Bulletin

Vol. XVII—No. 1



JANUARY, 1947

Programs

Medical Arts Auditorium—8:15 P. M.

JANUARY 14

Diagnosis of Brain Tumor......Dr. Paul G. Flothow, Seattle

JANUARY 28

Discussion of Current Economic Problems Relating to the Practice of Medicine

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

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EDITORIAL

The questionnaire recently received by physicians in the Medical Corps regarding the efficiency with which their military time was used, will, it is hoped, lead to fewer doctors being called to the colors in our next emergency. It is appreciated by all of us that no one can accurately define all the medical needs for a future war but it is certain that too high a percentage of our total were in uniform during the last oné.

There were not as many Roentgenelogists caring for measles and pneumonia during this war as during World War I, thanks to a thorough and accurate screening of medical personnel. Considering the enormity of the task a good and efficient job was done in assignment of personnel. Teh basic difficulty lies in the way medical men are used -what their function is in an army. Thus at present each increase in rank in the Medical Corps means fewer strictly professional duties and a heavier and more flagrant albatross of medical administration work around the doctor's neck. Such duties as inspection of mess, latrines and camp areas for sanitary details could well be handled by trained technicians with, if necessary medical supervision: certainly such duties do not require a medical school training. If a man can be taught in a few short weeks to operate a tank or an aeroplane, he can also be taught how to kill flies and lice, how to inspect a mess, and how to make up routine reports.

Any change in our Service Medical Corps will probably have to come about through outside pressure. In our present system a junior officer, looking above for his advancement, will very naturally hesitate before making suggestions which may carry implied criticism of the powers that be. To our mind a form of mess and sanitary corps will be the proper solution of the problem. This with an augmented medical administration corps would allow our future "medic" more time and opportunities for professional work in the service.

.C. P. Larson

W. W. Mattson

1846 — ETHER — 1946

By Joseph T. Smith, M. D., Boston

On October 16, 1946, the medical world noted the Hundredth Anniversary of the first public demonstration of the use of ether as an anesthetic. This event had special significance in Boston, under the shadow of the beautiful Bulfinch building of the Massachusetts General Hospital, where Dentist Morton administered those first fateful whiffs.

So Harvard University and "M. G. H." went all out to celebrate the anniversary with a three day symposium on the results of that discovery. The culmination of these gatherings was a great meeting of medical men from all the world, held at Harvad on the evening of October sixteenth.

Bishop Henry K. Sherrill, representing the Trustees of "M. G. H.", presided gracefully; and introduced as the first speaker Dr. Henry K. Beecher, professor of Research Anethesia at Harvard. Dr. Beecher's thesis was the extension of the value of anesthesia as a result of recent work that employs such means to unlock hidden, subconscious ideas which, when suppressed, cause neuroses and psychosomatic ills.

The Massachusetts Dental Association then unveiled and presented a bronze plaque showing the head of Dr. Morton in bas relief. This tablet was accepted by Dr. Sherrill, to be placed in the old Bulfinch building of "M. G. H."

Dr. Evarts A. Graham, Bixby Professor of Surgery, Washington University, was then introduced. He began his remarks by expressing his amazement at the hospitality

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of Bostonians, who treated so well a man from Saint Louis on the very day after a Certain Event (the final game of the World Series). Dr. Graham's real text was the words of Bigelow after that first anesthesia: "Gentlemen; this is no humbug!" That a Bostonian used such arrant slang-as "humbug" was in 1846—shows the depth of his emotion. It was as if one today should say, "Gentlemen; this is no bologny!" Dr. Graham developed the thought that the use of anesthesia has driven much humbug out of medicine, and made possible vast new methods of medical study of scientific accuracy. The graetest value of the ether discovery may not have been the mere relief of suffering. Possibly even more important to the human race has been the fact that anesthesia makes possible animal experimentation for the accurate study of life processes. Dr. Graham thus got in a subtle dig at our anti-vivisectionist friends! Ether has been a potent force to change medicine from a humbug into a science.

Raymond B. Fosdick, president of the Rockefeller, Foundation, said that 1846 was a wonderful year in human history. Not only was ether demonstrated, but the planet Neptune was discovered; the United States plunged into an unjust and imperialistic war with Mexico: and a man named Thoreau was writing a book in his shack by Walden Pond. That one year symbolizes the four-fold aspect of the human soul. War: man's brutal tooth-and-claw bestiality; Neptune, his conquest of the physical universe; ether, his altruistic innate wish to help his suffering fellow; and Thoreau, who typifies the esthetic and intellectual cravings of the human spirit. Unfortunately, these four aspects of man's nature have not developed pari passu. At present, physical sciences are so far in advance that the humanizing influences of our Thoreaus are almost lost. The need of the age is for research and study in the social sciences.

Then up rose Dr. Karl T. Compton, president of the Massachusetts Institute of Technology. "I am sorry, Dr. Fosdick, that you

(Continued on Page 4)

are forced to listen to me: for I am one of those physical scientists you do not seem to like!" Dr. Compton gave a brilliant history of "Medical Interest in Radioactivity from Becquerel to Bikini." He told of present-day studies on the actions and functions of bodily organs by the use of "tracer" isotropes and their radio-activity. Another most promising field is the irradiation of embryos. This often causes chromosome changes that result in the development of quite new species—species which often breed true. As an example, a tobacco has been grown with leaves six feet long—"Fine for chain smokers!"

A man and a bottle of ether a hundred years ago. Truly, "What a great matter a little fire kindleth."

NO DRUG YET FOR TB

By H. STUART WILLIS, M. D.

Interim Director, Committee on Medical Research

National Tuberculosis Association

In man's survey of substances for use against tuberculosis almost innumerable drugs have been tried. Prior to five years ago, every one of them was a flat failure and every one has gone into the limbo of forgotten things. However, work with various sulfa drugs in different parts of the country showed some promise and, for the first time, it appeared that we maght really begin to hope that a drug cure for tuberculosis could be found.

When tuberculous guinea pigs were treated with these drugs, the progress of the disease was modified. The diseased area was smaller than had been expected and regressed or scarred in nature. Some of the drugs prevented the disease from developing as long as the drug was given, but the tuberculosis progressed and killed as soon as the drug was withheld. These drugs are altogether too toxic to be continued in man for a long period. Besides, they do not produce the lavorable effect on human tuberculosis that they do in animals.

The coming of streptomycin has been an

interesting and promising development because it appears to modify—but cannot cure—tuberculosis favorably. This drug is under study in several places throughout the country, notably at the Mayo Clinic, Rochester, Minn.: the Saranac Laboratory, Saranac Lake, N. Y., and the National Institute of Health, Bethesda, Md. From the studies so far made on animals, streptomycin appears to give considerable protection against tuberculosis—not complete, but more than any other drug has ever given. It is not, however, a cure.

Streptomycin has been used in the treatment of several people with tuberculosis, most of whom have been helped. But the disease returns to its former state when streptomycin is withdrawn. No one has been cured by streptomycin and no proof exists that anyone will be cured. Active study of the drug by chemists and physicians proceeds in the hope that sooner or later a substance related to streptomycin will be found which will really cure.

At present, streptomycin stands out as a landmark on the road toward a cure. It is a remarkable drug which is receiving exacting care. Until the proper substance is found, however, we should continue to use all the accepted methods of treatment which, in so many cases, do great good.

And we should continue wholeheartedly to support the Seal Sale drives and all other movements to forward the campaign against tuberculosis. There will be plenty of time to relax our efforts if and when a cure is actually here.

—The Bulletin of Orange County Medical Association

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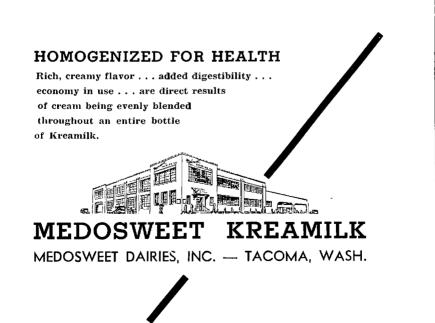
DOCTOR LOOKS AT PHARMACY

One of the physician's quietest and hardest working allies is the pharmacist. He imprisons himself in his little store, receives an occasional, and too often patronizing nod from the passing physician, and tries with unending patience to serve the foibles of a hundred citizens who cross his threshold every day. All he asks of the doctor is some token of recognition that pharmacy is an ancient, scholarly, and honorable profession, that sometimes he be given a chance to practice that profession instead of being considered a mechanical transmitter of packaged merchandise and, also please, that prescriptions be written more legibly. He hopes you won't put him on the spot by asking him over the telephone to fill an oral narcotic prescription, and he asks that you respect his right to evaluate his own professional fees as he

respects yours. That really isn't asking too much. In return he is in a position to radiate neighborhood good-will toward your office, to procure somehow even the newest drug that the detail man has just extolled, to suggest a pleasant and compatible vehicle for a seldom-used medication and once in a while to correct those little clerical errors that we all sometimes make on a prescription blank. An occasional visit with the corner pharmacist is worth any doctor's while. So is a joint meeting between the medical and pharmaceutical societies. We are brethren in the healing art. And brothers should know each other better.

—The Journal of the Medical Society of New Jersey.

A laddie at college named Breeze, Weighed down by B. A.'s and M. D.'s, Collapsed from the strain. Said the doctor, "'Tis plain You're killing yourself by degrees."



Minutes of Regular Meeting, Pierce County Medical Society — December 10, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on December 10, 1946. Dr. L. A. Hopkins presiding. Minutes of the previous meeting were read and approved.

Dr. Homer Humiston opened the scientific program with two brief case reports on the use of streptomycin in urinary infections. In one case the results were excellent and in the other poor.

Dr. Edwin E. Osgood, of the University of Oregon Medical School, gave an excellent discussion of various types of diseases of the blood and hematopoietic system. He emphasized the desirability for accurate complete diagnosis and simple specific therapy in blood diseases and stated that it was safe to treat leukemia with X-ray, regardless of the white blood count, providing there was not a leukopenia due to X-ray therapy. Dr. Osgood discussed the hemorrhagic diseases and mentioned the use of nitrogen mustard in Hodgkins disease and prothane in metastatic malignancy. The paper was discussed by Drs. Duerfeldt. Anderson and J. M. Matison.

The proposed amendments to the Bylaws, making dues for members practicing in the city of Lacoma 850,00 annually and those of members practicing outside of the city 837,50 annually, and changing the figures in Section La to read 835,00, 840,00 and 845,00, were read. Dr. Jess Read moved that the amendment be adopted. The motion was seconded by Dr. J. M. Mattson and was passed by a two-thirds majority.

The transfer of Dr. Max S. Thomas from the King County Medical Society was read and approved by vote of the society.

A letter from the Pierce County Medical Bureau, offering family hospital coverage to all members of the society regardless of their affiliation with the Pierce County Medical Bureau was read.

The meeting was adjourned.

Pro position-Op position

It is far more effective to be for God than against the Devil; it is better to fight for virtue than against sin. The better part of our battle is to be on the creative side of the offensive.

At last the California Medical Association has its fect on a better road going in the right direction. The California Physicians Service is now a proposition that we can all work for and that CMA can make workable. For that we humble members can be duly grateful—even to the compulsory giving again of one hundred dollars.

How, however, will our expanded dues be expended?

A portion may necessarily be needed to go on the effensive against what is sinterely believed to be bad. But some of us—many we hope—believe that ninety of each of those hundred dollar dues, should go on the offensive for voluntary prepaid medicine rather than against state medicine. for giving to CPS a greater popular appeal, for improving our public relations, for educating laymen in medico-social problems, and for keeping the new, positive program of the CMA vigorously and wisely in its new direction.

My cheque, for one, will be cheerfully written for such a pro-program, but rebelfiously for any furtive, fruitless, against project.

 Bulletin, Alameda County, Calif., Medical Association

Sign in doctor's office: Man is made of dust, Dust settles, Be a man,

He Longs for the Good Old Days

In the good old days when Sears Roebuck catalogs were considered excellent material for "outside" reading, doctors had horses and carriages as mean of transportation in making house calls and hospital visits. It was considered expedient for doctors to have dependable nags to pull those buggies to make sure they got to the spot just before the stork brought the little bundle of happiness. Many and varied are the stories of these early pioneers of medicine as they fought their way fiercely through storms, floods and blizzards to the bedside of a person who had a very bad cold. Occasionally the horse would fall dead or the carriage would disintegrate, but old Doc would get there in spite of hell and high water—never late—never early—just in time.

Nowadays, when the only thing that frightens a horse is the sight of another

horse, we are experiencing the same pitfalls of transportation as our professional fore-bears, only instead of a simple horse and carriage we have a new gadget called an automobile—and it looks as if the darned thing is here to stay (if they ever start making 'em again).

All that the hardy pioneer physician had to do was to make sure old Dobbin had a nosebag of oats twice a day, a few pails of water and an occasional lump of sugar, and his motor problems were solved. But what do we have now? We lie awake every night during the winter wondering whether that d-m car is going to start in the morning. The biggest moment of the entire day occurs after you have pounded your way out to the garage and jumped into the front seat of the car and put your foot on the starter-your heart leaps with joy as the pistons gallop up and down in rhythmic ecstasy — then bang — boom — s-s-s-s the motor gives one long expiratory wheeze

(Continued on Page 8)

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and the smoke starts rolling out the exhaust pipe like it does out of the Edison smoke stacks. You wait a moment until the smog (smoke and fog) clears, and you slowly lift up the hood to examine something you don't know a thing about-sort of an exploratory motorotomy. After a quick look you decide everything is all right and you give another try and it starts all right, but the engine seems noisy and you look around to see which side the cement is coming out. You then put the car in reverse and try to back out of the garage by rotating your head a full hundred and eighty degrees til you feel faint, and about that time the rear fender and the side of the garage get very intimate, so you force the issue and give 'er the gas, thereby removing the few last vestigial remains of a former paint job on an accordion pleated fender.

Then when you add all this to such minor items as leaky radiators, flat tires, broken distributors and worn out points, carbon on the valves (of Houston), octaneless gas,

sludge in the bilge, blown mufflers, slippy clutches, sizzling gaskets, frigid air heaters, buckled batteries, sparkless sparkplugs, prolapse of the bumper and ptosis of the water pump—you got sumpin'!

Oh, the heartaches of this motor age; give us less horsepower and more horse sense.

Anyway, there can never be that mutual respect and understanding between the modern doctor and his auto as there was between the old doc and his horse—and furthermore, we don't know of anything they have ever swept out of a garage that did anybody any good.—Detroit Medical News.

Jones: "Is your wife out of danger yet?" Brown: "No, not yet. The doctor is going to make two or three more visits."

* # #

Doctor: "Did Johnny take his medicine like a man?"

Mother: "Yes, he made an awful fuss!"

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The Auxiliary was divided into groups at its January meeting, on the 9th, when Mrs. Sherman Pinto, Mrs. H. A. Larkin, Mrs. L. S. Baskin, Mrs. Hillis F. Griffin, Mrs. S. F. Herrmann and Mrs. David H. Johnson opened their homes for luncheon, the hope being that in this way the members might become better acquainted with each other. Assisting hostesses were Mrs. Karl Staatz, Mrs. John Steele, Mrs. Scott Jones, Mrs. W. E. Lewis, Mrs. George Moosey, Mrs. Arnold Herrmann, Mrs. R. D. MacRae, Mrs. Robert S. Lantiere, Mrs.

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The afternoon was spent in making favors for the trays of patients at the Pierce County Tuberculosis Sanitarium.

It is hoped to repeat this small-group luncheon plan in the near future, with a different combination of guests, to further carry out the get-acquainted idea.

The Auxiliary is sponsoring a weekly health broadcast over KMO (1360 kilocycles) each Thursday at 4:15 p. m. News concerning these broadcasts is being circulated through the public schools and Auxiliary members are asked to tell their friends about these interesting and instructive programs.

TACOMA OCCUPATIONAL THERAPY WORKSHOP

The Tacoma Occupational Therapy Workshop offers occupational therapy service to patients referred by physicians, for the purpose of hastening physical recovery and psychological readjustment to normal activity.

It has been brought to the attention of the director that some misunderstanding has arisen as to the nature of disabilities admitted for treatment, the feeling being that only physical injury cases are accepted.

