline your procedure for prevention and treatment.
4. Name the deficiency diseases of childhood. Discuss briefly their causes and treatment.
5. On the third to the fourth day after birth an infant shows a weight loss of 12 to 15 percent; high fever, hot, dry skin, lips and mucous membranes dry; extreme restlessness followed by prostration; child rarely moves, fontanelle sunken. Give most probable diagnosis and treatment.
6. Discuss the relative value of breast and artificial feeding, giving a formula for a twenty-four hour feeding of a ten-day-old infant, with full directions for preparation and use.
7. Outline a tuberculosis control program for an average North Carolina county.
8. A child was bitten by a dog. Outline your procedure in cases (a) where dog can be secured and identified; (b) where this is not possible. (c) Discuss briefly significance of the location of bites and the value of the madstone.
9. Outline your procedure in controlling an outbreak of typhoid from the standpoint of (a) Health Officer; (b) Private Physician.
10. Discuss acute anterior polio-myelitis--etiology, signs and symptoms, differential diagnosis, control of epidemics, treatment.

ANSWER ALL TEN QUESTIONS

PHARMACOLOGY

By Dr. C. W. Armstrong

Tuesday, June 19th, 1945, 7:30 P. M.

1. Name the three drugs most commonly employed in the treatment of malaria and discuss the relative value of each.
2. Name the drugs of choice in the treatment of the secondary stage of syphilis. Discuss the dosage--frequency of administration--toxic effects--symptoms of beginning toxicity.
3. Write a prescription for a mixture containing tincture of opium, giving full directions for use and all other information required on such prescriptions. Write a prescription for scabies and indicate in standard manner thereon that prescription is not to be re-filled and that patient is a pauper.
4. Discuss the following from the standpoint of (a) indications for use, (b) contra-indications, (c) toxic effects: Vitamin B<sub>1</sub>; thiamine; nicotinic acid.
5. Discuss benzedrine briefly--uses, dangers, disagreeable results, etc.
6. Give signs and symptoms, differential diagnosis and treatment of opium poisoning.
7. Discuss two or three of the most commonly used sulfa drugs--indications, contra-indications, precautions necessary in administration, danger signals, etc.
8. What is meant by anaphylaxis? Serum sickness? How may probability of anaphylaxis be determined? Treatment of both.

ANSWER ALL EIGHT QUESTIONS.

27

EXAMINATION IN SURGERY

R. B. McKnight, M.D.

Wednesday, June 20th, 1945, 9 A.M.

(Do NOT give operative technic in any of your answers)

Answer ALL of the first five questions.

1. Name and locate the tumors (other than goiter) that may occur in the neck.
2. Discuss the pathologic possibilities, the significance and the treatment of a bleeding nipple.
3. Under what condition, or conditions, other than trauma or amputation, would you perform ligation of the femoral vein. Discuss briefly.
4. Name the varieties of fractures of the os calcis and discuss the principles involved in their treatment.
5. What are the surgical conditions in which is found (a) acutely increased intracranial tension, (b) chronically increased intracranial tension? Discuss briefly the management of each.

Answer FIVE of the remaining six questions

6. Discuss the etiology, diagnosis and treatment of acute peritonitis.
7. Discuss the causes, symptoms and treatment of carbuncle.
8. A 60 year old man has noticed blood in his feces. What are the possible sources and how would you proceed to make a diagnosis?
9. Upon what would you base the prognosis in a case of carcinoma of the breast?
10. Discuss the differential diagnosis in a case of acute pain in the right lower abdomen in a young adult female.
11. A 40 year old male comes in with acute urinary retention. Discuss the possible etiologic factors.

PRACTICE OF MEDICINE AND THERAPEUTICS

By Dr. Paul G. Parker

Wednesday, June 20th, 1945, 2 P. M.

1. Define: (a) Tularemia, (b) Sarcoidosis, (c) Rickettsial Diseases, (d) Graves' Disease, (e) Creeping Eruption.
2. Discuss acute rheumatic fever, diagnosis and treatment.
3. Discuss typhus fever, diagnosis and treatment.
4. Give symptoms, diagnosis and treatment of general paresis.
5. Give diagnosis and clinical treatment of:  
Type I pneumococcal pneumonia.  
Atypical viral pneumonia.
6. Give diagnosis and treatment of acute poliomyelitis.
7. Name known vitamin deficiency diseases, and name vitamins in each case.
8. Give findings and treatment of acute arsenical poisoning.
9. Discuss Hodgkin's Disease: definition, diagnosis and treatment.
10. Discuss coronary thrombosis: symptoms, diagnosis and treatment.
11. Give discussion and treatment of Addison's Disease.
12. Diagnosis and treatment of tetany.

Answer TEN questions.

ANATOMY - HISTOLOGY - EMBRYOLOGY

Dr. M. A. Pittman, Wilson, N. C., March 25, 1946

1. Describe the fifth cranial nerve.
2. Describe the wrist joint and name the muscles acting upon it.
3. (a) Origin, length and branches of coeliac axis?  
(b) Given a uterus, how would identify its anterior and posterior surfaces?
4. Draw and give articulations and muscular attachments of the clavicle.
5. (a) What week does the external genital organs acquire the distinguishing peculiarities of a definite sex?  
(b) Explain the law of Biogenesis (or Recapitulation).
6. Compare skeletal, involuntary, and cardiac muscle, histologically.
7. Draw the normal curves of the spine and describe a typical lumbar vertebra.
8. What veins carry arterial blood?
9. (a) Give the microscopic anatomy of a renal glomerulus and its excretory tubules.  
(b) Describe the kidneys grossly and give their respective locations.
10. (a) Where does the thoracic duct empty and what does it drain?  
(b) Locate dorsalis pedis artery.  
(c) What veins of the arm are usually selected for intravenous medication.

CHEMISTRY & PHYSIOLOGY EXAMINATION  
By Dr. M. B. Bonner, Jamestown, N. C.  
March 25, 1946.

1. What factors tend to prevent edema of feet during standing?
2. What is meant by clotting time of the blood?  
Why is its determination important clinically?  
Under what conditions may the administration of Vitamin K affect the clotting time?
3. It has been stated that the "fats burn in the fire of the carbohydrates."  
Explain as exactly as possible the significance of this statement.
4. Describe and account for the effects of breathing air at normal barometric pressure in which one-half the oxygen has been replaced by nitrogen.
5. Discuss on physiological grounds the question whether an intravenous injection of pooled plasma constitutes an adequate substitute for transfusion of whole blood following hemorrhage.
6. Describe the formation of urine.

## BACTERIOLOGY EXAMINATION

By Dr. Thomas Leslie Lee, Kinston, N. C.