The Workshop facilities are available to patients with cardiac disorders, neurotic tendencies, or any other condition, when a physician feels occupational therapy will be of benefit and wishes to make the referral.

Happy New Year!

Alice Clay

I hear your wife's in the hospital.

Yes, she has quinsy.

Gosh, how many does that make for you now?

Objectives of Bituminous Coal Fields Survey

Admiral Ben Morcell, CEC, USN, Coal Mines Administrator, has issued the following memorandum (Administrator's Memorandum No. 7) which is of interest.

- 1. The Krug-Lewis Agreement, dated May 29, 1946, provides among other things for a survey of medical and sanitary facilities in the following manner:
- 5. Survey of Medical and Sanitary Facilities: "The Coal Mines Administrator undertakes to have made a comprehensive survey and study of the hospital and medical facilities, medical treatment, sanitary, and housing conditions in the coal mining areas. The purpose of this survey will be to determine the character and scope of improvements which should be made to provide the mine workers of the nation with medical, housing, and sanitary facilities conforming to recognized American standards."
- 2. Reports which have recently come to the attention of the Goal Mines Administrator indicate that some misunderstanding may exist as to the mechanics and objectives of such a survey. The intent of this memorandum, therefore, is to set forth clearly the fundamental objectives of this survey in order to eliminate misunderstanding.
- (a) The medical and sanitary survey is a fact-finding activity. It aspires to collect all of the facts which relate to hospital facilities, medical treatment, sanitary and housing conditions in the coal mining areas.
- (b) The collection of this data is pursued solely on a technical basis and is not in any way influenced or prejudiced by preconceived opinions, conclusions, or theories,
- (c) The survey will explore all of the principal factors which contribute to the conditions and standards of living in the coal mining area.
- (d) Time will not permit the survey of every bituminous coal mining community in the United States, Every effort has been made, however, to include in the survey

properties of all types in order that the data thus collected may be truly representative of conditions obtaining within the industry. Sampling has been conducted on the basis of relative population of miners of each coal district, and in accordance with usual technical sampling methods.

- (c) Initially, visits were made by the headquarters staff to selected areas throughout the country in order to gain an over-all picture and to lay the groundwork for later detailed surveys.
- (1) Field groups are now making detailed surveys at mines selected by an approved scientific sampling procedure. The selection of an individual mine does not by any means indicate that living conditions at that property are substandard, normal, or above standard. The findings at this location, along with the data collected in many other locations by personal visit or by questionnaire, will be compiled statistically, without reference to name of mine or

(Continued on Page 11)

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owner, for further study, and to be used as a basis for arriving at conclusions.

- (g) Extreme care has been taken in the selection of the personnel connected with the entire survey activity. This personnel, composed principally of naval officers, has an outstanding record of experience in preventive medicine, medical research, sanitation, housing, recreation, welfare and allied and pertinent subjects. They have been instructed to be absolutely objective in the execution of their unusual assignment.
- (h) At all times, the conduct and scope of the survey will be restricted to impartial fact-finding. The final report, including the compiled data so collected, will likewise be restricted to the facts obtained through the survey.
- (i) Section 5 of the Krug-Lewis Agreement does not contemplate nor provide for any enforcement of improvements to rectify or alleviate any conditions which may be found to be substandard and are so re-

- ported by the survey. The survey can only hope to establish the facts of existing conditions and the conclusions based thereon, in order that future programs to raise health standards and to improve living conditions in the coal mining industry may be planned by other agencies.
- 3. Such a survey, with factual establishment of data reflecting the conditions influencing health and living standards of employees of the coal mining industry, is a forward looking project and one that should have beneficial influence on the future planning of the industry.
- 4. The demonstrated cooperation afforded to the personnel of the survey group by both operators and representatives of the United Mine Workers of America has been gratifying, and has been of material assistance in the collection of this data.—Pittsburgh Medical Bulletin.

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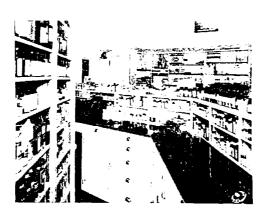
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Experience With Demerol in Europe

To the Editor: The following observations may be of interest to you with regard to the controversy between Dr. C. K. Himmelsbach, Chicago; Mr. H. J. Anslinger, Washington, D. C., and Paul de Kruif, Ph. D., Holland, Mich. (The Journal, September 7.)

In the spring of 1945 I acted as liaison officers between First Army Headquarters and a central "German Sanitary Staff" established temporarily to maintain the function of the large number of captured German medical installations. Repeated inspections of hospitals and numerous trips throughout the occupied area gave me an opportunity to become familiar with administrative and technical experiences and difficulties encountered by the German army.

A tragic accident led me to investigate



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the use of Demerol by the medical department of the German units then under our control. Allied troops which had opened a medical depot found a large stock of an alcoholic preparation of Dolatin (the German trade name for Demerol), mistook it for a beverage and drank numerous bottles; a large number of casualties resulted .

Consultation with German medical officers and pharmacists revealed that the staff had at this time 40 cases of known Demerol addiction in its files; that, furthermore, a large number of hospitals had abandoned its use for this reason. It is interesting to note that in Germany too it had been assumed for some time that Demerol was less addicting than morphine, a theory which had been revised by the spring of 1945.

Subsequently I was called repeatedly by military government officials to examine cases of Demerol addiction in civilians. I remember one instance which illustrates convincingly the danger of the drug. A physician addicted to morphine submitted twice to treatment. After the second treatment he was advised to try Demerol and developed within three months an addiction to the substitue. During this period he performed an abortion and was committed to a sanatorium for clinical study. After several weeks an attempt to withdraw the drug was made; he developed no symptoms of withdrawal. It was suspected, therefore, that he had managed to obtain considerable quantities of the drug. Careful isolation revealed not only that his wife in weekly visits had issued Demerol to him but that she herself-after having taken the drug once or twice as a sedative, following her husband's confinement—had become a Demerol addict.

Although the case histories on pages 43 and 44 of the September 7 issue of The Journal contain convincing evidence against Paul de Kruif's statement, it might be helpful to add these experiences to the warning.

—Max Samter, M. D., Chicago. J. A. M. M.—Sept. 28, 1946.

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Alcoholics Anonymous

An amazing thing has happened. A group of laymen with no training in medicine or psychology has built up in the past 12 years a system for treatment for alcoholism that has produced unbelievable results. It goes by the name of Alcoholics Anonymous.

The movement had its beginning in 1934 when its founder, an apparently hopeless alcoholic, suddenly had a religious experience which immediately transformed his life. Instead of becoming another Billy Sunday he decided very wisely to share his experience with others in a more simple, informal way. What happened to him could and did happen to others. By 1946, 27,000 former alcoholic men and women are to be found in about 750 American and Canadian communities, these groups ranging in size from half a dozen to several hundred individuals.

Why did Alcoholics Anonymous succeed where medicine and religion had admittedly failed? The truth is that medicine and religion had the means to effect the same results, but had never successfully applied them. Success came to A. A. because

- (1) The alcoholic had never before been approached by those who knew all the despair of chronic alcoholism. These were kindred spirits, people who understood him.
- (2) Nothing was asked of the alcoholic except that he never take another drink. He was not asked to join a church, nor subscribe to any creed. He was asked to believe that a power greater than he was operating to keep him from drinking, but he could call this power by whatever name he wished. If he were religious he might call it God; if he were not he might call it simply Power Greater than Myself.
- (3) It became apparent very soon that a sudden religious experience, such as the founder had had, was not necessary for cure. In fact a much slower conversion was more often the case. One of the founders has estimated that 90 per cent of those

cured have a slow conversion, and about 10 per cent a sudden conversion.

(4) Most important of all, each patient in the process of getting well becomes an active participant in an understanding society of ex-drinkers. The alcoholic has always been known as a defiant, egocentric individual who has withdrawn from the "herd," and these gatherings persuade him to assume his rightful place in society as a friendly human being. If he falls by the wayside or if he is having trouble in making his conversion complete, he will find sympathy and guidance from those who have travelled the same road. And the old members frankly admit that their resolutions are constantly strengthened by the work they do with the newcomers.

The hardest step towards recovery the alcoholic has to take is the first, admitting that he is an alcoholic. Strange as it may seem, it is not unusual to see a drunkard go through all the stages of alcoholic deterioration, and to his death cling to the foolish notion that he could drink like other men. He must be convinced from his own experience that his reaction to alcohol is so abnormal that any indulgence for him constitutes a totally undesirable and impossible way of life.

Can all alcoholics be helped by Alcoholics Anonymous? The society claims a recovery rate of 75 per cent of those who really try their methods, and this claim commands great respect. They feel that the frankly psychopathic alcoholics will not be benefitted by this form of treatment and that they should continue to be treated by psychiatrists and institutions. Contrary to what most doctors have been led to believe. A. A. contends that "half of our members, had they not been drinkers, would have appeared in ordinary life to be normal people. The other half would have appeared as more or less pronounced neurotics." If time bears out this contention, this is a real contribution to the study of alcoholism.

What do the psychiatrists think of A. A.? (Continued on Page 16)

Many men with national reputations are enthusiastic about the work of A. A. and are using its members freely to salvage alcoholics. In general psychiatrists regard conversion as an emotional experience too uncertain for lasting benefits, but at least some of them are willing to reconsider this statement in view of A. A.'s astonishing results. As one psychiatrist says, "Although we admittedly deal with emotional problems, we, as a group which tends to be intellectual, distrust emotions too much. We are self-couscious and a little ashamed, when we are forced to use them, and always apologetic with our conferees if we suspect they have reason to think our methods are too emotional. In the meantime, others, less bound by tradition, go ahead to get results denied to us. It is highly imperative for us as presumably open-minded scientists to view wisely and long the efforts of others in our field of work. We may be wearing bigger blinders than we know."

If the case seems suitable and the time ripe, a worker will be sent to any home in the county. For this work he expects and receives no compensation. He does this work outside of business hours, and he feels that he is paying for his own cure by helping others. Obviously there is no need to annoy the society with requests from those who are only half hearted in their wish to get well. The patient must be truly honest in his or her desire to get rid of John Barleycorn's short time and long time troubles.

—Alan R. Anderson, M. D. in Nassau Medical News.

Farmer: "An' how's Lawyer Jones doin', Doc?"

Doctor: "Lying at death's door, poor fellow!"

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Gonorrhea17
Measles 9

Impetigo1
Meningitis, Spinal 0
Mumps1
Poliomyelitis1
Scarlet Fever6
Syphilis
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Typhoid Fever 0
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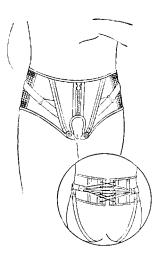
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PERSONAL

By Winchell Larson

We are happy that the man who has confessed to the murder of Dr. Thompson has been apprehended. Bob Brooke can now cancel his permit to carry a concealed weapon or, as he calls it, "the persuader."

Dr. S. L. Blair is apparently not in retirement, as he has been seen back in surgery during the last few weeks.

John Havlina is recovering from a hot appendix—and we do mean hot.

Your news editor has been added to the consultant specialty staff at Madigan.

Welcome to Max Thomas, brother of Leon, who will do internal medicine here.

Murphy says he is going to leave Quevli in the dust when his new Lincoln arrives this month.

Duerfeldt joins the Mariners' Club with a new boat.

Rigos advises that the mouse is now being warmed up for the spring season. Paul Hungate reports that ground will soon be broken for the new medical center. The line forms to the right.

Sig Herrmann flew to Cleveland last month for the meeting of the American College of Surgeons. He returned with all the latest dope on vagotomies and a few days after arriving home performed the first operation of this type in Tacoma (to the best knowledge of the editor).

We are sorry to announce that Fred Scheyer met with a rather serious auto accident and suffered a broken leg and nose. Best wishes for a speedy recovery, Fred.

Another ex-T. G. interne returns to the fold. Frank Dillon recently opened his office, specializing urology.

J. S. Smeall is proud to have his son, Thomas, associated with him in active practice.

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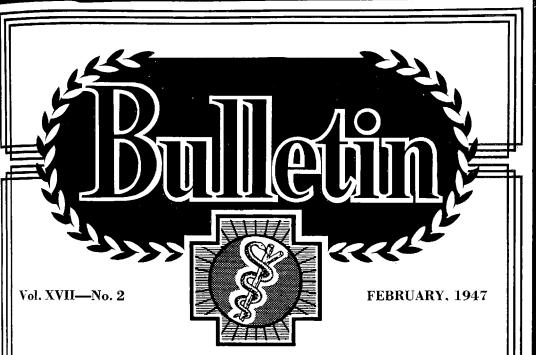
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February 25

Discussion of Current Economic Problems Relating to the Practice of Medicine

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

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Editorial . . .

The following editorial is by F. A. Weiser, M. D., from the Detroit Medical News.

No Pipsqueaks Need Apply

Social change is on the move and will involve the profession of medicine because the health and welfare of the nation is one of the basic issues. To date the profession has done little more than dodge the issue with a laissez faire philosophy.

Not one physician of our acquaintance would want labor to lose the social advantages it has gained for itself. All of us want and feel sure the Republican administration will maintain those gains. We would like to see the unions made into responsible bodies for the good of organized

We feel sure that some kind of medical care clause will be enacted in the labor management contracts of the future. It is our duty as citizens to give without bias, as far as is humanly possible, of our advice and knowledge in the planning of the health and welfare of our people under these contracts, but we can't do that until we get off our high horse of sensitivity to criticism. We have missed our big opportunity up to the present because we do not understand the public viewpoint, and the public has become suspicious of our reasons for fighting off political medicine because the public does not understand our viewpoint.

We have forced each other unwittingly into noisy debate with all of its emotionalism, accusations and disorderly thinking, We could it we had the proper advice, and God knows we need it, make a further contribution to the happiness of American mankind.

We have tried to influence public opinion by ineffective, disconnected, unorganized propaganda efforts. The A.M.A., National Physicians Committee and the State and County Medical Societies have all taken a stab at it. Our own local and state effort

(Continued on Page 3)

has consisted chiefly of a type of radio program that is denounced as worthless by experts in the radio programming field—in pamphleteering an already overpamphletered public and other pusillanimous gestures.

We believe our entire public relations programs should be scrapped now—not next month or next year, and in its place we should secure a forthright critical lay person of stature to act as counsellor to the medical profession. The pharmacists, dentists and physicians of the Great Lakes area, through their respective state societies could combine into one region or district to provide the necessary funds. We have in mind someone of the calibre, experience and stature of Senator LaFollette, who has been in public service for many years and who has demonstrated his liberalism, his integrity and his courage.

No pipsqueak will suffice.

FRANK A. WEISER, M. D.

Course in Cardiology and Electro-Cardio-Graphic Reading

The interns of all three Tacoma hospitals are being given a course in cardiology. Meetings are held in the tumor clinic room of the Tacoma General Hospital Nurses' Home every Monday at 8 p. m. and are open to all who might be interested.

The internists participating in the teaching are Drs. John Steele, Horace Anderson, Frank Maddison, Christen Quevli and Ralph Huff.

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TACOMA GENERAL HOSPITAL NEWS

Dr. John J. Bonica will arrive the last of January to commence his duties as Chief of Anesthesia at the Tacoma General Hospital. Dr. Bonica had twenty-one months of training in this specialty at St. Vincent's Hospital in New York City. He was Chief of the Section on Anesthesia at the Madigan General Hospital from July 1944 until November 1946. He has recently taken his National Board examinations given by the Board of Anesthesia.

He has a wide experience in all forms of inhalation anesthesia, intravenous and spinal anesthesia, regional blocks, rectal and caudal anesthesia, refrigeration analgesia for cancer and other diseases, the use of curare in conjunction with anesthetics, proctoscopic aspirations, and all types of resuscitation.

He comes to us very highly recommended, and we are all looking forward to his commencing work because we feel that he will be a definite addition and asset to the medical profession in this community.

The Department of Physical Medicine at the Tacoma General Hospital will re-open on February 3 under the supervision of Russell M. Hill who is a physical therapy technician of wide experience and training. He completed his training in this field at the Mayo Clinic, and has since worked for the Clinic under the direction of Dr. Frank H. Krusen. He has had a wide experience in all phases of physical medicine, including hydrotherapy, electro-therapeutics, and rehabilitation.