March 26, 1946

1. Give the etiology, mode of transmission, and methods used for the laboratory diagnosis of typhoid fever, pneumonia, scarlet fever, anthrax.
2. Name four insect-borne diseases, giving vector.
3. Describe three pathogenic, strictly anaerobic bacteria and tell how they produce disease. How may they be isolated and cultivated?
4. Give the technique of Gram's stain. Name 10 gram-positive and 10 gram-negative organisms.
5. What are rickettsiae and how do they differ from bacteria and viruses? What diseases are caused by rickettsiae?
6. What pathogenic bacteria are commonly transmitted by milk? How does each gain entrance to the milk?
7. How is food infection differentiated from food poisoning. Mention two bacterial causes of food poisoning.
8. What is the value of cultures in establishing a diagnosis of gonorrhoea in adult women with no recent history of gonorrhoea? In little girls? In acute cases of urethritis in adult males. How are such cultures made and examined.
9. How is diphtheria antitoxin produced and standardized?
10. How is *Endamoeba histolytica* identified in stools? How are amebic and bacillary dysentery differentiated by laboratory methods? Give the pathology of each.

Answer 8

Pathology Examination  
By Thomas Leslie Lee  
March 26, 1946.

1. List the human diseases known to be caused by vitamin deficiency.
2. What is the mechanism of thrombus formation?  
What are the changes that may occur in thrombi?  
Give six sequelae of thrombosis.
3. Give the pathologic anatomy, distribution, and therapy of rodent ulcer.
4. What is the pathologic anatomy of diabetes mellitus?
5. Differentiate, in the gross and microscopically, portal cirrhosis, obstructive biliary cirrhosis, and syphilitic cirrhosis.
6. Distinguish nephrosis from nephritis and give its common causes.
7. Describe hypertrophy (benign enlargement) of the prostate and distinguish it from prostatic carcinoma. To which site does the latter metastasize?
8. Describe the histological structure of exophthalmic goiter and give its cardinal symptoms. What is its relation to the basal metabolic rate?
9. Discuss the occurrence and pathogenesis of cerebral hemorrhage.
10. Describe the bone marrow and blood of acute aplastic anemia.

Answer 8

### GYNECOLOGY EXAMINATION

By Dr. Ivan Procter, Raleigh, N. C.

March 26, 1946.

1. Describe the signs and symptoms of chronic cervicitis.  
List the pathology produced in organs above the vagina as a result of an infected cervix.
2. Give the differential diagnosis of tubal pregnancy.
3. Given a 49 year old patient with menorrhagia and intermenstrual spotting, what steps would you take to establish diagnosis.
4. What is the management of trichomonas vulvo-vaginitis and monilia vaginitis.
5. Is operation for carcinoma of the cervix ever justifiable?  
If so, under what condition.

### OBSTETRICS EXAMINATION

By Dr. Ivan Procter

March 26, 1946

1. Given a woman in the eighth month of pregnancy with vaginal bleeding, how would you establish the diagnosis.
2. Describe the mechanism of labor in a right occiput posterior position.
3. Give the steps you would take in management of pregnancy which would safeguard a patient against severe toxemia.
4. What are the two most important measurements in the obstetric pelvis-  
How determined?
5. What steps would you take in a case that continues to trickle blood after delivery of the placenta and repair of the perineum.

## PHARMACOLOGY EXAMINATION

By Dr. C. W. Armstrong, Salisbury, N. C.

March 27, 1946.

1. a. What is meant by insulin shock?  
b. List symptoms in order of importance.  
c. Outline treatment.
2. Name the most commonly used anaesthetics and opposite each, briefly, the contra-indications for use.
3. a. What is an anthelmintic?  
b. List the most commonly used and give indications for use of each, including dosage.

Answer any 2 questions

## PEDIATRICS

1. a. Name the most common causes of fever in a six-year-old child.  
b. What examinations are always indicated in fevers where the cause is not apparent?  
c. What is the significance of a temperature of 99 degrees to 99½ degrees in a six-year-old child, the cause of which can not be determined?
2. a. What is meant by childhood, or tracheo-bronchial, tuberculosis?  
b. How does it differ from pulmonary tuberculosis?  
c. How is it diagnosed.
3. Outline your procedure if called to see a four-year-old child having convulsions.

Answer any 2 questions

## PUBLIC HEALTH

1. a. What would be your procedure in attempting to control an epidemic of scarlet fever?  
b. How might you determine the manner of its spread?
2. a. How would you proceed in attempting to guarantee a pure water supply in a town?  
b. In a rural home?
3. a. Discuss the sanitation of public eating places.  
b. Soda fountains  
c. Schools

Answer any 2 questions

PRACTICE OF MEDICINE EXAMINATION

By Dr. Paul G. Parker

March 27, 1946.

1. Give differential diagnosis of Vincent's Angina, Diphtheria, and Follicular Tonsillitis.
2. Early and late clinical picture and laboratory findings of gastric carcinoma.
3. Symptoms and diagnosis of chronic bronchiectasis.
4. Symptoms and diagnosis of chronic hepatitis.
5. Give blood picture in (a) lymphatic leukemia and (b) pernicious anemia.
6. Diagnosis of tabes dorsalis.

Answer five questions

THERAPEUTICS EXAMINATION

1. Give treatment of diabetes mellitus.
2. Treatment of syphilitic aortitis.
3. Classify malaria, and give treatment for each type.
4. Treatment of erysipelas.
5. Discuss relative value of digitalis in different heart diseases.
6. Give management of acute uremia.

Answer five questions

EXAMINATION IN SURGERY

Dr. R. B. McKnight, Charlotte, N. C.

March 28, 1946.

Note: Please make your answers brief and to the point. No operative technique.

1. Outline the course of events leading up to a fistula-in ano.
2. Describe the anatomy of direct inguinal hernia.
3. Discuss the possible complications of a pyogenic tenosynovitis - involving the flexor tendon of the thumb.
4. Contrast the effect of thiouracil and iodine in preparing the toxic diffuse goiter patient for operation.
5. Differentiate from laboratory findings between:
  1. Splenic anemia
  2. Hemorrhagic purpura
  3. Congenital hemolytic icterus
6. Under what conditions would you refer a patient to a surgeon for possible gastric resection?
7. What are the symptoms and how would you proceed in making a diagnosis of tuberculosis of the kidney?
8. Differentiate between a dislocation of the head and a fracture of the surgical neck of the femur. (Assume no x-ray equipment is available)
9. What findings would lead you to refer a patient to a thoracic surgeon for possible bronchiogenic carcinoma?
10. How would you handle a well developed case of varicose veins of the leg.

EXAMINATION IN ANATOMY, HISTOLOGY, AND EMBRYOLOGY

By Dr. M. A. Pittman, Wilson, N. C.

Monday, June 23rd, 1947, 10 A. M.

1. An injury to the shoulder joint region results in inability to abduct arm. Name chief muscle and nerve involved.

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2. (a) Draw lateral view of vertebral column showing curve and number of vertebrae in each region.

- (b) Draw and label a typical lumbar vertebra.