He plans to completely overhaul the department at the Tacoma General Hospital, and is contemplating such additions as a new Hubbard tank, short wave equipment, etc. We are sure Mr. Hill will prove to be a valuable addition to the facilities of the hospital.

Dr Donald Alcott commenced his Residency in Pathology on December 20, 1946.

CANCER CLINIC

The Pierce County Cancer Detection Center has now completed six months of operation; and certain statements can now be published concerning the accomplishments of this Center. The Cancer Detection Center is actually sponsored, owned, and operated by the Pierce County Medical Association; and our own Society can take full credit for any benefit which the community might derive from this Center. The financial expense involved in maintaining the Center has been underwritten by a grant from the Washington Division of the American Cancer Society.

Since the Center opened, an average of thirty patients per meeting have been seen and examined by the medical personnel. Approximately 50 per cent of those coming into the Clinic have no physical or subjective evidence of cancer. Many of those in this group are psychoneurotic. The Detection Center, however, has not discouraged these people from appearing for examination because we feel that we do as much for these people as we do for those who actually have a neoplastic lesion. Many of our most grateful patients are those who have been reassured that they have no signs or symptoms of cancer and that they can stop worrying about the same. The American Cancer Society has for many years been educating people about the frequency of cancer and its signs and symptoms; and, hence, have instilled the fear of cancer into many individuals who have developed what might be called a "cancerophobia". Many of these individuals are actually as sick, at least from a mental standpoint, as those who actually have cancer; and from this point of view it would seem that one of the functions of the Cancer Detection Center should be to allay the fears of these individuals.

The second 50 per cent of patients presenting themselves for examination have signs or symptoms indicative of a neoplastic disease. About one-half of these have been

referred to the Center by practicing physicians in Pierce County. The personnel of the Center have considered this a distinct compliment, and also an indication that the profession in Pierce County is wholeheartedly in support of the Pierce County Medical Society's Cancer Detection Center. At the end of the current year when the Center has been in operation for one year a detailed survey and breakdown of all the patients presenting themselves will be made available for publication. At this time we will be able to definitely state the number of new cases of cancer of the various organs which have been suspected or detected by the Center. At the present time, since these statistics are not available, we can only say that there have been numerous cases of early, previously undiagnosed, skin carcinomas, breast carcinomas, etc., which have been discovered at the Center. It is somewhat of an enigma why a patient will come to a Center of this type for inspection and will not go first to his or her private physician. There are probably many reasons for this; but be what they may, the Center is actually accomplishing a great deal for the community, if it is able to detect early cases of cancer who have not appeared at the office of their own private practitioner. If only the life of one individual in this community was saved each year, the expense of operating the Center would be adequately paid for.

The Pierce County Medical Society Cancer Detection Center and its personnel have attempted to be scrupulously ethical in regards to their relationship with their fel-

(Continued on Page 5)

Doing One Thing Well

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low practitioners of medicine. In no instance has the medical personnel of the Center done anymore than to examine a patient. No diagnosis have been made, no biopsies taken, no radiologic work done, and in each instance any patient appearing at the Center is referred back to his or her private doctor. The individual private doctor receives a letter from the Center giving impressions and recommendations on any patient of his who appears there for examination.

One difficulty has been encountered, and that is a certain number of patients appear who do not have their own private doctor. In these cases they are asked to choose a private doctor from lists made available to the Center by the Pierce County Medical Association. Up to the present time we have heard of only one complaint on the part of a private practicing physician against the practices of the Center; and, this one, we feel, was a misunderstanding. It is the attempt of the

Center to maintain the highest ethical relationship between the medical personnel of the Center and that of the practicing physician in Pierce County. If any practicing doctor has a complaint to register concerning the operation of the Center, we would be very happy to receive it and try to remedy the situation.

The medical profession of Pierce County should realize that the Cancer Detection Center is their own property to do with as they see wisest and fit; and it is most certainly not in operation to enter into competition with medical practice or in any way to socialize medicine. We, as doctors, can point with pride at our Cancer Detection Center as something which we are doing collectively for the citizens of our own community to win the battle which is being waged against cancer.

C. P. Larson, M.D., C.M., Chairman Pierce County Medical Society Neoplastic Committee.



Minutes of the Regular Meetings of The Pierce County Medical Society

January 14, 1947

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on January 14, 1917, with Dr. L. A. Hopkins presiding. Minutes of the previous meeting were read and approved.

Dr. Hunter J. McKay, of Seattle, gave a paper on "The Symptoms and Diagnosis of Intracranial Tumors," The paper was discussed by Drs. Plum and Hover.

Applications for membership of Drs. Wendell G. Peterson, Arnold J. Herrmann and Charles E. Kemp were read for the first time.

Dr. Hopkins announced that there would be a joint meeting with the Woman's Auxiliary in the near future.

He also made an announcement that the location for the state meeting had been changed and would probably be held in Scattle.

Dr. Ross Wright, President of the State Association, made several remarks in regard to current medical legislation.

The meeting was adjourned.

January 28, 1947

The regular meeting of the Pierce Connry Medical Society was held in the Medical Arts Auditorium on January 28, 1947, with Dr. L. A. Hopkins presiding. Minutes of the previous meetings were read and approved.

Applications for membership of Drs. Wendell G. Peterson, Arnold J. Herrmann and Charles E. Kemp were given second reading and were passed by unanimous vote of the members present

Dr. Frank Rigos announced the joint meeting of the Medical Society and Auxiliary, to be held at the Top of the Ocean on February 21, the program including a cocktail period, dinner, entertainment and

dancing. Tickets are now on sale at \$3.00 each.

Dr. Govnor Teats summarized the current state medical legislation from information which he had received at a recent visit to Olympia. He discussed H. B. 14. H. B. 31, H. B. 58 and S. B. 47, all of which pertain to the medical profession. He also discussed certain bills still being drafted, viz.: (1) A bill which would prevent any clinic or group from holding state industrial contracts; (2) An enabling act which would remove medical clinics from the jurisdiction of the insurance commission: (3) A bill to finance the construction of a number of diagnostic clinics throughout the state: (1) A bill permitting the policing of society members by their respective societies.

Dr. Ross Wright discussed the stand of the state society in regard to several of these bills.

A general discussion followed.

Dr. Joss Read presented the new Pierce County Medical Bureau fee schedule and compared it with similar fee schedules throughout the state. A general discussion followed, in which it was the consensus that the new bureau fee schedule represented a fair approximation of what should be considered a minimum or standard fee schedule for this community.

There being no further business the meeting adjourned.

Boy: "Mother, may I have a nickel for the old man who is crying outside?

Mother: "Yes, dear, but what is he crying about?"

Boy: "He's crying Peanuts five cents a bag"."

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Doctor: "Have you ever been X-rayed?" Patient: "No, but I've been ultravioleted."

Clergy Urges Widening of Planned Parenthood Services

A resolution signed last month by 3,200 Protestant and Jewish clergymen, including many nationally known religious leaders, asks for the establishment of planned parenthood services in every community. This is the first time that PPFA's program has had such ministerial support on a nation-wide scale. The signers, representing every state and the District of Columbia, call upon their colleagues "to exercise a fundamental democratic right," and they insist that the necessary services be provided by hospitals, health and welfare agencies.

The Rev. Guy Emery Shipler, executive chairman of the Federation's National Clergymen's Advisory Council, which sponsored the resolution, says that it is "more than an expression of opinion: it is a promise of action."

His statement points out that the resolution, in demanding that health and welfare

agencies adopt policies which will permit their professional staffs to make maximum use of planned parenthood services as a community health measure, touches upon a highly controversial issue in many communities, since professional health and social workers often are forbidden by their boards to cooperate with planned parenthood centers. This prohibition, he explains, "is not based on doubts as to the value of these centers medically or socially, but because of minority religious opinion which, as the 3,200 signers of our resolution have noted, frequently prevents boards of hospitals, nursing and welfare agencies from recognizing this essential service."

-Northwest Medicine.

A bunch of internes were having a spot of poker in the dispensary. Came a knock on the door.

"Who comes there?" one of them yelled. A quiet voice answered: "This is Rigor Mortis. May I set in?"

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POST-GRADUATE COURSE IN GENERAL SURGERY

A post-graduate course in General Surgery (including orthopedics, urology, proctology, obstretics and gynecology) sponsored by the Washington State Medical Association will be offered at the King County Hospital, Seattle, March 3rd to 29th, 1947 inclusive.

Dr. John K. Martin of Scattle, chairman of the Committee on Post-graduate Medical Education of the State Association, stated that this is a second series of courses put on by the Association. This course is offered to the membership of the Washington, Oregon, Montana, Idaho and British Columbia Medical Association as well as veterans. A registration fee of \$25.00 will be charged. Further information and application blanks can be obtained by contacting Miss Eaben at the Washington State Medical Association, 327 Cobb Building, Scattle, EL, 4573 or EL, 8147.

COMMUNICABLE DISEASES

The following is a report of the number of contagious diseases in the City of Tacoma for the month of January, 1947:

in for the month of Januar	y, 1311.
Chancroid	1
Chickenpox	28
German Measles	9
Gonorrhea	41
Measles	
Mumps	
Paratyphoid B	l
Ring Worm	2
Scarlet Fever	12
Syphilis	10
Tuberculosis	
Vincent's Infection	9
Whooping Cough	6

Doctor: "Do you know, honey, if I had to do it all over again who I'd marry?"

Wifey: "No. who?" Doctor: "You."

Wifey: "Oh. no, vou wouldn't."

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Presidents'	CouncilMrs	. Сеого	ge Ku	ınz, Jr.

The Auxiliary will long mourn the passing of Mrs. Benjamin Terry, whose sudden death was a shock to family and friends. Mrs. Terry was a woman of unusual cultivation and depth of character and her participation in Auxiliary activities, born of long association with medical affairs through husband and son-in-law, was an inspiration to us all.

Plump lady in lingerie shops: "Let me see one of those Rockefeller foundations you hear so much about."

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Medical Auxiliary

The Pierce County Medical Auxiliary will hold its February meeting jointly with members of the Pierce County Medical Society, Monday, February 24th at The Top of The Ocean. A punch bowl will precede an informal smorgasbord dinner at eight p. m. Dr. Chris Reynolds has charge of the program. Make your reservations and purchase tickets from Dr. Frank J. Rigos.

Pat Patter

Every girl wants dollars and gents.—Mildred Klang.

She had her girdlish figure.—Cleo Congrady.

Familiarity breeds contempt—and children.

—o—
Drunkards would rather be tight than president.

Women belong to the weeper sex—Jane Ace.

A poor man worries over his next meal, a millionaire over his last.

Modern history of Japan: From Port Arthur to MacArthur.

The only thing he can keep in his head is a cold.

The shortest distance between two dates is a good line.

Young people these days are alike in many disrespects.

Bragging Again

Washington is again one of the leaders. Out of the twenty-two states West of the Mississippi River there are only four states tuberculosis associations which employ full-time rehabilitation personnel, according to a recent report by the National Tuberculosis Association, namely: Iowa, Kansas, Wyoming and Washington. Throughout the United States a total of eighteen states employ full-time rehabilitation personnel, eight states have cooperative contracts with official agencies, while in five states, local tuberculosis—associations—have—employed full-time personnel.

In 1943, the Washington Tuberculosis Association employed a Director of Rehabilitation to establish a rehabilitation program within the tuberculosis sanatoria of the state where such services were requested. The role of the State Association was seen as that of promoter and organizer of local projects with the understanding that ultimately its responsibility would be to coordinate existing services and develop additional services where needed. Close cooperation has existed through the development of this program with the State Division of Vocational Rehabilitation. The program of rehabilitation is to help a handicapped person receive a satisfactory adjustment to his physical and emotional problems, as well as social and economic. For example; a young girl who must break off her high school studies in order to enter a sanatorium for treatment has problems. That girl will be older when she is ready to leave the hospital and will she want to return to school. Perhaps she had planned to go on to college or business college, if so, plans are made so she will be able to complete her high-school credits, and following her release from the hospital she is able to go on with previous plans, instead of having all that to do alter she leaves the hospital. Or the case may be a foundryworker who has a family to support. The chances are that after his release, he will not be able to return to the strenuous

work which was previously required of him. He will have the opportunity at the sanatorium, aided by vocational counseling, to select the type of work best suited to his apptitudes and preferences. Therefore, it is necessary that varied skills be used to set up an adequate program; the resources of the community and the needs of the individual determine the type of services to be emphasized in a particular situation.

To determine the patient-population needs in this vicinity, a survey was to be conducted by the Rehabilitation Director of the State Association. Mountain View Sanatorium in Pierce County was selected for the first project commenced in 1943. Through funds provided by the Tuberculosis League of Pierce County, in cooperation with the State Division of Vocational Rehabilitation, a rehabilitation counselor was employed to organize a program of vocational counseling and occupational therapy. The League agreed to furnish

(Continued on Page 11)

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equipment and supplies necessary to set up an occupational therapy department. A sum of money was also provided for the purchase of new books to make possible a more "balanced diet" of reading for the patients.

As the program developed, it was evident that more workers were needed in order to adequately cover the different phases of the rehabilitation program. The Tacoma school board made possible the addition of a teacher for academic and commercial subjects. A full-time occupational therapist joined the staff to take charge of the craft and recreational program, as well as library service. The rehabilitation counselor now carries on only social-service work, provides job-information and vocational counseling.

The pattern followed in Pierce County has served as a guide for the projects begun in other parts of the state. Rehabilitation personnel, employed by the local tubebrculosis leagues, have been employed at the following sanatoria:

Spokane—1 rehabilitation counselor, 1 part-time librarian.

Grays Harbor—I rehabilitation counselor

Snohomish—I occupational therapist. Kitsap—I occupational therapist.

Walla Walla—1 occupational therapist.

Tuberculosis leagues of counties which have no sanatorium have cooperated to provide rehabilitation services for their patients hospitalized in other sanatoria. Such cooperative enterprises have been carried on in Spokane, Riverton and Laurel Beach. Each of the private sanatoria has an occupational therapist, and shares a rehabilitation counselor. Through the cooperation of the local school boards, teachers have been provided at the sanatoria of the following counties: King, Spokane, Kitsap, Walla Walla, and at the two private hospitals, Laurel Beach and Riverton.

The Anti-Tuberculosis League of King County had initiated a program early in 1943 by supplying a medical-social worker and a vocational counselor for the patients at the county and city sanatoria.

It is the policy of a non-official agency to demonstrate certain needs and to meet these needs until the time when the official agency is able to carry on the work. Four hospitals in the state, Mountain View, Aldercrest, Riverton and Laurel Beach, have already assumed the expense of the rehabilitation department, either wholly or in part, thus releasing state funds for additional rehabilitation services.

The in-sanatorium program is but a part of the whole rehabilitation picture. If, as we believe, rehabilitation begins with diagnosis, and ends only when the individual attains economic self-sufficiency, then we must give equal emphasis to the pre-sanatorium and the post-sanatorium phases of the program. Rehabilitation will become a part of the total tuberculosis control program, along with case-finding, treatment, and education, only when we have succeeded in providing professional extramedical services to all who have tuberculosis.

"COURAGE AND DEVOTION BEYOND THE CALL OF DUTY"

Through the cooperation of Mead Johnson & Company \$34,000 in War Bonds are being offered to physician-artists (both in civilian and in military service) for art works best illustrating the above title, as applied to physicians in war and in peace.

This contest is open to members of the American Physicians Art Association and will be judged June 9-13, 1947 at the Atlantic City Session of the American Medical Association. For full details, write Dr. F. H. Redewill, Secretary, Flood Building, San Francisco, California, or Mead Johnson & Co., Evansville 21, Indiana.

Mose: "Doc, I'se jest been bit by a dawg." Doctor: "I hope it wasn't a rabid dog." Mose: "Nossuh, it was a bird dawg."

Patient: "The other doctors don't make the same diagnosis of my case as you do."

Doctor: "Tut! Tut! The post mortem will show that I'm right."