3. Locate the following:

(a) Olecranon process \_\_\_\_\_

(b) Coracoid process \_\_\_\_\_

(c) Os calcis \_\_\_\_\_

(d) Calcaneus \_\_\_\_\_

(e) Intercondyloid eminence \_\_\_\_\_

(f) Semilunar cartilage \_\_\_\_\_

(g) Incisura angularis \_\_\_\_\_

(h) Hypothenar eminence \_\_\_\_\_

(i) Speech Center in a left-handed person \_\_\_\_\_

(j) Thyroidea ima \_\_\_\_\_

Is it always present? \_\_\_\_\_

4. Usually when an ambulatory patient enters office with fractured clavicle he will be holding elbow of injured side with opposite hand and his head will be tilted toward injured shoulder.  
Explain in a few words the reason for head being tilted toward injured shoulder.

5. (a) What month are foetal movements observed? \_\_\_\_\_  
(b) What is the length of fetus at that time? \_\_\_\_\_  
(c) What month do nails appear on the digitis? \_\_\_\_\_  
(d) What period during menstrual cycle is conception most likely to occur? \_\_\_\_\_
6. (a) Define serous membrane and give three examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (b) Define mucous membrane and give three examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- (c) What is the largest serous membrane in the body? \_\_\_\_\_

## EXAMINATION IN PHYSIOLOGY

By Dr. M. D. Bonner, Jamestown, N. C.

Monday, June 23rd, 1947, 2 P.M.

- I. Define cyanosis. Why does cyanosis occur in anoxic and stagnant anoxia, but not in histotoxic and anemic anoxia?
- II. Describe in detail what is meant by "Oxygen debt".
- III. Describe and explain the effects of transection of the spinal cord at the sixth cervical segment upon
  - (1) Arterial pressure
  - (2) Diameter of the pupil
  - (3) Knee jerk
- IV. Discuss the factors which determine the activities of the gastric glands.
- V. How are the functions of the kidneys affected by the adrenal and parathyroid glands?
- VI. Account for the change in the output of the left ventricle in a man at rest and during vigorous muscular exercise.

ANSWER ANY FIVE QUESTIONS

EXAMINATION IN CHEMISTRY

By Dr. M. D. Bonner, Jamestown, N. C.

Monday, June 23rd, 1947, 2 P.M.

- I. (1) Discuss briefly the factors which influence the absorption and retention of calcium in the animal organisms.
- (2) What foods would you recommend to a patient for whom an increased amount of dietary calcium is essential.
- II. An adult male receives 3,000 calories in the daily food allowance. Calculate the grams of proteins, and carbohydrates that should be included if the diet is to be balanced.
- III. Discuss the chemistry and the function of Glycogen.
- IV. What test would apply to determine whether a stain was due to blood? Discuss each test and its value and limitations.
- V. Discuss the occurrence, the chemical aspects, and the metabolism of nucleoproteins.
- VI. Discuss the biological occurrence and the function of iron in the human organisms.

ANSWER ANY FIVE QUESTIONS

EXAMINATION IN PATHOLOGY

By Dr. Ivan Procter, Raleigh, N. C.

Tuesday, June 24th, 1947, 10 A. M.

- I. Explain nature of necrosis, giving causes, cellular changes, and forms.
- II. In a case of Portal Cirrhosis, explain development of
  - (1) "Hobnail" liver
  - (2) Esophageal varices
  - (3) Ascites
  - (4) Icterus
- III. Discuss etiology, development, and all possible outcomes of myocardial infarction. Confine discussion to pathological description as far as possible.
- IV. Discuss the pathogenesis of bronchiectasis.
- V. Describe the gross and histologic appearances of the kidneys in a case of chronic pyelonephritis of childhood.
- VI. Discuss carcinoma of the stomach as to
  - (1) Gross and microscopic appearance
  - (2) Spread
  - (3) Complications
- VII. Give the gross and microscopic pathology, as well as the etiology and pathogenesis of acute hemorrhagic or necrotic pancreatitis.

ANSWER 6

## EXAMINATION IN BACTERIOLOGY

By Dr. Ivan Procter, Raleigh, N. C.

Tuesday, June 24th, 1947, 10 A.M.

- I. Name 5 diseases in which the etiological agent or its products is commonly demonstrated in the blood stream, giving name of the agent and stage of the disease during which this demonstration is best accomplished.
- II. Give the specific laboratory differentiation of the pathogenic organisms within each of the following groups:
  - (1) Enteric bacteria
  - (2) Pneumococci
  - (3) Staphylococci
  - (4) Streptococci
- III. Name 3 members of the Clostridium group of organisms and also the diseases for which they may be responsible. List some characteristics of the respective species by means of which they may be identified in the laboratory.
- IV. (1) What methods are available for skin testing when tuberculosis is suspected?  
  
(2) What is the significance of a positive skin test?
- V. What are Koch's postulates?  
To what extent have they been fulfilled in:
  - (1) Poliomyelites
  - (2) Gonorrhoea
  - (3) Tuberculosis
  - (4) Murine Typhus
- VI. Give the scientific name and general characteristics of the specific organism in each of 5 different venereal diseases and name the laboratory tests for each.
- VII. In a family composed of an asthmatic father, mother, one year old infant, and twelve year old schoolboy with suspected diphtheria, state how the clinical diagnosis may be substantiated in the laboratory and how the physician or health officer should handle this situation.

ANSWER 6

EXAMINATION IN OBSTETRICS AND GYNECOLOGY

By Dr. Thomas Leslie Lee, Kinston, N. C.

Tuesday, June 24th, 1947, 2 P. M.

1. (a) Name the etiological factors in ante-partum hemorrhage.  
(b) Name three causes of postpartum hemorrhage.
2. Discuss the etiology, diagnosis and treatment of rupture of the uterus during labor.
3. (a) Name the four types of pelves according to variation in shape which may be encountered in the female pelvis of normal dimensions.  
(b) By what method can these variations be most readily studied in the patient.
4. Describe your treatment during labor and your method of delivery of a nulliparous patient with adequate pelvis and an occipito-posterior position.
5. Name the studies necessary in a female patient who is potentially sterile.
6. Name four ways in which endometrial or misplaced muellerian tissue may reach its ectopic location. (this refers to endometriosis)
7. Discuss in detail the diagnosis and treatment of adenocarcinoma of the fundus of the uterus.
8. Discuss the diagnosis and treatment of 1. Cervical polyps.  
2. Endocervicitis with erosion. What is their relation to malignancy?

EXAMINATION IN  
PHARMACOLOGY, PEDIATRICS AND PUBLIC HEALTH

By Dr. Charles W. Armstrong, Salisbury, N. C.

Wednesday, June 25th, 1947, 10 A.M.

PUBLIC HEALTH

(Answer question #1, and either #2 or #3)

1. Fill out the attached birth and death certificates.
2. What is meant by an IMMUNE REACTION to smallpox vaccine?
3. What is the approximate duration of immunity conferred by administration of DIPHTHERIA ANTITOXIN?

PEDIATRICS

(Answer any two questions)

1. At what age should a child be immunized against the following diseases:  
WHOOPING COUGH, TETANUS, SMALLPOX, SCARLET FEVER, DIPHTHERIA, ROCKY MOUNTAIN SPOTTED FEVER, MALARIA, TYPHUS FEVER, ACUTE ANTERIOR POLIO-MYELITIS?
2. How might you protect a child against measles by inoculation? What is the product used? Briefly discuss method and how you might produce an active or passive immunity.
3. Outline briefly the treatment for third degree Pes Planus in a three-year-old child.

PHARMACOLOGY

(Answer any two questions)

1. Of what value is streptomycin in the treatment of tuberculosis?
2. What is BRITISH ANTI LEWISITE (BAL) AND FOR WHAT IS IT USED?
3. What is a narcotic?  
List all drugs for which a prescription is required in North Carolina.

EXAMINATION IN PRACTICE OF MEDICINE AND THERAPEUTICS

By Dr. Paul G. Parker, Erwin, N. C.

Wednesday, June 25th, 1947, 2 P. M.

1. Give symptoms and diagnosis of general paresis.
2. What is agranulo-cytosis? Discuss its causes.
3. What is Raynauds' Disease? Give differential diagnosis.
4. Give differential diagnosis between coronary occlusion and ruptured gastric ulcer.
5. Give symptoms, signs, and sequelae of acute hepatitis.
6. Give differential diagnosis of chicken-pox and small-pox.
7. Discuss the recognized clinical syndromes of deficiency of the various vitamin B factors.
8. Explain emetic action of:
  - (1) Ipecac
  - (2) Digitalis
  - (3) Apemorphine hydrochloride
9. What are the therapeutic uses of aminophyllin.
10. Name two anti-coagulant drugs. Discuss indications for their use, the method of administration, and precautions required for safety.
11. Describe and briefly explain the effects of insulin on metabolism.
12. Name two pure compounds, chemically unrelated to each other, that can diminish hyperactivity of the thyroid gland.

Answer five out of first six questions

Answer five out of remaining six questions

**EXAMINATION IN SURGERY**

By Dr. R. B. McKnight, Charlotte, N. C.

Thursday, June 26th, 1947, 9 A.M.

**ANSWER ANY FIVE QUESTIONS. Answers must be explicit and to the point.  
DO NOT DESCRIBE ANY SURGICAL TECHNIC.**

1. What chemical and x-ray studies should be made in cases of repeated formation of renal calculi? Why?
2. Discuss the differential diagnosis in suspected appendicitis in a six year old child.
3. Should none, some or all patients with nontoxic nodular goiter be operated upon? Give specific reasons for your answer.
4. What is the etiology of gas gangrene? Describe the lesion. Give an outline of prevention and treatment.
5. Discuss the pathological physiology and management of traumatic shock.
6. Give the etiology, pathology and treatment of bursitis of the shoulder.

EXAMINATION IN ANATOMY, HISTOLOGY AND EMBRYOLOGY

By Dr. M. A. Pittman, Wilson, N. C.

Monday, June 21st, 1948, 10 A. M.

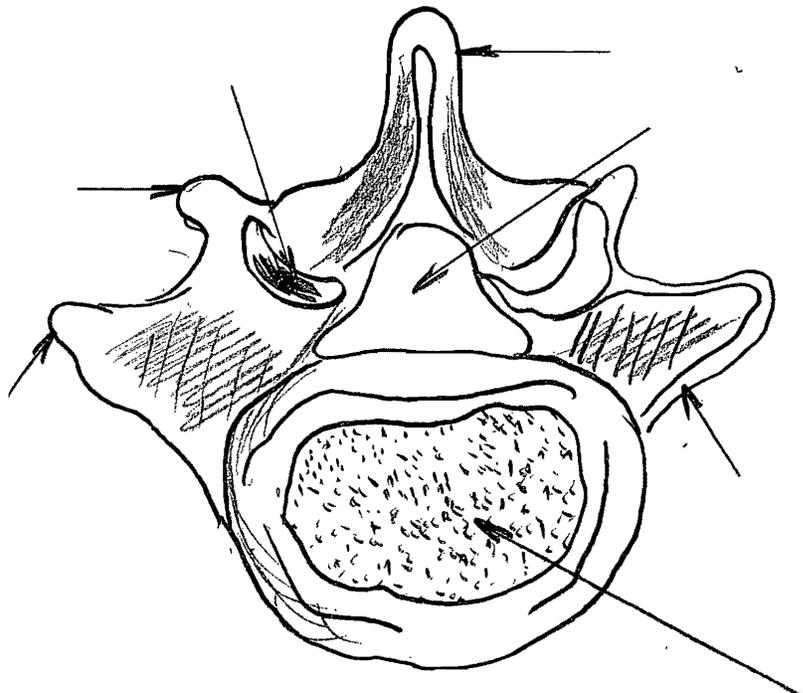
1. (a) Compare the THYMUS GLAND at birth and at puberty.

Answer:

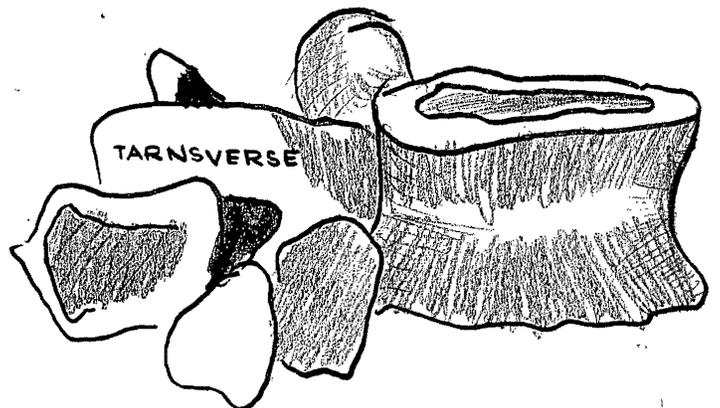
- (b) The HILUS of the lungs is situated where, and contains what?

Answer:

2. In your opinion, what VERTEBRA is this? (Label)



VIEW \_\_\_\_\_ ?



VIEW \_\_\_\_\_ ?

3. (a) How is the BLADDER supported and what are the histologic features of its walls to permit it to readily accommodate large quantities of fluid?

Answer:

- (b) Describe the 10th CRANIAL NERVE - its origin, distribution and functions.

Origin:

Distribution:

Functions:

4. (a) In what week in the human EMBRYO do limb buds begin to show, and at the same time the heart shows an extraordinary increase in size?

Answer:

- (b) What is the length of the EMBRYO at four months?

Answer:

5. (a) Describe the ANKLE JOINT as to its articulations.

Answer:

(b) Give the origin, insertion and function of the GASTROCNEMIUS MUSCLE.

Origin:

Insertion:

Function:

(c) What is sometimes described as the THIRD MALLEOLUS?

Answer:

## CHEMISTRY AND PHYSIOLOGY

By Dr. Paul G. Parker, Erwin, N. C.

Monday, June 21st, 1948, 2 P. M.