Sharp Rise in Motor Vehicle Fatalities

Since V-1 Day, when driving restrictions were lifted, the death rate from motor vehicle accidents has risen sharply among the industrial policyholders of the Metropolitan Life Insurance Company, who constitute a large and representative sample of the urban populations of the United States and Canada. Each month since the end of the war has registered a higher death rate from this cause than had the corresponding month of the preceding year. For the first six months of 1946 the excess in mortality was 21 per cent. Moreover, at some age periods the situation is worse now than it was in the last pre-war year—1941—which, itself, had one of the highest motor vehicle accident rates on record.

So far this year an increase is observed at every period of life except at the school ages, both among white male and white female policyholders. In a number of age groups the rise is alarming. For example, among men 65 and older the motor vehicle accident death rate is about 75 per cent higher this year than last. At ages 20 to 21 the rate jumped by about 65 per cent among white men and by no less than 124 per cent among white women. The current motor vehicle death rates at these young adult ages exceed even the rates for 1941. The explanation for the increased toll may lie, in part at least, in the fact that young people deprived of the opportunity to drive during the war period are indulging in their desire to motor more than ever before. It also seems probable that many deaths occur among young drivers who are a bit "rusty" but who do not realize that their competence at the wheel has been greatly diminished. Furthermore, the extensive use of dilapidated cars by young people is undoubtedly contributing its share toward increasing the death toll.

The one bright spot in the motor vehicle record for 1946 is the reduction in mortality among children of school age, where the fatalities are largely among pe-

destrians. The decrease from the first half of last year has been especially large at ages 10 to 14, where it amounted to about one quarter among white boys and twothirds among white girls. In fact the trend of the death rate from motor vehicle accidents among children of school age has been almost continuously downward since 1930. Evidently safety education and the preventive measures instituted to safeguard the lives of children have proved effective.

Public officials are acutely aware of the seriousness of the general rise in motor vehicle tatalities since the war's end. The President's Highway Safety Conference has recommended a balanced program of proved effectiveness which can be instituted in every city and state. The full cooperation of the nation in putting this program into action would undoubtedly result in a marked reduction in the number of motor vehicle fatalities and injuries. But the mounting tide of casualties will not be

(Continued on Page 13)



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stemmed by anything less than the wholehearted cooperation, not alone of those actively participating with organized groups engaged in fighting the war against motor vehicle accidents, but more particularly, by the active cooperation of the rank and file of citizens in their usual roles as drivers or pedestrians.

—Statistical Bulletin, Metropolitan Life Insurance Co. A colored preacher was hearing confession. In the middle of it, he stopped the young sinner, saying, "Young man, you ain't confessin'—you's braggin'."

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Doctor: "Your cough is easier this morning."

Patient: "It should be. I practiced all night."



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PERSONALS...

By Winchell Larson

A joint meeting of the Pierce County Medical Society and the Woman's Auxiliary will be held on Monday evening. February 24, at the Top of the Ocean. Refreshments (alcoholic or Volstead type) will be served at 7 p. m. A sorgasbord dinner will start at 8 p. m., which will be followed by entertainment and dancing. The party is informal. All of this for the small sum of three bucks per plate. Let's all turn out and give the little lady a break. If you don't have a wife bring someone else's.

 $\alpha O \alpha$

Goering and Allison are in Chicago attending the meeting of the American Academy of Orthopedics.

oOo

Sid MacLean is at Laguna Beach, California, attending an international lawn bowling meeting. He is competing with many entries from Scotland, England and

Canada. He followed Fred Beck's suggestion and took two snakes for the Laguna Beach Chamber of Commerce.

oOo

Tom Murphy and Weldon Pascoc got tired of the Tacoma winter and are now sojourning in California.

αOo

Chris Quevli threw a real whingding and entertained most of the Tacoma Medical profession last month. A swell time was had by all.

oOo

Kenny Douglas has left for Minneapolis to attend the ice carnival and renew old acquaintances. The carnival's specialty is much noise, smoke and the etiological factor of chronic alcoholism, so he should have a good time.

oOo

At last reports Will McCreery is making a nice recovery from a serious operation at Tacoma General.

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PERSONALS . . By Winchell Larson

It has been too cold for the mouse.

oOo

Our congratulations to Archie Howe on being advanced to the office of Potentate of the Shrine for Southwestern Wash.

oOo

Glenn McBride is still in the same rut, announcing the birth of his third daughter. Maybe it will be a boy next time.

oOo

Our esteemed president, Dr. Hopkins, recently attended a meeting of the Trustees of Northwest Medicine in Portland.

oOo

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Wife: "Just suppose we wives should go out on strike?"

Husband: "Go right ahead. I've got a peach of a strike-breaker in mind."

IN MEMORIAM

Both the medical profession and the women of the Auxiliary wish to express their deepest sympathy to Dr. Benjamin T. Terry on the loss of his wife. Mrs. Terry was well known to most of us because of her activities as an outstanding social leader, and for her active and helpful participation in the affairs of the Pierce County Medical Auxiliary. She had contributed much to both her community and to the functioning of the Auxiliary. She was an extremely well-educated woman of mature years and judgment who was well-loved by all those who knew her. I am sure that we all feel that Dr. Terry's loss has also been our loss. Mrs. Terry will long live in the memories of those who were associated with her,

Charles P. Larson, M.D., C.M.



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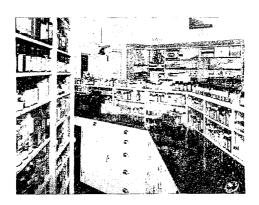
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ITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

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The College of Puget Sound in Tacoma is the only college in the Pacific Northwest, and one of four in the entire west, which offers an approved academic course in rehabilitation and occupational therapy. Since the innovation of the course at the college in September 1944, the program has been under the direction of Miss Edna-Ellen Bell, O.T.R. The program is approved by the American Medical Association and the American Occupational Therapy Association.

Upon satisfactory completion of a threeyear course, the student is entitled to hold a certificate; while following the five-year course, the student not only holds a certificate but a degree of Bachelor of Science. Both courses include the period of clinical training. A new addition to the course has been a "service to the home-bound" program, in which the fourth year students participate.

The first graduate of the School of Occupational Therapy at the College of Puget Sound is now Director of Occupational Therapy at the Mountain View Sanatorium in Pierce County.

PERSONALS...

By Winghell Larson

Sig Herrmann still wants to know how the cephalin flocculation really works.

oOo

Homer Humiston is spending three weeks in Chicago.

σΟσ

Ned Janes is feeling better, despite his vellow color.

oOo

Drs. Nelson and Kemp threw a swell open house up at the new office. Best of luck to both of them in their new location.



THE frequency with which the menstruol life of so mony women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

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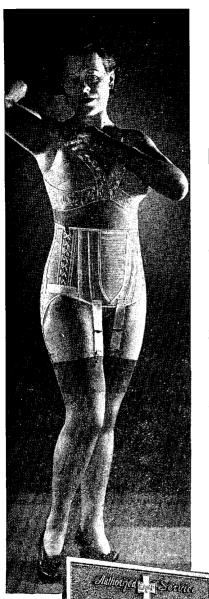
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Bulletin



XVII-No. 3

MARCH, 1947

Programs

Medical Arts Auditorium—8:15 P. M.

MARCH 11, 1947

MARCH 25, 1947

Discussion of Current Economic Problems Relating to the Practice of Medicine

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

1946-1947

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EDITORIAL

Off the record conversation with some of our state legislators would seem to indicate a sincere desire on the part of the legislators as a whole to keep the state financial structure on a reasonably sound basis. Faced as they are with necessary increases for school funds and other worthy causes they are naturally averse to incur any other increases in operating expenses. It is evident that our state in common with the Federal Government will continue to pay the standard going rate for all its purchases except those entailing personal service. Where individual talents are being hired, the state, following the lead of the Federal Government, will continue to pay at less than the usual rate. Such a policy has led to the present plight of our school teachers, and looking into the not too distant future their present position may well become ours.

With continuation of this trend it is difficult to see how our state government can continue to attract qualified men for the positions available. In other countries such tactics have led to an inevitable decline in efficiency with the final cost being the greater for the short sighted economy program. We believe it is still true that the laborer is worthy of his hire.

The Doctor Retires

"Dr. I.—looked forward eagerly to a vacation free from professional cares, but this was denied him, the end coming quietly soon after his arrival at his chosen vacation spot."

The above was taken from an obituary notice in a Medical Bulletin from a neighboring state and gives the usual and final answer to the problem of when should a doctor retire from his medical practice. We are thinking now not of gradually and intentionally limiting the scope of your

(Continued on Page 3)

practice but of bringing it to a definite end at a certain date.

Perhaps you are inclined to plan on the time to retire being governed by the amount of money you have accumulated. Money is absolutely necessary and you should preferably have a guaranteed monthly annuity of ample amount, remembering that values fluctuate — and financial demands may occur when least expected. Enough money to be able to continue living at your present standard of comfort is very desirable but not essential.

Of first importance should be a careful personal inventory of your physical and mental health now and in the foreseeable future. The doctor should be able to make a fairly accurate estimate and appraisal of his own health and in doing so should keep in mind "to your own self be true." So far it won't be too difficult to put down your findings on paper but from here on the problem becomes complicated. When you retire will you and your wife be happy and satisfied with the new way of livingand it will be a very new way. Will this pattern of your own choosing compensate you for the loss of daily service to your patients and for their payments to you of trust and gratitude which are not measured by fees?

Do you have enough mental and physical ability to replace your professional activities with other interests which can give you a continuing and satisfying stimulus for living?

Are you one of that small group of doctors who have cultivated abilities or avocations apart from their professional development?

Such interests are very difficult to acquire on short notice for they require years of effort and growth if they are to replace your professional living habits in any adequate manner. This is but a beginning to the problems which confront those doctors old enough to seriously consider retiring.

Some few will take the step and find it full of satisfying years. The most of us

will often talk of that future time and build in our imagination a pleasant little home near a golf links and not too far from good fishing and hunting. We will postpone our retiring until next year and then just one more year and then another until one day we arrive at our chosen vacation spot.

L. A. H.

Medical Society Dues

Many requests have come in during the past months for information on state and county medical society dues. On the basis of returns from a recent postal card questionnaire, a rather complete schedule of dues has been compiled.

Forty-four states responded with data. Twelve reported an increase in 1917 dues over those of 1946. Five reported an assessment in addition to the regular dues. The following table shows the distribution by states and amount.

Annual Dues	No. of States
\$ 5.00	3
7.00	. 1
8.00	1
10.00	6
12.00	. 3
15.00	9
20.00	4
25.00	7
30.00	2
33.00	1
35.00	2
40.00	1
50.00	3
100.00	· 1

-St. Louis Co.-Med. Bulletin.

Then there was the doctor who called his country place "Bedside Manor," and the patient who tried to cure water on the knee by wearing pumps.

First Intern: "Why did they put that little blonde in a private room?"

Second Intern: "Because she is too cute for wards."

PERSONALS...

By WINGHELL LARSON

The Medical-Auxiliary party at the Top of the Ocean was a huge success. Our orchid for the month goes to the committee that did such a wonderful job. Let's have more of the same.

Dr. Johnson, former resident at St. Joe's visited here this week. He is now with the Veterans' Administration at Portland.

Tom Murphy just returned from a vacation in California. He has his new Lincoln but the top won't work.

Bob Brown is improving nicely and we hope to see him back with us soon.

Fay Nace is with us for a couple of months before he goes back east to complete his residency in ob. and gyn.

Jerry Geissler has obtained a residency in ophthalmology, so will probably be leaving us for a time.

Dr. Buis is in Tacoma General Hospital making a nice recovery from a coronary attack. He is serving as an O. S. S. man for Chris Quevli on first north. We wish Buis a speedy recovery, because we miss his seegar and ready repartee in the Tacoma General bull pen.

Humiston teturns from Chicago fully equipped to do complete cystectomies with transplantation of the ureters. He also reports on a piece of personal research (never get on a plane with a hangover).

The Cozy Cate has a new specialty (Percy camery, fried steaks).

Please fill in and return RIGHT NOW the postcard recently sent you asking for data concerning your fisting in the Bulletin roster number, if you haven't already done so. The roster will appear in the April issue and we need the information in order that we may print your name, specialty, etc., correctly. Some members failed to receive these cards, and if you are one of them call the medical library, MAin 2020 and a card will be sent you.

Joe Hansen is now flying a seaplane. It will probably be "death by drowning" instead of "traumatic injuries." Cleaner, anyway.

Rickles can not get his truth serum by the Pierce County judges.

Dumont Staatz is the assistant director of the local campaign for the American Cancer Society, a very worthwhile donation of time.

Congratulations to the Gerhart Druckers on the birth of a son, Jelfrey Paul, on February 10th.



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MINUTES OF THE REGULAR MEETING

Pierce County Medical Society

February 11, 1947

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on February 11, 1947, with Dr. Hopkins presiding. Minutes of the previous meeting were read and approved.

Dr. Govnor Teats commented on H. B. 14 and H. B. 158 and stated that the bill in regard to state industrial contracts was apparently dead.

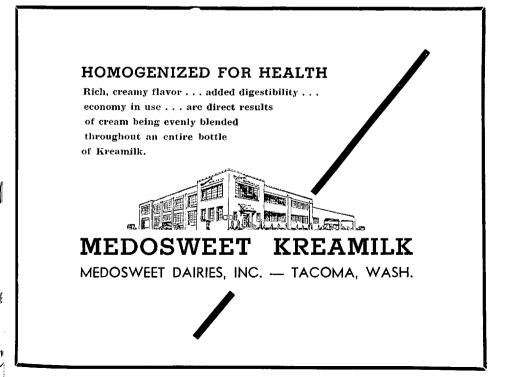
Dr. Hopkins commented on the recent movie "Sister Kenny" and introduced Dr. Morton A. Seidenfeld, of the National Foundation for Infantile Paralysis, who gave an interesting discussion of the psychiatric factors in the care of infantile paralysis cases. He emphasized the fact that patients must be made to realize their po-

tentialities early in treatment and be instilled with a motivation for improvement.

This was followed by a discussion of intrathoracic tumors by Dr. Louis Hoyer. He stated that bronchogenic carcinoma amounted to 10% of all malignancies and was increasing in incidence. He pointed out that the operative results were approximately as satisfactory as those in carcinoma of the stomach and should therefore be considered lesions amenable to surgical attack. He also discussed mediastinal tumors, tumors of the chest wall and carcinoma to the esophagus.

The meeting was adjourned.

If you have coronary-phobia, the following statement should build up your confidence: In the year 1945, the average age of a physician at death was 65.3 years as compared with 64.9 years average of the millions of industrial policy holders of the Metropolitan Life Insurance Company.



INFLUENZA

The great pandemics of influenza have occurred as early as 1520, 1730, 1780, 1836, 1847, 1889, and 1918. The only reason for recording these dates is to show that the pandemics are unrelated to war in spite of the fact that the one within our memory occurred during World War I, Those who had experience with this epidemic can remember the mad scramble in an attempt to discover the true causative agent. At that time much discredit was placed upon the influenza bacillus as the true cause of the disease. It was not until 1933, however, that the virus A was identified as the causarive agent in this epidemic. A new virus was discovered in the epidemic of 1946 which was called virus B. Virus A seems to be the more severe of the two. Except for this, however, the symptoms of influenza A and B are the same. Furthermore, influenza is difficult to distinguish from common colds except for the sudden mass onset, its intensity and prostration.

There seems to be a certain rhythm to the occurrence of epidemics and it has been predicted that an epidemic of influenza A may occur during the winter of 1916 and 47, and that the next B epidemic would be due about 1919 and 50. It should be remembered that such predictions are never too reliable, but there is some evidence pointing to the possibility of influenza this winter.

The Army and certain schools have been experimenting with influenza vaccine, both A and B types. Due to comparative figures as to the incidence of respiratory disease in the Army as compared to civilian population, the Army leels that there is good evidence that influenza vaccine was effective in protecting military personnel. It is now estimated that about 75 per cent protection may be expected from the use of our present vaccines. The Army left that it was worthwhile to vaccinate approximately ten million soldiers last year, and it is probable that it influenza seems immuniment

this winter that they will continue the program this year.

A number of schools and colleges are undertaking to make tests of the effectiveness of this vaccine by offering vaccination to a definite per cent of their students. If, under these circumstances, we should have an epidemic of influenza, more definite information relative to its effectiveness may be secured.

At the present time one subcutaneous dose is regarded as sufficient. The protection can be expected to appear in about two weeks and to give immunity for a few months. In other words, from our present knowledge, it would be necessary to give booster doses each year or at the earliest possible moment after the disease appears.

These vaccines are made from chick embryo virus and about three months are required in their preparation. These vaccines are now available for use, but probably would soon be exhausted if there is a sudden large demand. For this reason we should probably hesitate to recommend mass vaccination at this time except perhaps for key personnel or for further experimental work by the Army, universities, etc.

-Wichita, Kas., Medical Bulletin

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The Microscope

The property of magnification by a convex surface had been known from antiquity. In mid-13th century Roger Bacon redescribed the principle and suggested its use in the purposeful magnification of "letters of a book or any minute object." He may therefore be considered as the inventor of the simple microscope.

Strangely enough for the next four hundred years the only use to which the principle was put was in the invention of eyeglasses. Important use of the single lens microscope in scientific research awaited the work of von Leeuwenhoek at the end of the 17th century.

In the meantime, however, the compound microscope had been invented. The discoverer who gave this fascinating instrument to mankind was Zacharias Janssen, a Dutch spectacle maker. In 1590, while experimenting with a telescope, he found that elongating the tube of his instrument

greatly enlarged near objects, and from this finding the first compound microscope was born. Galileo, hearing of the existence of the instrument but without actually ever seeing it, then reasoned out how such a device could be built and finally announced the invention of his own microscope in 1610.

Improvements were slowly but steadily made. Through the time of Galileo lenses had been made on the end of glass rods by heating. For this reason, obviously. given curvatures were almost impossible of reproduction. In the middle of the 17th century, however, Campani discovered that lenses could be ground and from that point on the quality of lenses improved. In 1673 Heyelius improved on the old draw tube method of focusing by adding a screw which allowed for small changes in the position of the tube. Marshall, of England, in 1693, made a microscope which was the first to have the object holder attached to

(Continued on Page 8)

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the body of the microscope thus preventing independent movement. In 1716 Hertel introduced the plane mirror for the initial use of indirect illumination in microscopy. The Cuff microscope, first produced in 1744, had both coarse and fine adjustments — and with this instrument the origin of the modern compound microscope may be said to end.

Development came in the 19th century with the introduction of condensers, revolving nose-pieces, parfocal mounting of objectives, mechanical stages, iris diaphragms, etc. Throughout this time, however, the manufacture of microscopes remained the work of individual craftsmen—men who could make complete instruments. With the increased demands made in the beginning of this century by the developing use of the microscope in medicine mass production methods were soon introduced and innumerable refinements appeared. The refinements have allowed

for increasing latitude of use of the microscope and today the lineal descendent of Zacharias Janssen's brain child is applied in almost every science and industry.

—Bulletin of Cleveland Academy of Medicine.

CONGRESS ON OBSTETRICS AND GYNECOLOGY

Announcement is made of the Third American Congress on Obstretrics and Gynecology, to be held in the St. Louis Municipal Auditorium on September 8 to 12, 1947. This gathering is planned to attract not only the specialist, but also all those doctors, nurses, hospital administrators, public health workers and medical educators who are interested in the care of the mother and child.

Information concerning registration fees, hotel reservations and further details can be obtained from the office of the Congress at 24 West Ohio street, Chicago 10, Illinois.

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The March meeting will be a 1 o'clock luncheon on the 13th at the New Yorker. A Board meeting at 12 o'clock will precede the luncheon. Anyone who has not been contacted or who has not made reservations may call Mrs. Sherman Pinto, MAin 3305.

Mrs. Ross Wright has charge of the program, which will be in the form of a panel discussion of state medicine as operated in various countries. Mrs. George Delaney will speak on state medicine in England, Mrs. Edward Anderson will speak on state medicine in Germany, Mrs. Wendell Peter-

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son will summarize the medical program in Russia and Mrs. Arnold Herrmann will give an actual case report of England's panel medicine. At the close of the discussion Mrs. Justin Schwind and Mrs. Darrell Running will present a skit which has been written by Mrs. Ross Wright and Mrs. Arnold Herrmann.

Any non-member or interested person is invited to attend this meeting.

TACOMA OCCUPATIONAL THERAPY WORKSHOP

The Tacoma Occupational Therapy Workshop, located at 1009 South Fourth street, has now been in operation for six months. The increase in use of its facilities by members of the medical society has been heartening to its advisory boards and director.

Established as a community service, primarily to assist the physician in hastening the return to work of Tacoma's many industrial accident victims, the Workshop also gives treatment to children and adults with such conditions as cerebral palsy, post polio, arthritis, cardiac disorders and neurotic tendencies.

The census shows at the present time 26 children and seven adults receiving treatment, referred by 21 physicians from Tacoma, Puyallup and Seattle. Diagnosis of those referred breaks down as follows: 24 cerebral palsy, one Little's disease, three post polio, one multiple fractures, one paralysis resulting from intramedullary hemorrhage of the cervical cord, one hand injury with lacerated tendons, one second and third degree burns, one depression.

Patient: "I have an awful rumbling in my stomach, doctor."

Doctor: "Hmm! Probably that truck you ate last night."

GENERAL STRIKE

 $B_{\rm Y}$ Rollen Waterson

The general strike—"work holiday" was its union label—began early on the morning of December 3, 1946. It stemmed from difficulties between unionists and the operators of two retail stores in downtown Oakland.

That same morning I began trying to reach someone in authority at the Central Labor Council—union headquarters in Oakland. It was imperative that the labor leaders be told of the necessity for maintaining uninterrupted delivery of medical, hospital, and surgical care. No such provision had been made by labor, whose sudden move had paralyzed all normal activities of eight Eastbay cities.

The following experiences may read like fiction. I assure you they are not fiction. They are fact. The dialogue may not be verbatim, but its meaning is actual.

On my first telephone call I was told that "only the strategy committee had authority to take any action. Nobody on that committee can be reached. Your message will be delivered. Somebody will call you."

I insisted upon knowing when. I was told: "You've got me, doc. I dunno."

I at least got the names of two responsible labor officials. I tried their homes without result. I called labor headquarters again. Still the same response: "You'll hear from somebody, some time."

By noon, still without having talked with an official of the unions, I sent the following telegram to the Central Labor Council:

"We earnestly recommend the appointment of someone with authority to work with the organized medical profession as represented by the Alameda County Medical Association to establish minimum services to prevent suffering of the sick and injured and to preserve health."

No answer. I continued telephoning. No result.

Meantime, the ACMA switchboard was jammed with incoming calls. Hospitals

were short of food items. Nurses and other personnel couldn't get to work. A Berkeley doctor was stranded, elevatorless, in his fourteenth-floor offices and 15 pneumo-thorax patients were scheduled for office treatment that afternoon. A mother had carried her injured child up many flights in another medical office building because she was determined to see her family doctor. Doctors telephoned that stoppage of wholesale deliveries of gasoline meant that soon they would be unable to reach their patients. Absence of building maintenance crews meant no hot water or heat in doctors' offices. Building managers in medical centers were stopped by pickets while attempting to maintain skeletonized service for patients.

I continued telephoning. Still no results. By early evening I was threatening the helpless subordinates who answered union telephones. I told them they were directly responsible for murdering the sick and injured if they didn't place me in immediate touch with a labor leader with authority to act.

I continued telephoning. At 11 p. m. I got results. I talked with a member of the strategy committee. He said I could tell my story to the committee at labor headquarters at 9 o'clock the following morning.

At 9 o'clock the following morning, the second day of the "work holiday," I presented myself for an audience. I was asked to wait. I waited, watching and listening to the men who had disrupted the services affecting the daily lives of the 750,000 persons of this area.

A husky man was glaring at a battery of clamoring telephones.

"Whaddya mean, your baby is starving?" he barked into a mouthpiece. "Don't squawk to us. Call Kahn's and Hastings. Call the police. This is all their fault. You don't have any groceries in the house? . . ." and he hung up the receiver.

"If she doesn't have enough brains to keep a week's groceries in the house, she (Continued on Page 11) oughta starve," he said to a companion as he reached for another telephone.

"So the doctor says your husband needs meat, does he?" he demanded of the next caller. "I got the answer for that one. Two weeks ago my doctor took me off meat. Haven't had any since, never felt better in my life." That ended that appeal.

The union official with whom I had my appointment arrived. He said he would see me shortly. He did. He said: "You have the medical association tell Kahn's and Hastings to listen to reason, doc, and we'll see that you get what you want. What do you want?"

I gave him a list of our most urgent requirements. He disappeared into another room for consultation with the strategy committee.

I waited. Men on "holiday" came in for instructions. Other men—some protesting, others pleading—came in for the union's permission to carry on their work, to seek relief from the union grip on their families' welfare. I waited on.

I stopped waiting. I pushed through the door to the committee room. A few men were just donning coats and hats. I was told the committee was on its way to the City Hall for an important meeting.

I demanded to know what action had been taken on the list of medical requirements. I was told it had been turned over to a clerk "who will see what we can do about some of the things you want."

"I don't want a damned thing!" I shouted.
"Then what are you here for?"

"To tell you what you have to do to avoid being responsible for needless suffering and death. I'm not asking you for anything. The doctors aren't asking you for anything. You've taken this tremendous responsibility on yourselves. I'm here to tell you what to do about it to protect the lives and health of the people of Alameda County.

"If you don't act immediately," I continued, "we will go on the radio. We'll tell the people what we have advised and what you have refused to do. Every minute you

delay brings you closer to the probability that you will be guilty of murder."

I was mad.

"But, doc! We can't do these things. There's a work holiday on," the union man said.

"That's up to you," I said. I put on my hat, started for the door.

"Take it easy, doc. The boys'll get someone from each union involved. We'll work out something."

I took off my hat and sat. The union man left the room, returned with another man who said he spoke for the clevator operators' union.

"How can we run elevators for doctors' patients without other people riding, too?" he asked. "Sorry doc. Guess we can't do it."

I put on my hat, started for the door,

"Don't get hot, doc. Let's talk it over."

I took off my hat. "About 85 per cent of the medical care for 750,000 people is practiced above the first floor," I told him. "If you want responsibility for keeping people from their doctors, that's up to you. Many of those people are unable to climb stairs."

Other men joined us. One turned to the elevator union man and asked: "How's about running the cars just for emergencies?"

"Yeah," offered another. "The doctor can come down to the lobby, see if it's an emergency case, then run it up in the elevator himself."

"Ridiculous," I said. "Doctors don't like climbing stairs any more than you do. But they're not elevator operators and they're not going to hold public consultations with patients in building entrances. They'll see them in their offices, or not at all."

"Then they won't see them at all," growled a unionist.

I put on my hat, turned to the door. "Come on back, doc. We'll put on elevator operators to take just the emergencies up to the doctors." I took off my hat, returned to my chair.

(Continued on Page 12)

"And how will they know an emergency?" I asked.

"Anybody can tell an emergency. If it's a kid with a bloody hand—that's an emergency. If it's some guy with a pain he's had for weeks—that's no emergency. He don't go up."

"And if it's someone with a bellyache?" I asked.

"Send him home to take a physic."

I reached the door this time before I got my hat on. A quick promise to let me know later about the elevators and a question as to what was next stopped me.

Gasoline for doctors was next.

"Let's name special service stations, give doc here some union permit stickers for windshields and he can issue 'em to the doctors." said someone.

"No doctor is going to practice medicine by union permit—which is what your suggestion amounts to," I said. "No doctor in this county will recognize your usurped authority by displaying a union permit. He'd rather take a work holiday and go fishing first."

"Hey, doc—can you call the doctors out, too?" came from a bystander, respect in his voice. It had to be answered.

"Doctors don't strike," I explained. "They always take care of their patients if physically possible. The public interest is their first consideration. Is it yours?"

Thus it went. Four hours after I first entered labor heaquarters I headed back to the street. Not one of my requirements had been granted. On my way through the union offices I passed piles of sandwiches. On my way through the streets I passed strike-closed restaurants.

Back at ACMA headquarters we began drafting a news release for radio stations—no newspapers being available in Alameda County. The news release was to tell what the unions had not done to ease the medical emergency. My phone rang. It was union headquarters saying that elevator service had been restored in seven medical office buildings. That was about 2 p. m.

We reshaped the news release to acknowledge the point. The phone again. Union headquarters. Sixteen limousines had been made available and manned by the chauffeurs' union to supplement ambulances for emergencies. The chauffeurs' union chief had been acutely aware of the need for medical, surgical, and obstetrical emergency transportation.

The final news release draft was made. It included these two union concessions, mentioned a continuing emergency for hospital supplies and personnel and the union's "promise" to settle the problem of gasoline for doctors' cars. This release was telephoned to each Bay area radio station and to each San Francisco newspaper and news wire service.

The executive committee of the ACMA, in constant touch with developments, rejected the suggestion of an employers' group that the medical association publicly condemn the strikers—just as the labor leaders' request for medical association partisanship had been rejected.

The general strike ended the morning of the third day.

Little Johnny brought home his report card, and with it was a note from the teacher.

"Dear Mrs. Jones:" said the note. "Johnny is a bright boy, but he spends all his time with the girls. I'm trying to think up a way to cure him."

Mrs. Jones studied the note, then wrote the teacher as follows:

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It is untrue, for there has been no poll of all doctros regarding the matter of cigar-

ette preference which has been conducted by a survey agency independent of the manufacturer or his advertising agency. It is misleading if the acceptance by the doctor of a mailed sample of cigarettes interpreted as an endorsement of that brand. There are enough cigar-wearing or pipe-smoking medicos still around to make a stated "100% acceptance" a statistical impossibility. There is not one whit of scientific writing to justify any brand claim to superiority except as its background "research" has been subsidized by a given manufacturer of his advertising agency.

These advertising claims make the medical profession look silly, and it is small wonder that doctors are regarded in some circles as a merchandisable item. Even among the columns of J.A.M.A. you will find these claims juxtaposed with the advertising of Council-Accepted pharmaceuticals and soap. Me? I smoke cubebs.—Detroit Medical News.

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Chancroid0
Chickenpox85
Diarrhea (Under 1 year) 1
Diphtheria 1
Dysentery 3
German Measles5
Gonorrhea24
Impetigo 2
Measles 8
Mumps
Paratyphoid B 0
Rheumatic Fever1
Ring Worm 0
Scarlet Fever4
Spinal Meningitis 1
Syphilis13
Tuberculosis11
Undulant Fever1
Vincent's Infection
Whooping Cough10

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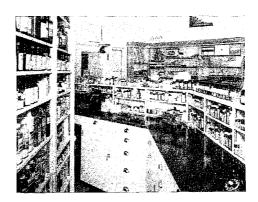
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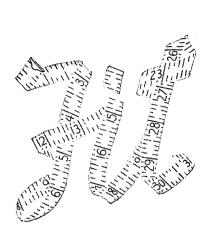
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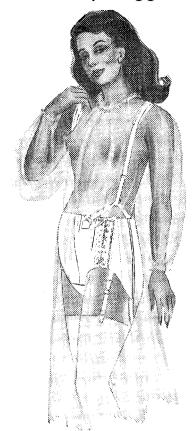
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two professional men had joined their hands to make him well again.

We are not so busy these days that we are unable to observe amenities of practice. In these little things are the soundest counter-claims to those who would make the art of medicines a heartless, impersonal punch-card procedure.

-William Bromme.

SERIOUS

One of the boys in the shop, who had a bottle of Scotch on his hip, slipped and fell on the icy pavement. On rising, he felt something wet running down his leg.

"I hope it's blood.'." he said.

i ii ii

SO TRUE

A: "I think a sharp nose usually indicates curiosity."

B: "Yes, and a flattened one indicates too much."

-Boy's Life.





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Vol. XVII-No. 4



APRIL. 1947

Programs

Medical Arts Auditorium—8:15 P. M.