1. Define: matter, atom, molecule, compound, and mixture.
2. What conditions will each of the following prevent or cure: Vitamin A, ascorbic acid, vitamin D, and nicotinic acid.
3. Describe the gastric and intestinal digestion of fats.
4. Describe how a stain on a garment may be tested for blood.
5. What is the relation of calcium to (a) coagulation of blood, (b) the irritability of muscle, and (c) the formation of bone?
6. What is hemoglobin? Name its properties and functions.
7. What is an antidote? Describe symptoms of barbital poisoning and give treatment.
8. Discuss significance of sedimentation rate.
9. What is "the law of the heart", and the "all or none law of the heart"?
10. What does systolic blood pressure measure? What does diastolic pressure measure? What is pulse measure?
11. How is venous blood carried to the heart?
12. Distinguish between smooth muscle, skeletal muscle, and cardiac muscle physiologically.
13. Distinguish between appetite and hunger.
14. Discuss part played by vitamin A in the visual process.
15. Name the functions of: the pancreas, adrenals, thyroid, and pituitary gland.

## EXAMINATION IN PATHOLOGY AND BACTERIOLOGY

By Dr. Thomas Leslie Lee, Kinston, N. C.

Tuesday, June 22nd, 1948, 10 A. M.

### PATHOLOGY

1. Describe the healing of a wound by (a) first intention (b) by second intention (c) after infection.
2. Describe the typical tissue reaction to the tubercule bacillus. How is it disseminated from the tubercule? How does the tubercule heal?
3. Define a neoplastic tumor (neoplasam). What are the factors that determine its malignancy? How do neoplasms metastasize? Give examples.
4. Describe five types of carcinoma of the breast. How is it diagnosed? How does it metastasize? How should it be treated?
5. Differentiate in gross and microscopically portal sclerosis (b) obstructive biliary sclerosis (c) syphilitic sclerosis.
6. Describe the bone marrow and the blood of acute aplastic anemia.

### BACTERIOLOGY

1. What is the role of insects in the transmission of disease? Name four insect borne diseases and their vector.
2. Distinguish between the mechanism of active and passive immunity with examples. Give two examples each of skin tests for immunity and skin tests for allergy. Explain the basic mechanism of each type of test.
3. What pathologic bacteria are commonly transmitted by milk? How does each gain entrance to milk? How may disease transmission by milk be prevented? What bacteriologic test is commonly used as a measure of the sanitary quality and cleanliness of milk?
4. Compare the principles underlying the Dick test, the Schick test, tuberculin test, Brucellergin test. Discuss the significance of a positive reaction to each.
5. What spinal fluid findings suggest epidemic meningitis? What organisms may cause meningitis?
6. What is Weil's disease? How is it transmitted? How is it diagnosed in the laboratory?
7. Give the life cycle of malarial parasites. How is malaria diagnosed? What is the origin of the terms (a) tertian (b) quartan (c) estivo-autumnal?

EXAMINATION IN SURGERY

By Dr. R. B. McKnight, Charlotte, N. C.

Tuesday, June 22nd, 1948, 2 P. M.

Answer each of the first four questions. No surgical technic, please.  
(3 b. excepted)

1. Discuss the advantages of early ambulation of surgical cases.
2. Give the diagnosis and treatment of carcinoma of the head of the pancreas. What is the physiological basis for the palliative operations?
3. (a) Discuss the differential diagnosis in a suspected case of right ureteral calculus in a 45 year old male.  
  
(b) How would you treat a fracture of the midportion of the left clavicle?
4. Give the symptoms and diagnosis of a ruptured or protruded disk of the 4th or 5th lumbar vertebral space. Briefly, what is the treatment for (1) acute cases and (2) chronic cases?

Answer one of the following three questions.

5. In general, what is the basic principle upon which the several types of operation for glaucoma is based?
6. Discuss briefly the advantages and disadvantages of the anesthetic agents: (1) cyclopropane, and (2) sodium pentothal.
7. Name at least three complications of mastoiditis.

## EXAMINATION IN PHARMACOLOGY, PEDIATRICS AND HYGIENE

By Dr. C. W. Armstrong, Salisbury, N. C.

Wednesday, June 23rd, 1948, 10 A. M.

### PEDIATRICS

1. How is impetigo contagiosa diagnosed and treated?
2. Briefly outline an immunization program for a child from birth up to the time of entering school.
3. Discuss the treatment of the common cold in a two-year-old child.

### PHARMACOLOGY

1. List the advantages and disadvantages of spinal anaesthesia.
2. Name five means for the administration of fluids when ordinary oral administration is not feasible.
3. Outline some of the indications for whole blood transfusions and for plasma administration.

### HYGIENE

1. How are the following diseases transmitted?  
(a) trichinosis    (b) ascariasis    (c) trachoma    (d) psittacosis  
(e) tularemia    (f) infectious encephalitis
2. What is undulant fever? How is it contracted and how best prevented?
3. (a) What is the proper procedure where a person is bitten by an animal suspected of being rabid?  
(b) Of what importance is the location of the wound and why?

EXAMINATION IN MEDICINE AND THERAPEUTICS

By Dr. M. D. Bonner, Jamestown, N. C.

Wednesday, June 23rd, 1948, 2 P. M.

1. List four most frequent causes of pulmonary hemorrhages and discuss differential diagnosis of each.
2. Give the differential diagnosis of acute coronary thrombosis and pulmonary embolism.
3. Give differential diagnosis of cardiospasm and carcinoma of the lower end of the esophagus.
4. Give diagnosis and treatment of exophthalmic goiter.
5. Discuss sympathectomy as a method of treatment of hypertension.
6. Name four (4) virus diseases. Treat one.

## EXAMINATION IN OBSTETRICS AND GYNECOLOGY

By Dr. Ivan Procter, Raleigh, N. C.

Thursday, June 24th, 1948, 10 A.M.

1. Discuss briefly your concept of the Rh factor.  
What is its importance?
2. Name 3 causes of antepartum bleeding and 3 causes of postpartum bleeding.  
State in a few words their management.
3. Given a 35-year old husband and wife complaining of sterility, what important examinations would you make to arrive at a diagnosis and recommend treatment?  
Do not discuss, but only list the steps to be taken.
4. What is an ovulatory bleeding?  
Is that menstruation?  
What produces bleeding at the time of menstruation?  
Why does it happen?
5. What is meant by Sturmdorf tracheloplasty?  
When and why is that operation preferable to amputation of the cervix.
6. Given a patient para V, age 40, with a 7 cm. cystic tumor in the left pelvis, what change in her physical findings would cause you to operate as soon as her condition was checked and found operable? Why?  
What organ or organs would you remove? Why?