APRIL 8, 1947

APRIL 22, 1947

Discussion of Current Economic Problems Relating to the Practice of Medicine Reports of Nominating Commitees

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

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EDITORIAL

The results of the 1947 legislature, as applied to medicine in Washington, are not settled as the Bulletin goes to press.

There were approximately thirty bills introduced in both Houses relating to practitioners of the healing arts. Of this number, five were actively supported or opposed by the medical profession. There were other controversial bills of interest which did not survive committee action that they were referred to.

The bills that have become law are:

SB171—relating to wages of public employees. Deductions from wages are now authorized for payment of medical fees, insurance and kindred self-protective measures. This enables prepayment of medical care costs for all State, County and City employees to the contracting medical group directly, facilitating identification and auditing for prepayment groups.

HB378—requires applicants for admission to practice medicine and surgery in this State to be graduates of colleges accredited by the Association of Medical Colleges, Council of Medical Education and the American Medical Association. bill clears up problems that have been placed on the Department of Licences previously, and was not controversial.

SB216—The hospital licensing law, was vetoed by the Governor. There was considerable question and discussion on the merits of the Bill as drawn and amended. It is the generally considered opinion nothing was lost through the Governor's veto-

SB158—Setting up the medical disciplinary Board was lost through the Governor's veto. In press releases, the Governor is quoted as believing this granted powers beyond those of usual disciplinary Boards. There were also objections to the method of the Board's appointment, which relieved the Governor from appointing the Board's majority. The profession in introducing this measure patterned it after those in

(Continued on Page 3)

effect in other States, and by the veto sustained temporary loss.

SB177—The so-called enabling act, introduced by non profit corporations engaged in providing health care services, was amended and passed with the Governor's approval. The law as now set up requires registration by all health service contractors with the Insurance Commissioner, who is empowered to make regulations in administration of the act. This places profit and non profit corporations engaged in such services on a freely competitive basis and is controversial as to final outcome, depending upon the point of view.

To those observing the Legislative Session in detail, the overall picture pertaining to the medical profession can be summarized briefly:

Legislators are responsive to suggestions and to information when received from their doctors as individuals. Information from sources identified as organized medicine is anathema to the majority. Statistical and social data from propagandizing Federal sources viz., the Falk machine as financed by the taxpayer, is all too available for any easy reference by legislators.

The threat ahead, as seen for medicine at this time, re-emphasizes the need for all doctors to take note of the decided political trends dividing and neutralizing their control of the medical profession.

R. D. Wright.

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TACOMA

The Future of Nursing

The banner of nursing service has been carried from antiquity through the various military and religious orders to the modern scientific nursing of today. The science of medicine grew less rapidly than the science of nursing so that nursing in the early part of its history was controlled by churches and religious organizations.

It was not until the early eighteenth century that any effort was made to put nursing on some systematic basis. Then early in the nineteenth century much interest was aroused in nursing and several orders were formed to establish nurses in regular hospitals.

The modern trend of nursing dates from the time of Florence Nightingale. It was she who went into the army hospitals and organized nursing care, sanitation, food and recreation facilities. She influenced the establishment of the first training schools for nursing, and since then nursing educational standards have made great strides forward to create the ultra-scientific nurse of today.

Within the memory of many of us here the nursing schools gathered most of its recruits from among those lacking high school education, widows and those with inadequate finances for higher education. These women took nursing because they were untrained for any paying job and nursing provided them with livelihood while training.

There were also those who entered training solely because they were inspired to serve the ailing. These girls were taught predominantly bedside nursing rather than scientific nursing. Today's educational standards for nursing require the prospective student to be at least a high school graduate, preferably to have a year or two of college and in either case rating in the upper third of her class. These girls are

(Continued on Page 4)

given a smattering of anatomy, physiology, chemistry, medicine, surgery, obstetrics, gynecology and so forth.

The net result being that modern nursing schools are graduating supervisors rather than nurses. Most of these nurses have lost the art of bedside nursing in procuring little needed scientific knowledge. In other words nursing today produces supervisors, public health nurses, industrial nurses, nurse anesthetists and other specialists thereby losing the bedside nurse who practised the art of nursing. Thus is the trend of nursing similar to that of medicine. The general practitioner is becoming extinct—lost in the field of medical specialists.

In view of these facts some interesting problems are presented to the future of nursing, the most important of which is the vital need for bedside nurses, nurses who can and will devote all energy toward the recovery of their patients. With the modern set-up this is an impossible task.

Nurses of today are trained three years for their profession and, therefore, feel that they should not be required to work such irregular and long hours with so little pay when unskilled labor has better hours with nearly as much and oft times more pay.

Is it any wonder then that our hospitals are wanting for nurses because so many nurses have deserted for the better hours and equal pay of the doctor's office, public health and industrial nursing while married nurses find nothing to gain and considerable loss in hiring housekeepers to care for their homes while they nurse?

The Armed Forces gave most of their nurses jobs of supervision over enlisted men who did the bedside work and have thus added to our problems concerning the future of bedside nursing. Many of the veteran nurses feel it beneath their professional standards to do the menial work required in bedside nursing — yet there are a few who would be good nurses anywhere. The G. I. Bill of Rights also has

taken many veteran nurses out of the profession and put them into colleges. Thus we find ourselves with an acute shortage of nurses who are willing to do bedside work.

The training schools must meet this problem. It is the opinion of many in the medical profession that in this emergency the training schools must produce bedside nurses in a manner similar to that employed by the Armed Forces; that is, to train rapidly a group of nurses corresponding to the enlisted men of the Medical Corp capable of doing bedside nursing under the supervision of a registered nurse.

Those of us who served in the Armed Forces, doctors and nurses alike, know that with six weeks of schooling and a month or two of practical work these corpmen did adequate bedside nursing under the supervision of their ward nurse. The educational system of nursing is so elaborate today that in my opinion secondary nurses must be trained who will do bedside nursing for the sake of the patient. This would allow those who seek educational nursing to gain their objective and would also create opportunities in nursing for those girls with lesser educational attainments and inate ability. It would also alleviate the hospital bed shortage resulting from the need of nurses.

Presented before meeting of the Nurses Alumnae Association of the General Hospital of Syracuse, N. Y. by Rowland Mesick M. D., September 17, 1946.

WONDERING

Friend: When your husband craves a kiss, do you always give it to him?

Jealous Wife: I wish I knew.

☆ ☆ ☆

Motorist: "Hey, it's pretty fortunate for you that this happened in front of a doctor's house."."

Victim: "Yeah, but I'm the doctor."

MINUTES OF THE REGULAR MEETING

Pierce County Medical Society

March 11, 1947

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on March 11, 1947, with Dr. L. A. Hopkins presiding. Minutes of the previous meeting were read and approved.

Dr. W. W. Mattson gave an interesting report of a case of Brucellosis and demonstrated the patient. Dr. Sames discussed the X-ray findings of this case.

Dr. George Rickles continued the scientific program with a very interesting and informative paper on Infectious Polyneuritis or Guillain-Barre's Syndrome and reported five personal cases. The paper was capably discussed by Dr. Frank Maddison

and Dr. Charles Larson. Dr. Philip Kyle commented on one of the cases.

Applications for membership of Drs. James G. Shanklin, A. J. Herstad, William H. Todd, R. L. Knoll, J. Edmund Deming and William G. Tramblie were given first reading.

Dr. Hopkins urged all members to attend the next meeting, at which time there would be a discussion relative to the Old Age Assistance program.

The meeting was adjourned.

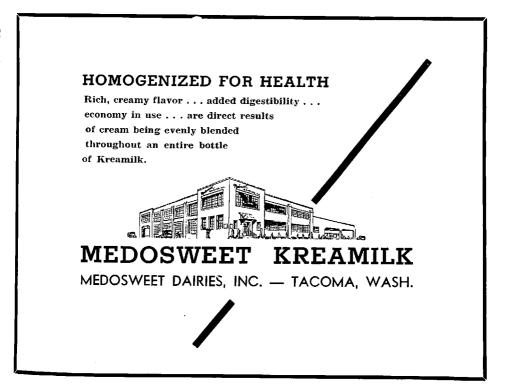
There's a man who's always giving women something to talk about.

A scandalmonger, eh?

No, a surgeon.

☆ ☆ ☆

Doctor (breaking news of twins to father): "Well, Mr. Cross, if I may say so, we all have our little crosses, and you have just been double-crossed."



GROUP PRACTICE COMES OF AGE

The establishment this month of a fullpartnership group in Newark throws into sharp focus the entire question of the status of group practice. New Jersey is already known as the seat of one of the oldest groups in the country - the Summit Medical Group, which has accumulated a quarter of a century of successful experience. Because it will pool all income from patients, the new Newark Clinical Group comes even closer to the Medical Group Practice Council's definition which is: an association of physicians of different skills, using medical equipment and administrative personnel in common, with a formal pattern of professional collaboration, and a unified administrative and financial organization.

It is expected that 1947 will see the birth of many new medical groups in the east the one area in the country where this type of organization has flourished least. Nonparticipants will view this trend with attitudes varying from tongue-in-cheek curiosity to outspoken hostility. Opponents of group practice will make numerous criticisms, chief of which will be these: that it means dividing one patient among numerous specialists: that the personal physicianpatient relationship will be blurred; that knowing that specialized help is just across the hall, each doctor will pass the buck to his colleague, thus narrowing his own professional horizon; that for the same reason, there will be a tendency towards overconsultation, so that any patient who comes in with a hanguail or a sore throat will emerge with an electroencephalogram and a Rubin test: that the business manager will encroach into the field of professional policy; that senior members of the group will dominate the professional activities of the junior physicians; and even that the security of income will stille the doctor's ambition.".

While some of these "arguments" sound capricious, it must be conceded that they are usually advanced in good faith by honestly troubled observers. And the an-

swer is also a matter of good faith. If a group is composed of physicians who individually are skillful and ethical (and this is certainly true of both the Summit and Newark groups) then it is gratuitous to suppose that they will undergo a professional or moral transformation by entering a group. Honest doctors will make honest groups.

Group practice will be appealing to the younger physician who is otherwise likely to sit around a half-filled office for some years watching time and idleness dull the sharp edge of his freshly acquired knowledge and skills. The group does offer him the chance of starting in high gear. To the older doctor it holds out a different appeal: a schedule with regular days off plus winter and summer vacations without loss of practice. The steady growth of groups all over the country attest to the value of this kind of organization to the patient.

The west is still the seat of most medical groups. The tide is moving east, however, and this new year is certain to see the establishment of many groups along the Atlantic seaboard. Since several decades of nationwide experience have mellowed these only primitive and experimental organizations, our new local groups will spring into life already mature. The sentimentalist who sits on the sidelines may nostalgically mourn the loss of individualism, and the cynic may quip about the difference between giving a patient a work-up and giving him the works, but the tide will move on in spite of skepticism or expressions of doubt, and the solo practitioner can do no more than view the trend with interested and sympathetic curiosity. And in the tradition of the profession, he will wish the pioneers well.

—Editorial, Journal Medical Society of New Jersey.

Doctor: "Why didn't you send for me sooner? Why did you wait until your husband was unconscious?"

Patient's wife: "Well, as long as he had his senses he wouldn't let me send for you."

February 26, 1947.

Pierce County Medical Society. Tacoma, Washington Gentlemen:

This letter is to inform you of the coming annual "Cancer Drive" of the American Cancer Society. This is being sponsored in the State of Washington by the Junior Chamber of Commerce. The drive will be held from April 1 to April 30, 1947. The goal set for Pierce County is \$25,000. The money is spent accordingly:

- 1. 40° for National Use
 - 1. $7e_0^*$ for National administrative costs.
 - §e_o for National educational campaign.
 - 3. 25% for National research, of the same type as carried on for the development of the atom bomb.
- II. 60°_{0} for use within the State of Washington
 - 1. Support of Cancer detection centers,

- of which we have one in Tacoma.
- 2. Cost of X-ray and Radium treatment of the indigent.
- 3. Transportation of the indigent to and from treatment centers.
- Dressings and Visiting Nurse care for inoperable indigent Cancer patients.

Since this drive to fight Cancer directly concerns the physician and surgeon, it would be appreciated if you would answer any questions concerning Cancer or the purpose of the "Cancer Drive" that patients might ask. It would also be appreciated if you would permit folders, prepared by the American Cancer Society, to be placed in the waiting rooms of your offices.

Respectfully yours.

DUMONT STAATZ, M. D., Vice-Chairman of Cancer Drive, Tacoma, Washington.

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OFFICE PAINS

Milling patients by the score Pass in through our office door.

Patients sixty, patients four, Quiet ones and those who roar.

Itch or pain or scratch or sore, Fingers crushed between a door.

Some drop ashes on the floor; That's what burns me to the core.

There's the one I'd gladly choke, There's the one who's always broke.

Some are short and some are tall. Some are fat and some are small.

There are those who can't sit still, Others never pay their bill.

There are those who sit and stare,

There are also ones that glare.

Some are always in a rush, There are some that always gush.

However, it's not hard to pick, The patient who is really sick.

Doctor's office is a riot, Honest, folks, you ought to try it.

> —By a Doctor's Secretary, From Exchange.

Doctor: "Why did you drink that stuff? Didn't oyu see the label on the bottle? It said "Poison."

Patient: "Yes, but I didn't believe it because right under that it said "Lye."

☆ ☆ ☆

Barber: "Your hair is terribly thin on top. Have you tried our great Russian tonic?"

Victim: "No, it wasn't that."

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First Vice President	Mrs. S. F. Herrmann
Second Vice President	Mrs. L. E. Skinner
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COMMITTEE REPRESENTATIVES

American Cancer Society	Mrs.	A. H.	Buis
Presidents' CouncilMrs.	Georg	je Kur	ız, Jr.

The Auxiliary will meet in small groups for I o'clock luncheon on Thursday, April 10. at the following homes: Mrs. H. L. Maier, 2707 Henry Road, Mrs. W. H. Ludwig. 2601 North Junett street, Mrs. Lawrence McNerthney, 3215 North Alder street, Mrs. C. Garnett Trimble, 620 South Union avenue, Mrs. J. R. Campbell, 5223 South Oakes street and Mrs. George J. Vandenberg, 3009 North 30th street. Assisting hostesses will be Mrs. Vernon E. Crowe, Mrs. R. W. Florence, Mrs. Karl S. Staatz, Mrs. E. R. Anderson, Mrs. R. D. MacRae, Mrs. F. J. Rigos, Mrs. S. F. Herrmann, Mrs. Philip Grenley, Mrs. Hillis F. Griffin, Mrs. A. J. Herrmann, Mrs. W. G. Peterson and Mrs. H. W. Humiston.

Following luncheon the afternoon will be spent in making favors for the Pierce County Tuberculosis Sanitarium.

Anyone who has not been called and assigned a place to go for one of these group luncheons is asked to call Mrs. S. E. Light, PRoctor 4352.

DID YOU KNOW?

—that only 7 percent of the area of the globe is under cultivation?

—that a 100 per cent increase in the world milk supply will be necessary to meet even the first nutritional goals of the Food and Agriculture Organization?

—that powdered orange juice, home from the wars, soon will be available? Reports say it retains the flavor and vitamin content of fresh juice.

—that butter is a barter item in Germany? A tenor of the Berlin Municipal Opera refused a guest appearance. Reason? The manager would not guarantee him a pound of butter as one of the remunerations.

—that a portable picnic refrigerator has food compartments and freezes ice cubes? Dry ice is the refrigerant.

—that Pennsylvania makes more ice cream than any other state? Ten of every 100 gallons come from the Keystone State.

—that one of the greatest tearjerkers of all time is fading from the picture? Now peeled, cooked onions may be purchased—all ready to heat and serve.

—that the average American must raise his cheese consumption 40 per cent; ice cream, 70 per cent; and milk, 50 per cent over 1945 levels to meet his full nutritional needs, a government survey reveals?

-Nutrition News.

The Tongue

"Not the tongue in your shoe, nor the tongue on a low-down wagon, but the tongue in your mouth is the thing I want to talk to you about. The human tongue starts more trouble than friends or finance can stop. It is the fool that can do more harm in a day than you can correct in many years. Lincoln said little and Grant said less. Washington talked only when necessary and Coolidge was as silent as a steam calliope with a broken boiler. The more men talk the less time they have to think and the less time others have to think. If you are a great talker, you are not a great thinker. Listen to yourself and get your own weights and measures."

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HOW TO LIVE LONG AND BE HAPPY

- 1. Keep skid chains on your tongue; always say less than you think. Cultivate a low, persuasive voice. How you say it often counts far more than what you say.
- 2. Make promises sparingly and keep them faithfully, no matter what it costs
- 3. Never let an opportunity pass to say a kind and encouraging thing to or about somebody. Praise good work done, regardless of who did it. If criticism is merited, criticize helpfully, nevery spitefully.
- 4. Be interested in others; interested in their pursuits, their welfore, their homes and families. Make merry with those who rejoice, and mourn with those who weep. Let everyone you meet, however humble, feel that you regard him as a person of importance.
- 5. Be cheerful. Keep the corners of your mouth turned up. Hide your pains, worries and disappointments under a pleasant smile. Laugh at good stories and learn to tell them.
 - 6. Preserve an open mind on all debat-

able questions. Discuss, but don't argue. It is a mark of superior minds to disagree and yet be friendly.

- 7. Let virtues, if you have any, speak for themselves, and refuse to talk of another's vices. Discourage gossip. Make it a rule to say nothing of another unless it is something good.
- 8. Be careful of another's feelings. Wit and humor at the other fellow's expense are rarely worth the effort, and may hurt where least expected.
- 9. Pay no attention to ill-natured remarks about you. Simply live so that nobody will believe them. Disordered nerves and bad digestion are common cause of backbiting.
- 10. Don't be too anxious for your dues. Do your work, be patient, and keep your disposition sweet, forget self, and you will be respected and rewarded.

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WANTED — MORE STUDENT NURSES

Most physicians are painfully aware of the current national nursing shortage. Everyone is agree that "something should be done about it," but it occurs to few practicing physicians that they can individually contribute to the ultimate solution of the problem.

With the end of the war and of the federally subsidized cadet nurse and student recruitment program some decrease in numbers of young women entering training was perhaps to be expected, despite a continuation of recruiting efforts through individual schools, local, regional and national organizations. The wartime appeal of a three-year course in nursing, with its hard work, study, discipline and ultimate career in an essential, honorable and satisfying field suffered in the transition.

All physicians can assist materially in student recruitment by urging young women of their acquaintance seriously to consider entering nursing as a career, and by going out of their way to interpret nursing to parents, high school teachers and vocational counsellors. Now is none too soon for high school seniors to be considering nursing as a possibility for the next beginning classes in 1947.

One hears much of erroneous impressions rampant among otherwise well-informed individuals which militate against the interest of well qualified young high school graduates in seriously considering nursing as a career. For example, in the depths

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Phone MAin 8212

of the depression, just as in most fields, there was an oversupply of nurses. That situation and the possibility of its recurrence causes some to advise against nursing. At that time college graduates ran elevators, but we have been unaware of such a transitory condition deterring young people from seeking a college education in increasing numbers. Meanwhile the fields of worthwhile opportunity for nurses have greatly expanded.

Nursing is and has been a career of hard work. It has through the years been elevated far above the status of a glorified menial or domestic worker with which some still compare it. It exposes young women to much that is unpleasant and perhaps too frequently lets them see human nature at its worst. So do numerous other lines of endeavor, including the practice of medicine, but we have yet to learn of this factor being the source of any widespread regret for physicians having entered the study of medicine.

Many physicians married nurses and we believe that those who did and many who did not will attest to the fact that nursing is one very sound preparation for a later career as a homemaker and mother.

DEADLINE

May 1, 1947, is the deadline for entering the \$34,000 prize art contest on the special subject of "Courage and Devotion Beyond the Call of Duty" (on the part of physicians in war and in peace). This contest is open to all M. D.'s in the Western The exhibition will take Hemisphere. place in conjunction with the A. M. A. Centennial Session at Atlantic City, June 9-13, 1947. For complete information, write or wire now to Francis H. Redewill, M. D., Secretary, American Physicians Art Association, Flood Building, San Francisco, California, or to the sponsor, Mead Johnson & Company, Evansville 21, Ind., U. S. A.

NATIONAL HEALTH FUND

A plea for a National Health Fund is made in McCall's Magazine and the Reader's Digest by Albert Q. Maisel, who points out that it has been urged for years by such public health leaders as Doctor Louis Dublin and Colonel Ira Hiscock to "bring order out of wasteful chaos" and to ensure that the vast sums annually contributed by the American public for fighting disease are properly allocated and used.

The article reveals that the two agencies concerned with tuberculosis and infantile paralysis. "because they are lucky enough to have the most dramatic devices for raising money," get two-thirds of the annual total of \$58 million collected by health drives. "while far more important and dangerous diseases receive litle or no attention."

"For instance," Mr. Maisel says, "only 175,000 persons in the entire United States are crippled to even a slight degree by infantile paralysis. Thousands of them neither request nor receive any aid. Yet the National Foundation's annual receipts amount to \$94 per case.". Tuberculosis affects some 680,000 persons. The \$15 million raised each year by the Tuberculosis Association comes to \$22 for every case, including hundreds of thousands, who get no direct aid at all.

"Cancer kills 165,000 persons each year in the United States. But for the 500,000 cancer cases actually under treatment, the American Cancer Society can raise only \$4 million a year — barely \$8 per case. For the 660,000 diabetes cases, the struggling American Diabetes Association raises \$30,000 yearly—less than a nickel a case. Heart disease affects over 3,700,000 persons and is the cause of 22 per cent of all deaths. The annual collections come to a mere \$100,000—less than three cents per case."

The public, the article suggests, should demand "an end to separate fund-raising campaigns and a beginning of co-ordinated planning and democratic procedures in the voluntary health associations"

LIQUOR LENGTHENS LIFE!*

The horse and mule live thirty years and Know nothing of wines and beers;

The goat and sheep at twenty die And never taste of scotch or rye.

The cow drinks water by the ton And at eighteen are mostly done;

The dog at fifteen cashes in Without the aid of rum or gin.

The cat in milk and water soaks

And then at twelve short years croaks;

The modest, sober, bone-dry hen Lays eggs for nogs, then dies at ten.

ALL ANIMALS are strictly dry, They sinless live and swiftly die;

But sinful, ginful, rum-soaked MEN Survive for three-score years and ten.

*Kings County Medical Bulletin, Jan. 1947.



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PRECAUTION

"What do you do in a case of amnesia, doctor?"

"I collect my fee in advance."

台 台 台

Wrote the teacher on the blackboard: "I didn't have no fun at the seaside."

"How can I correct that, Johnny," she asked.

"Get a boy friend," responded Johnny.



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Pillows cleaned the Muroza way ARE softer . . . more comfortable. Because every last feather is sterilized in live steam . . . "fluffed" to a downy softness. Muroza pillow cleaning costs only 75c a pillow —and NOW is the time to get speedy pillow cleaning service.

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1947 LEGISLATURE FULLY ADVISED

At the Eighth Annual Meeting of the Pennsylvania Psychiatric Society, October 10, 1946, Philadelphia, several considerations in furtherance of the Mental Health Program of Pennsylvania were approved by the Society, as follows:

- 1. A Special Coordinating Committee of the Society was established to coordinate the activities of the Pennsylvania Psychiatric Society, the Pennsylvania State Medical Society and the Public Charities Association of Pennsylvania, to be represented respectively by Drs. LeRoy M. A. Maeder, Howard K. Petry, and Frederick H. Allen.
- 2. The Society created a special committee on Psychiatric Services to carry out the aims embodied in the following resolution:

"This Society favors the devoloment of psychiatric services in general hospitals and the requirement that each intern be required to serve two months in an approved psychiatric hospital as a prerequisite to licensure in Medicine and Surgery in Pennsylvania; a Committee on Psychiatric Services is to be appointed by the President; this Committee is hereby authorized and instructed to formulate a specific program in regard to the above matters, to confer with the State Welfare Department, U. S. Veterans Bureau, State Board of Medical Education and Licensure and other indicated sources; to refer this program to Council within two months for consideration and approval; and to later enlist public, group and other support for this program."

Patient: "But, doctor, are you sure this is pneumonia? Sometimes doctors prescribe for one thing and the patient dies of something else."

Doctor (with dignity): "When I prescribe for pneumonia you die of pneumonia."

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A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medically approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—without coughing.

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Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

It lessens the hazard of complications by getting rid of germ-laden secretions.

Prescribe it for the symptom of cough. Very palatable.

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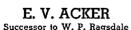
Communicable Diseases

The following is a report of the number of contagious diseases in the City of Tacoma for the month of March, 1947:

Chancroid	0
Chickenpox1	13
Diarrhea (Under I Year)	0
Diphtheria	0
Dysentery	0
German Measles	9
Gonorrhea	22
Impetigo	0
Measles	9
Mumps	12
Paratyphoid B	0
Rheumatic Fever	0
Ring Worm	1
Scarlet Fever	5
Spinal Meningitis	l
Syphilis	14
Tuberculosis	13
Undulant Fever	0
Vincent's Infection	0
Whooping Cough	ŏ

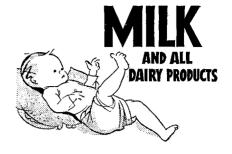
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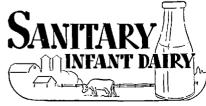


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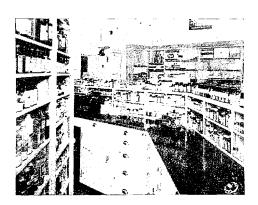
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Dale Forkenbrock, Manager

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*Journal of the American Medical Association—Sept. 26, 1942, Vol. 120, pp. 269-270

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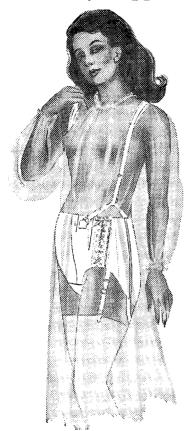
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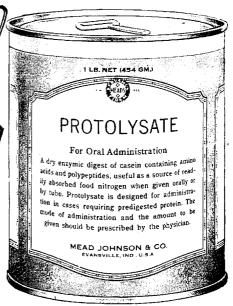
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—that box cars have taken wings? Now food can be carried across the country in tow planes. And they travel from coast to coast in nine hours.

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—that strawberries have been shown to be one of the richest sources of vitamin C, more concentrated even than oranges and tomatoes?

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—that grandmother's wooden churn is just a museum relic these days? New all-metal churns have butter capacities up to one ton.

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—that an even newer prospect is butter

made by a continuous process which requires no churn at all?

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—that a new home canning aid, when presset down on a jar lid, will flash a green signal if the jar is well sealed—a red signal if the vacuum sealing is unsafe?

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—that in New England a fleet of mobile snack bars dispenses sandwiches, cake, pie, milk, and coffee from specially-outfitted trucks to motorists and pedestrians?

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Freshie: "Well-er-I think they were Gaulstones, sir."





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Bulletin



MAY, 1947

Programs

Medical Arts Auditorium—8:15 P. M.

MAY 13, 1947

Election of officers

JUNE 2, 1947

ANNUAL BANQUET

Top of the Ocean — 7:00 p. m.

Installation of new officers

No meeting on May 27th

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

1946-1947

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EDITORIAL

We overheard a conversation the other evening that put another furrow in our brow. It had to do with an automobile accident case in which a physician was the defendant. The jury had just brought in a verdict for \$70,000.00 for the plaintiff, which, even in these times of the deflated dollar, may be considered a sizable amount.

Back in the days now referred to as the depression one of the favorite sports was to sue or threaten to sue the doctor. In the past few years, with the surgeries and offices crowded to the bursting point, such suits have been rare. Just why they should have been rare we shall have to leave to your imagination, but we think we can foresee a time when things will slacken off a bit and then, human nature being what it is, the malpractice suit will again come into its own.

If our premise is correct, and we think it is, we wish to remind you again that the majority of such suits are based upon the thoughtless remarks of a fellow-physician. Second guessing and Monday morning quarterbacking are amusing and interesting when applied to politics and football. When directed toward a fellow-physician they can be injurious to the whole profession.

We have been extremely fortunate in our city in that our relationships with our colleagues have always been on a high professional plane. With this in mind, let us resolve, by continuing the same high standards, to keep ourselves and our fellowmembers of the profession out of the courts.

Good Morning, Doctor!

If one were to believe anti-vivisectionists, medical scientists who carry on experiments on dogs and other animals, as well as physicians in general, are cruel, savage, hardhearted individuals.'. We know that such propaganda is as false as two and two make Too few people have heard of Dr. Banting's dog Margery, whose life and

death have spared the lives of millions of diabetics in all parts of the world and will continue to do so for many, many years. In 1921 Dr. Banting wished to prove his theory as to the causes and control of diabetes. He chanced upon Margery, who was a little female mongrel that had already been picked up from the streets of Toronto as a homeless animal and was condemned to death by the Toronto authorities. Dr. Banting could not test his theory regarding diabetes on human beings, for that would mean a sacrifice of human lives; so he selected Margery as his helper in his research. He skillfully removed the pancreas of Margery, thus making her a complete diabetic. Margery suffered no pain and suffered only a little temporary discomfort for a few days. until treatment was started. Dr. Banting obtained the pancreas from animals at the abbatoir and extracted therefrom the vital substance now called insulin. Margery was injected with insulin, and a complete relief

of her symptoms of diabetes resulted.

It has been said that at no time would Dr. Banting leave the laboratory at the end of the day without first making sure that Margery's comfort had been properly attended to. The result was that a marked devotion developed betwen Margery and her medical chief. She was kept alive and well for a period of 76 days, and was painlessly put to her death in order that it might be determined whether the use of insulin had any deleterious or harmful effect upon the other organs of the body. At the time Margery was sacrificed for the benefit of mankind, Dr. Banting actually cried. Margery's life and death was one of the greatest events in man's conquest of disease, and resulted in the discovery of insulin, which has saved the lives of millions since.

Last year, at the 25th anniversary of the discovery of insulin, held in Toronto, the (Continued on Page 4)

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A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medically approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—without coughing.

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Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

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memory of Margery was honored as that of a medical hero. She was placed among the medical immortals.

This story of Margery gives more than a true picture of the humane, unselfish kindness exhibited by Dr. Banting in his devotion to this little mongrel, and also of the medical profession in honoring the memory of this same mongrel. Anti-vivisectionists seem to favor experimentation on humans rather than on animals, from some of the propaganda that is broadcast. There seems to be an assortment of crack-pots and misinformed sentimentalists who are carrying on an hysterical campaign to throttle the development of medical science, which might result in the prolonged or crippling illness, and even death of members of your family and mine, as well as others, when such could be prevented by results ob-tained from animal experimentation. Antivivisection legislation has been introduced again. Unless an active campaign is conducted against this mischievous legislation, the scientific triumphs in the future of medicine will be stymied. Not infrequently the animals themselves are benefited as a result of this experimentation as well as The anti-vivisectionists human beings. who lead you to believe that they are great lovers of animals, fail to realize the full significance or values to the human family that arise from humane, scientific animal experimentation, which is always humanely conducted. Long live the memory of Margery!—Pittsburgh Medical Bulletin.

Minutes of Meeting of April 8

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on April 8, 1947, Dr. Lewis A. Hopkins presiding. Minutes of the previous meeting were read and approved.

Dr. Earl R. Norris, Professor of Biochemistry, University of Washington School of Medicine, gave an informative discussion

of the Biochemistry of the Stomach and Duodenal Contents.

Following the scientific program nominations were held for nominating committees. Nominated were Drs. Ehrlich, Brown, Huff, Clay, Rigos, Carl Scheyer, Ludwig, Arnold Herrmann, Parrott and J. W. Read. A closed ballot was held on these men to select two nominating committees, which resulted as follows:

Committee No. 1—F. J. Rigos, chairman, Miles Parrott and Ralph Huff.

Committee No. 2—J. W. Read, chairman, Albert Ehrlich and H. T. Clay.

Dr. B. D. Harrington discussed the proceedings of the House of Delegates meeting in Seattle on March 31, with particular reference to the Old Age Assistance program.

There being no further business, the meeting adjourned.