IV. Locate the following:

- (1) Olecranon process \_\_\_\_\_
  - (2) Coracoid process \_\_\_\_\_
  - (3) Os calcis \_\_\_\_\_
  - (4) Calcaneus \_\_\_\_\_
  - (5) Intercondyloid eminence \_\_\_\_\_
  - (6) Semilunar cartilage \_\_\_\_\_
  - (7) Incisura angularis \_\_\_\_\_
  - (8) Hypothenar eminence \_\_\_\_\_
  - (9) Speech center in a left-handed person \_\_\_\_\_
  - (10) Thyroidea ima \_\_\_\_\_
- Is it always present? \_\_\_\_\_

V. Describe the clavicle giving articulations and muscle attachments.

VI. Give the origin, insertion and function of the psoas major muscle.

VII. Describe circulatory changes in infant at birth.

VIII. (1) Define serous membrane and give three examples: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Examples: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(2) Define mucous membrane and give three examples: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Examples: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(3) What is the largest serous membrane in the body?

IX. (1) What is the length of embryo at 3 months? \_\_\_\_\_  
At 5 months? \_\_\_\_\_ At 7 months? \_\_\_\_\_

(2) Name the three germ layers:

(3) Name two structures derived from each layer:

X. (1) Where is yellow bone marrow found?

(2) Where is red bone marrow found?

(3) Describe the development of red blood cells:

NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

EXAMINATION IN CHEMISTRY AND PHYSIOLOGY

By Dr. P. G. Parker, Erwin, N. C.

Thursday, June 23rd, 1949, 2 P. M.

1. Define: (a) Normal Solution (b) Molar Solution (c) Valence.
2. Describe the derivation of the term ph, and explain what it means.
3. To what extent does the absence of bile from the intestinal tract influence digestion and absorption?
4. Discuss composition and nutritional value of milk.
5. Symptoms of poisoning from Sulfadiazine. Outline your management of a severe case of poisoning by this drug.
6. What is the relation of Chromatin, Chromosomes and genes.
7. Discuss blood groups. Give method of typing blood.
8. Describe the mechanisms of storage and release of energy by the tissues of the body.
9. Discuss the regeneration of nerves.
10. (a) Describe the regulation of the body temperature.  
(b) In what ways may fever be produced?

NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

EXAMINATION IN BACTERIOLOGY AND PATHOLOGY

By Dr. Ivan Procter, Raleigh, N. C.

Friday, June 24th, 1949, 10 A. M.

BACTERIOLOGY

1. (a) Name 3 members of the clostridium group of organisms.  
(b) Name the disease for which each is responsible.  
(c) List 2 characteristics of the respective species by means of which they may be identified in the laboratory.
2. (a) Name 2 methods available for skin testing when tuberculosis is suspected.  
(b) What is the significance of a positive skin test?
3. (a) Describe the morphological and cultural characteristics of the organism that causes whooping cough.  
(b) Outline a method of specific protection in this infection.
4. Name 2 important diseases caused by bacteria and 2 caused by viruses in which active immunization is of value as a prophylactic measure.
5. Name 3 bacterial diseases that may be adequately treated by:  
(1) Sulfonamides  
(2) Penicillin  
(3) Streptomycin

PATHOLOGY

1. Define:  
(a) Hemosiderin  
(b) Infarct  
(c) Silicosis  
(d) Carcinoma
2. What is the gross and microscopic pathology in acute hemorrhagic pancreatitis? What is the etiology?
3. Name 4 lesions of the uterine cervix. Give the gross and microscopic findings you would expect in each.
4. What are the microscopic findings in:  
(a) Chronic pulmonary tuberculosis  
(b) Boeck's sarcoid
5. Describe the essential differences in varieties of carcinoma of the breast.

NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

EXAMINATION IN MEDICINE AND THERAPEUTICS

By Dr. M. D. Bonner, Jamestown, N. C.

Friday, June 24th, 1949, 2 P. M.

(Answer any 5 questions)

1. Discuss the prognosis and treatment of infection (viral) Hepatitis.
2. A male, 35 years of age is brought to the emergency ward in coma. List clinical and laboratory observations that would aid you in ascertaining the cause of the patient's comatosed state. Indicate briefly the treatment of the coma due to each of these causes.
3. Discuss the differential diagnosis of bronchogenic carcinoma.
4. Discuss the diagnosis and treatment of miliary tuberculosis.
5. List in the order of frequency the causes of hematemesis. Give the immediate management of a massive hematemesis in a female patient 35 years old.
6. Enumerate precautions necessary in giving blood transfusions to: (a) A postpartum woman. (b) A newborn infant. Discuss the symptoms and sequels of a transfusion reaction.

NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

EXAMINATION IN OBSTETRICS AND GYNECOLOGY  
By Dr. Thomas Leslie Lee, Kinston, N. C.

Friday, June 24th, 1949, 8 P. M.

OBSTETRICS

1. Describe the development of the foetal membranes.
2. (a) Name four (4) causes of postpartum hemorrhage and give treatment of each.  
(b) Name two (2) most frequent causes of hemorrhage in the last trimester of pregnancy.
3. (a) What are the contra-indications to cesarean section?  
(b) Name three (3) types of cesarean section.
4. Name the factors concerned with the progress of labor.
5. Name four (4) conditions which must exist before forceps can be applied safely.

GYNECOLOGY

1. (a) Name the supporting structures of the uterus.  
(b) Describe briefly Mackenrodt's ligament. What does it contain?  
Give their relation.
2. Describe your treatment of benign uterine bleeding in an unmarried girl sixteen (16) years of age.
3. Name the symptoms of endometriosis.
4. (a) Give the signs and symptoms and treatment of carcinoma of the cervix, Stage I.  
(b) What is a Wertheim operation? When is it indicated?
5. Give the differential diagnosis of acute appendicitis and actue salpingitis.

NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

EXAMINATION IN SURGERY

By Dr. R. B. McKnight, Charlotte, N. C.

Saturday, June 25th, 1949, 10 A. M.

NOTE: Please make your discussions brief and to the point. NO OPERATIVE TECHNIC.

1. A 39 year old white woman underwent cholecystectomy nine months previously. Pathological report was chronic cholecystitis with several small stones. For about six months she did well. Now she comes to your office complaining of nausea and some indigestion and rather severe upper right quadrant pains which are somewhat intermittent, but constantly present in some degree. She does not appear jaundiced. She has not lost weight. Outline your procedure of study and discuss the diagnostic possibilities.

2. A man rushes to your office stating that he has a young boy with a broken leg, whom he picked up some blocks down the street, out in his automobile. You go to the car and find a sixteen year old boy reclining on the rear seat, groaning with pain and sweating profusely. A quick glance shows definite angulation of the right femur in the region of the middle third. The leg is definitely rotated. Outline your procedure.

3. During your internship a 65 year old man is returned to the ward from surgery where he had a thyroidectomy for a large non-toxic nodular goiter. You see him as he is put to bed and his condition is excellent. When you visit him an hour later, he has reacted normally, his voice is clear, breathing regular and he has no complaints other than moderate pain in the operative field. Two hours later a nurse calls you frantically saying that he has suddenly gone bad and is apparently dying. You find him very cyanotic, respiration labored, pulse fair and an intensely worried and anxious expression on his face. It is obvious that he is in a serious and immediately critical condition. Outline the possibilities here and describe your treatment.

4. A 22 year old man is brought into the hospital about half an hour following an automobile accident in which he had a head-on collision jamming the steering wheel against his upper abdomen. He is in moderate shock; conscious; respiration 26; pulse 58; blood pressure 110/76; temperature normal. The abdomen is a little distended and there is moderate rigidity and pain across the upper aspect where there is a bruised area. Urinalysis is negative. Blood count shows: hemoglobin 90 per cent, RBCs 5,000,000, WBCs 16,000. You elect to treat him expectantly and a mild sedative and plasma infusion are given. In about eight hours he is in severe pain and the abdomen is distended and quite rigid, especially in the upper right quadrant. He also complains of some pain in the right scapular region. You cannot be sure of a fluid wave because of the rigidity. The blood picture has not materially changed. Temperature is 99.4; pulse 70; and blood pressure the same. The urine now contains a trace of albumin and is positive for sugar. Discuss the diagnosis and outline your treatment.

5. A 14 year old girl is brought in suffering with severe burns from flaming gasoline. Examination reveals first and second degree burns of the left face, head, anterior and lateral chest and entire arm. Also similar degree burns of the abdomen, pubis and left thigh. You estimate between a third and fourth of the skin area is involved. She is screaming with pain and fright, but soon becomes quiet. Outline the care of this case in its entirety.

NORTH CAROLINA STATE BOARD OF MEDICAL EXAMINERS

EXAMINATION IN PHARMACOLOGY, PEDIATRICS AND PUBLIC HEALTH

By Dr. Charles W. Armstrong, Salisbury, N. C.

Saturday, June 25th, 1949, 2 P. M.

PHARMACOLOGY

1. Other than in the treatment of diabetes what is insulin used for?
2. What is the present status of Streptomycin in the treatment of tuberculosis?
3. What do the usual run of headache powders contain?  
Are there any dangers connected with their usage?  
What are they?

PEDIATRICS

1. German measles is relatively unimportant in young children.  
Is this true in the case of adults?  
Why?
2. What signs and symptoms would suggest a milk allergy in a ten-day-old child? How could you arrive at a definite diagnosis?  
How would you handle the case?
3. An eight months old child has a history of cough and vomiting of ten days' duration. W. B. C. 50,000.  
Lymphocytosis. Probable diagnosis. Treatment.

PUBLIC HEALTH

1. What is a Wood's Light and for what is it useful?  
How used?
2. List all tests used in insuring a safe milk supply.
  - a. On farm
  - b. At milk plant
  - c. Laboratory tests
  - d. Other
3. What is the fastest and most economical method of typhus control?

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA  
EXAMINATION IN ANATOMY, HISTOLOGY AND EMBRYOLOGY  
By Dr. M. A. Pittman, Wilson, N. C.

Monday, June 20, 1950, 10 A.M.

I. GIVE THE MUSCLES OF MASTICATION AND GIVE THE NERVE SUPPLY.

II. DESCRIBE THE SHOULDER JOINT NAMING THREE LIGAMENTS AND THE MUSCLES THAT ACT ON THE JOINT.

III. DESCRIBE THE HUMERUS. DRAW AND LABEL.

IV. WHAT MONTH IN UTERO IS SEX DISTINGUISHED AND WHAT IS THE LENGTH OF THE EMBRYO AT THAT TIME?

V. DRAW AND LABEL CROSS SECTION OF A LONG BONE. DRAW AND LABEL IN DETAIL A HAVERSIAN SYSTEM

VI. NAME THE FOUR MAIN TISSUES OF THE BODY. ILLUSTRATE EACH BY DRAWING.

VII. GASTROCNEMIUS MUSCLE:

(1) ORIGIN:

(2) INSERTION:

(3) FUNCTION:

VIII. NAME THE MAIN PARTS OF THE BRAIN. GIVE FUNCTIONS OF THREE.

IX. LOCATE THE FOLLOWING:

(1) OLECRANON PROCESS:

(2) CORACOID PROCESS:

(3) OS CALCIS:

(4) ADRENAL GLAND:

(5) INTERCONDYLOID EMINENCE:

(6) SEMILUNAR CARTILAGE:

(7) INCISURA ANGULARIS:

(8) HYPOTHENAR EMINENCE:

(9) SPEECH CENTER IN A LEFT-HANDED PERSON:

(10) DEFINE CALLUS:

ANSWER EIGHT OUT OF NINE

WRITE LARGE AND PLAINLY

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

EXAMINATION IN PHYSIOLOGY AND CHEMISTRY

Monday, June 20, 1950, 2 P. M.

Dr. Paul G. Parker, Erwin, N. C.

1. A. What causes the radial pulse?  
B. What are its five (5) significant characteristics?
2. Is intravenous saline of more benefit in shock or in massive hemorrhage, and why?
3. Describe physiologic mechanism controlling the rate and depth of respiration.
4. Where in the cerebral cortex would a lesion cause a right hemiplegia?
5. A. What is the normal range of the B. M. R.?  
B. What glandular secretion particularly affects it?  
C. In what condition is it increased?  
D. Decreased?
6. What is an antidote?  
Describe symptoms of strychnine poisoning, and give treatment.
7. Describe two liver function tests, and give clinical evaluation.
8. What is an amino acid? Name some of the essential amino acids.  
What articles of diet are particularly good sources of amino acids?
9. What are the chief factors that contribute to the deposition of fat?
10. Where are the following substances found, and what is the action of each:  
(A) Thyroxin, (B) trypsin, (C) steapsin, (D) amylopsin, (E) rennin?

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

EXAMINATION IN PATHOLOGY AND BACTERIOLOGY

Tuesday, June 20, 1950, 10 A. M.

Dr. James B. Bullitt, Chapel Hill, N. C.

PATHOLOGY

- I. A. Describe the microscopical picture of a fully developed
  1. Typical tubercle
  2. Small staphylococcus abscess
  3. Small gumma
- B. Explain the biological reasons for the difference.
- II. What is the usual histological difference between simple goitre and untreated hyperplastic (toxic) goitre?
- III. Compare a blood smear from a case of Hodgkins disease with one from a case of lymphatic leukemia.
- IV. What are the microscopical characteristics of highly malignant tumor cells?
- V. Where are metastases usually found in advanced cancer of
  - A. Breast?
  - B. Stomach?
  - C. Medulloblastoma (cerebral)?
- VI. A few days after a normal childbirth the young mother developed slight fever, moderate pelvic discomfort and some swelling, pain and stiffness in the right thigh. On the tenth day, after some moderate exertion, she suddenly became acutely dyspnoeic and cyanotic and died in a few minutes. What gross pathology would you expect to find at autopsy?
- VII. Give the life cycle of *Necator americanus*.
- VIII. What parental and fetal combination of the RH factor is likely to cause disaster? Explain how such combination operates to cause trouble.

BACTERIOLOGY

- I. What are the advantages and limitations in destruction of bacteria by
  - A. Pasteurization (64 deg. C. for 30 minutes)?
  - B. Boiling water for 10 minutes?
  - C. Steam at 121 deg. C. at 15 pounds pressure for 20 minutes?
- II. From the standpoint of etiology what is the meaning and significance of the term "virus pneumonia"?
- III. A male patient has an inguinal bubo. List the common infectious agents that may be involved. Give the method you would use to isolate and identify one of these.
- IV. Name five bacteria that cause meningitis in man. How would you isolate and identify one of these.
- V. Compare the modes of transmission of Infectious Hepatitis and Homologous Serum Jaundice, and explain how the spread of these diseases may be prevented.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

EXAMINATION IN MEDICINE AND THERAPEUTICS

Tuesday, June 20, 1950 2 P. M.

Dr. M. D. Bonner, Jamestown, N. C.

1. Describe the bacteriological diagnosis, the clinical course and the treatment of pneumonia caused by Friedlander's Bacillus.
2. A 55 year old male is brought to the emergency ward in coma. List the laboratory and clinical observations that would aid you in ascertaining the cause of the patient's comatose state. Indicate briefly the treatment of the coma due to these causes.
3. List the principal differences between rheumatoid arthritis and degenerative joint disease (osteoarthritis).
4. What succession of physiological alterations might lead to acidosis in a diabetic patient, as indicated by a  $\text{CO}_2$  combining power of 18 volumes per cent? What is the treatment?
5. Discuss the production and the significance of gallop rhythm.
6. (a) Outline the salient clinical and laboratory data that enable one to make the diagnosis of Hodgkin's disease.  
(b) Discuss briefly the therapy of Hodgkin's disease.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

EXAMINATION IN PHARMACOLOGY, PEDIATRICS, PUBLIC HEALTH

Wednesday, June 21, 1950, 10 A. M.

Dr. Charles W. Armstrong, Salisbury, N. C.

PHARMACOLOGY

1. What are the beneficial or harmful effects of Alcohol in a patient with:
  - A. Hypertension
  - B. Cardiac involvement
2. Discuss the Antihistaminic drugs from standpoint of value in:
  - A. Colds
  - B. Allergic manifestations
  - C. Toxic effects
3. List five tropical infections and name a drug for specific treatment of each.

PEDIATRICS

1. (A) What are the minimum standards which should be set up for the care of a premature infant in a hospital?  
(B) Outline your course of action in the event of the birth of a premature infant in the home.
2. What are the cardinal signs and symptoms of Mal Nutrition?
3. Discuss Cerebral Palsy  
(A) Etiology (B) Diagnosis (C) Treatment (D) Prognosis

PUBLIC HEALTH

1. Describe the pasteurization of milk.
2. What is Undulant fever? How is it contracted and how prevented?
3. Discuss what you consider to be the ideal relationship between the Health Department and the private practitioner from both angles.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

EXAMINATION IN SURGERY

Wednesday, June 21, 1950, 2:00 P. M.

Dr. R. B. McKnight  
Charlotte, N. C.

- I. A 47 year old white man was admitted to the hospital with a practically complete pyloric obstruction. His weight was 170 pounds and he had lost about 10 pounds during the past two weeks. A week previous to admission a competent radiologist reported a duodenal ulcer with a two hour 90 plus per cent retention of the barium meal. The man was obviously sick; with nausea and some vomiting. Temperature 100° F. Gastric analysis revealed normal acid values on several occasions. Blood count showed a mild anemia; 15,000 white cells with 80 per cent neutrophils. The skin was mildly icteric and the index was 20. Urinalysis was negative except for a trace of albumin. In view of a long ulcer history and the present findings it was decided to do a gastric resection after proper preparation. He was given proper preparation for a week and then the abdomen was opened. A subacutely perforating duodenal ulcer with a mass about the pylorus was found. Also, to our surprise (and chagrin), there was an acute cholecystitis with several large stones. Our judgement was that he could hardly stand both cholecystectomy and stomach resection. What do you consider the best operative procedure? Please be explicit and give your reasons.
- II. A 40 year old white woman was admitted with a diagnosis of hyperthyroidism. She had lost considerable weight during the past several months. Her BMR was reported plus 68 per cent. The physical and laboratory findings were all compatible with the admitting diagnosis. The heart was fibrillating. In other words she was a definite thyrocardiac with advanced hyperthyroidism.
- Outline the method or methods of preparing her for surgery.
  - Give your reasons for so doing.
  - When should she be ready for operation?
  - What should be done at operation?
  - Discuss briefly the immediate postoperative treatment.
- III. (1) What is a hydrocele? Discuss its diagnosis and treatment.  
(2) What is a varicocele? Why is it more liable to occur on the left than on the right? Give the treatment.
- IV. Distinguish between thrombophlebitis and phlebothrombosis. What are the possible complications? Give the treatment of each.
- V. What is the usual etiology of a torn semilunar cartilage?
- Discuss the diagnosis.
  - How may the knee become "locked"?
  - What is the conservative treatment?
  - What are the indications for radical treatment?
- VI. Discuss the differential diagnosis of a suspected case of intussusception in three year old child.

PLEASE MAKE YOUR ANSWERS BRIEF AND TO THE POINT.  
NO SURGICAL TECHNIC.

Value of the first two questions is 20 points each.  
The last four 15 points each.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA  
EXAMINATION IN OBSTETRICS AND GYNECOLOGY

Thursday, June 22, 1950, 10 A. M.

By Dr. Ivan Procter.

OBSTETRICS

1. Name 3 conditions which must be present before obstetrical forceps can be SAFELY applied to extract the fetal head.
2. A. Name in order of frequency the 3 greatest causes of obstetric mortality.  
B. Name those that you consider preventable.
3. A. Give the present day concept of the causes of toxemia of pregnancy and eclampsia.  
B. Name 3 forms of treatment of eclampsia.
4. Given a woman in the eighth month of pregnancy with vaginal bleeding, how would you establish the diagnosis.
5. A. What are the 2 most important measurements in the obstetric pelvis?  
B. How determined.
6. What steps would you take in a case that continues to trickle blood after delivery of the placenta and repair of the perineum?
7. Describe your treatment during labor and your method of delivery of a nulliparous patient with adequate pelvis and a occipito-posterior position.

GYNECOLOGY

1. Give the differential diagnosis and treatment for 5 different diseases that are manifest by vaginal or cervical lesions.
2. A. Describe the signs and symptoms of chronic cervicitis.  
B. List the pathology produced in organs above the vagina as a result of infected cervix.
3. Given a 44 year old, moderately obese female, blood pressure 140 systolic, 90 diastolic, with history of mild chronic bronchitis, menorrhagia, metrorrhagia, hemoglobin 76%, and multiple myomata, what pre-operative or post-operative precautions would you take to decide upon operability and to safeguard this patient against morbidity and mortality?
4. A para II, 40 years of age with a 1 cm. mass in upper, outer quadrant of the right breast. What examination would you recommend? What advice would you give?