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Minutes of Meeting of April 22

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on April 22, 1947, with Dr. Lewis Hopkins presiding. Minutes of the previous meeting were read and approved. Dr. J. W. Read was appointed secretary pro tem.

The applications of Drs. James G. Shanklin, H. Cary Coppock, J. Edmund Deming, R. L. Knoll and William H. Todd were read and these men were unanimously elected to membership in the society.

Dr. Hopkins introduced a discussion of medical economics and Mr. George Brown, Pierce County Welfare Administrator, was introduced. A discussion of the problem of old age assistance followed.

Reports of the two nominating committees were submitted, as follows:

COMMITTEE No. 1

COMMITTEE No. 2

There being no further business, the meeting adjourned.



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A NOTICE TO THE DOCTORS

from the

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730 Rust Building—BR 2155

The Registry wishes to take this means of notifying the doctors of Tacoma that we have in our office applications of registered nurses, undergraduate nurses, doctors' assistants and receptionists desiring positions in doctors' offices, also a goodly number of practical nurses qualified for all types of home nursing, including obstetrical cases after leaving the hospital.

We are anxious to serve the doctors and to place the above applicants.

Eva E. Overturf, R. N., Registrar

PUBLIC HEALTH NURSING

Following World War I, a group of civic minded citizens of the city of Tacoma conceived the idea of the organization of a Visiting Nurse Service. This became what is now known as the Tacoma Public Health

Nursing Association, and is now a Red Feather Service of the Community Chest.

In 1940 the administration of the organization was transferred to the Director of Health of the City of Tacoma so that jointly public health nursing has developed a service vital to the health of the city. The aim and objective of this service has remained the same, that of aiding in the control and prevention of disease and the care of the sick in the HOME.

With the advance in the knowledge of medical science, the public health nurse has broadened her role as an interpreter of the doctor's recommendations in such fields as tuberculosis, orthopedics, pediatrics and obstetrics.

Today the City Health Department, Division of Nursing, has eleven public health nurses carrying on a generalized service in a prescribed district.

Besides the educational visit the nurse may, under orders from the physician give bedside care. This care is not limited to (Continued on Page 8)

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any one group or groups, but is all-inclusive regardless of financial status. For those able to pay for this service the regular fee is \$2.00 an hour. There is a discretional pay scale downward to free service for those unable to meet the regular fee. The bedside care service may consist of giving a bath, treatments, post operative dressings or post partum care to mother and baby.

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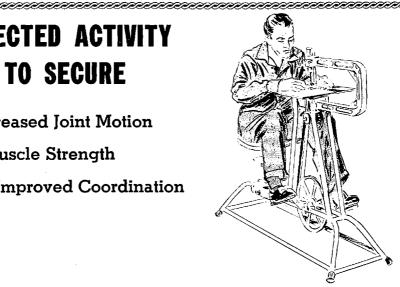
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Second Vice President	Mrs. L. E. Skinner
Recording Secretary	Mrs. D. H. Johnson
Treasurer	Mrs. N. E. Magnussen
Corresponding Secretary	Mrs. R. D. MacRae

The Auxiliary met on Thursday, May 8, at the home of Mrs. Edwin C. Yoder, 102 West Road.

The business meeting at 1:30, with installation of new officers for the coming year, was followed by a tea and a social hour.

COMMITTEE CHAIRMEN

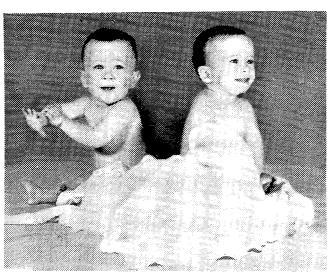
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Presidents' CouncilMrs.	Georg	je Kur	ız, Jr.

OUR MEDICAL BUREAU PLANS ARE COUNCIL "ACCEPTED"

The most recent bulletin from the Economics Committee of the A. M. A. states: "The Seal of Acceptance has been granted to fifty-two voluntary prepaid medical care plans throughout the U. S." In the list of acceptable plans, it is interesting to note that of these fifty-two plans the County Bureaus of Washington State account for 23 of that number.



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presents its

Seventeenth Annual Program of Anatomical and Surgical Demonstrations Liver, Biliary tract and Pancreas Saturday, May 10, 1947 Auditorium, Nurses' Home, Tacoma General Hospital

The guest speaker will be Armand J. Quick, M. D., Professor of Clinical Pathology and Experimental Medicine, Marquette School of Medicine, who will address the club at 3:30 p. m. on Pancreatic and liver function and will give the address at the annual banquet at 7:00 p. m. at the Hotel Winthrop Junior Ballroom, when he will discuss Surgical aspects of the hemorrhagic diseases.

Members of the club will give papers and anatomical and surgical demonstrations.

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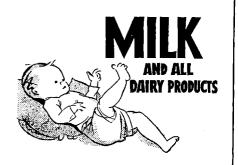
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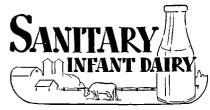


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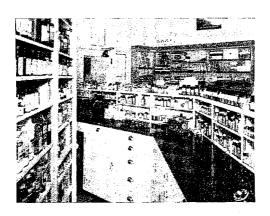
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MEMBERSHIP ROSTER

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(Day indicates afternoon out of office) ALLISON, HARRY B.	
ALLISON, HARRY B. Orthopedic surgery Office 1422 Medical Arts BuildingMA Residence 7235 Interlaaken Drive, S.WLA ANDERSON, EDWARD R. ANDERSON, EDWARD R.	8882
Residence 7235 Interlaaken Drive, S.WLA	9122
ANDERSON, EDWARD R. General surgery—Tuesday	
Office Northern Pacific Hospital	0187 6613
AMDERSON, EDWARD R. General surgery—Tuesday Office Northern Pacific Hospital	
Internal medicine—All day Thursday Office 1108 Medical Arts Building	2601
ANDREWS, HARRY A.	6163
	300W
Office 10031/2 Main Street, Sumner Sumner Residence 709 Kincaid Street, Sumner Sumner ANNEST, LEO	
ANNEST, LEU General practice—Wednesday and Saturday Office 5437 South Tacoma Way	2192
Residence 3815 S. Ainsworth Ave	2032
AVERY, WILLIAM E. General practice—Thursday Office Western Clinic	
Office Western Clinic MA Regidence 4625 C Asolin Street HI	1141 2073
AYLEN, CHARLES H.	
Office 110 4th Ave., N. W., PuyallupPuyallup	500
Residence 911 2nd Ave., N.W., PuyallupPuyallup BARBER, THEODORE M.	3003
Psychiatry—Saturday Office Western State Hospital. LA Residence Fort Steilacoom. LA BARRY, SHIRLEY D.	2163
Residence Fort SteilacoomLA	2163
BARTER, ANGUS J. Varicose veins, hemorrhoids—Friday	
Vancose Veins, hemotrioids—Friday Office 2603½ Sixth Avenue	5505 4582
BASKIN, LESTER S.	
General practice—Thursday Office Perkins Building	1141
BEACH, ROBERT H.	2333
Honorary member—Not in practice. BENNETT, RAYMOND J.	
BENNETT, RAYMOND J. Neuropsychiatry—Thursday and Saturday Office 725 Medical Arts Building	3366
Residence 2715 North 26th StreetPR	2215
Dermatology—Thursday	C771
Residence Route 2, Box 303AT	8625
BLAIR, SAMUEL I.	
General surgery Office 1312 Medical Arts Building	0650 5374
BLAND, LELAND J. General practice	
Office 728 Medical Arts Building	2532
BOHN, JULIUS C.	2534
General practice Office 2602 North Proctor St	5511
Office 2602 North Proctor St. PR Residence 3506 N. Union Ave. PR BONDO, PAUL E.	5256
In army	
BOWEN, JESSE W., JR. General practice—Thursday Office 118 Medical Arts Building	
Office 1118 Medical Arts Building	4440 1400
Residence 608 S. 2nd St. BR BOWLES, THOMAS K. General practice—Tuesday, Thursday, Saturday Office 4624 S. Yakima Ave. GA Residence 4624 S. Yakima Ave. GA RRADY I MORPISON	
Office 4624 S. Yakima Ave. GA	1540
BRADY, J. MORRISON General surgery—In office nights only	1010
Office 843 Medical Arts BuildingBR	6251
Residence Walker ApartmentsMA BROOKE, J. ROBERT	4711
General practice—Thursday and Saturday Office 1114½ South K Street MA	4272
Residence Walker Apartments	7216
Surgery and diagnosis; hospital administration—	Wed.
Office County Hospital GA Residence 3101 North 30th Street PR BROWN, ROBERT W.	3321 2621
In army	
BUIS, ALBERTUS H. Not in practice	
practice	

ONNERON WATER C
CAMERON, WALTER C. Ophthalmology—Wednesday and Saturday
Ophthalmology—Wednesday and Saturday Office 1113 Medical Arts Building
CAMPBELL, JOHN R.
General practice—Saturday Office 52431/, South Tacoma Way Residence 5223 S. Oakes Street
CARLSEN, EDWIN L.
CARLSEN, EDWIN L. General practice—Tuesday and Saturday
Office 54011/2 South Tacoma Way
CLARK, THOMAS H. General practice—Wednesday Office 1971/ Viscosid Ave. Support 72
Office 9271/2 Kincaid Ave., Sumner Sumner 72 Residence 521 Alder Street, Sumner Sumner 436
Pediatrics—Saturday Office 828 Medical Arts Building
Residence 818 North G Street BR 4534
General practice—Wednesday
Office 11120 Gravelly Lake Dr. LA 3096
General practice—Wednesday Office 11120 Gravelly Lake Dr. LA 3096 Residence 9633 Meadow Road LA 9102 CROWE, VERNON E.
Roentgenology—Saturday Office 1126 Medical Arts Building
Residence 424 North G Street MA 5521
CURRAN, THOMAS B. Honorary member—Not in practice
DAYTON, DARCY M.
Pediatrics—Thursday Office 429 Medical Arts Building
Residence 4131 Madrona Way PR 1678
DELANEY, GEORGE A.
Residence 4131 Middford Way FA 1070 DELANEY, GEORGE A. General practice—Saturday Office Provident Building. BR 1782 Residence 3222 North 19th Street. PR 3668 DEMING, J. EDMUND Office Box 424, Orting. Orting 4410 Residence 418 Calistogia St., Orting. Orting 1614 DENZIFE CHARLES H
Residence 3222 North 19th StreetPR 3668
Office Box 424. OrtingOrting 4410
Residence 418 Calistogia St., OrtingOrting 1614
DENZLER, CHARLES H. General practice—Thursday Office 927 Kincaid Street, SumnerSumner 72 Residence 1309 Park St., SumnerSumner 316 DIETRICH, CARLISLE
Office 927 Kincaid Street, Sumner 72
DIETRICH, CARLISLE
Dermatology and syphilology-Tuesday and Friday
Dermatology and syphilology-Tuesday and Friday morning and Saturday afternoon Office 942 Medical Asts Building BR 3645 Residence Route 7, Box 490A GR 7543 DILLON, G. FRANKLIN Urology—Saturday Office 728 Medical Arts Building MA 2363 Residence 510 North 2nd Street BR 3682 DOUGLAS, KENNETH W. Gyncology—Wednesday
Residence Route 7, Box 490A
Urology—Saturday
Office 728 Medical Arts Building MA 2363
DOUGLAS, KENNETH W.
Gynecology—Wednesday
Office 922 Medical Arts Building BR 1023 Residence 4112 N. 36th Street MA 1578 DRAKE, B. ELIZABETH
DRAKE, B. ELIZABETH
Office 1019 Fidelity BuildingMA 0248
DRAKE, B. ELIZABETH Diagnosis and diseases of women—Wednesday Office 1019 Fidelity Building
DRUCKER, GERHARD A.
General practice—Monday morning, Thursday afternoon
DRUCKER, GERHARD A. General practice—Monday morning, Thursday afternoon Office 757½ South 38th Street. HI 3064 Residence 523 South 61st Street. GA 2448 DRUES, ISADORE A. SAUNDAY
DRUES, ISADORE A.
Eye, ear, nose and throat—Saturday Office 1124 Fidelity Building
Residence 922 N. Ainsworth AveMA 6282
internal menicine, alleidy—All day wednesday.
Salurday, allernate alternoons Office 1108 Medical Arts Building
DUTTON, HARRY H.
Neuropsychiatry—Saturday Office Western State HospitalLA 2163
Residence Western State Hospital LA 2163 EGAN, JAMES H.
General practice—Saturday
Office 710 Puget Sound Bank Building
General practice—Saturday Office 710 Puget Sound Bank Building
General practice—Wednesday
Office 1212 Medical Arts Building
FAIRBOURN, EDWIN J.
Internal medicine—Saturday Office 1507 Medical Arts BuildingBS 3520
Office 1507 Medical Arts Building
FARGHER, CECIL R. Public Health—Saturday
Public Health—Saturday Office City Hall Annex
MA 23/1

MEMBERSHIP ROSTER—(Continued)	HOSIE, MAHLON R. Obstetrics—Wednesday
FISHEL, CHARLES R.	Office 1012 Medical Arts BuildingBR 2106 Residence 1210 Division AveMA 2644
Honorary member—Not in practice FLORENCE, ROBERT W.	HOWE, ARCHIBALD W.
Traumatic surgery—Wednesday	Eye, ear, nose and throat—All day Wednesday, Thurs- day morning, Saturday afternoon
Office 1105½ South 11th Street	Office 935 Medical Arts BuildingMA 3640 Residence 2902 North 27th StreetPR 2258
FLYNN, JOHN R.	HOYER, LOUIS P., Jr.
In Navy	General surgery—Thursday
FOREMAN, BRADY H. Honorary member—Not in practice	Office 914 Medical Arts BuildingBR 4444 Residence 4117 North 19th StreetPR 8786
GALLOWAY, ZILPHA	HOYT, WALLACE P.
Psychiatry and internal medicine Office Western State HospitalLA 2163	General practice—Friday Office Puyallup ClinicPuyallup 500 Residence 615 Meridian St., PuyallupPuyallup 6-1182
Residence Western State HospitalLA 2163	
GEISSLER, GERALD G. In East doing postgraduate work	HUFF, RALPH M. Internal medicine and cardiology
GOERING, WILLIAM H.	Office 1124 Fidelity Building
Orthopedic surgery—Saturday Office 401 Medical Arts BuildingBR 6161	Residence 3416 North 30th StreetPR 2460 HUMISTON, HOMER W.
Residence 1545 Sunset DrivePR 5805	Urology
GRAY, CLYDE E. Gynecology and obstetrics—Saturday	Office 526 Medical Arts Building
Office 1105 Fidelity Building	HUNT, LEO I.
Residence 3619 North 29th StreetPR 2446 GRENLEY, PHILIP	General surgery—All day Thursday Office Puget Sound Bank BuildingMA 8466
Urology Office 843 Medical Arts BuildingBR 6251	Residence 701 North J StreetMA 7535
Residence 1530 North Fife StreetPR 6646	HURST, CECIL
GRIFFIN, HILLIS F. General practice—Saturday	General practice—Saturday Office Medical Arts BuildingBR 6312
Office 605 South Pine StreetBR 5566	Residence 15 North E StreetMA 3696
Residence 3102 North 13th StreetPR 8343 GRIFFITH, GUY E.	JAMES, FRANK H. General practice
Honorary member—Not in practice GULLIKSON, JOHN W.	Office Lakewood CenterLA 3911 Residence 9525 Gravelly Lake DriveLA 3911
General surgeryWednesday	JANES, EDWIN W.
Office Northern Pacific Hospital	Honorary member—Not in practice
HALVORSEN, CLIFFORD	JOERS, LAWRENCE E. C. General practice—Saturday
Neuropsychiatry and general practice Office 4802½ South Yakima AveHI 4222	Office 3205 Pacific Ave
Residence SteilacoomLA 3374	JOHNSON, DAVID H.
HANSEN, JOSEPH L. General practice—Saturday	ObstetricsSaturday Office 1012 Medical Arts BuildingBR 2106
Office 1216 Medical Arts Building MA 5691 Residence 706 South Proctor Street PR 5260	Residence 1202 North 1 StreetMA 2856
HANSON, EUGENE W.	JOHNSON, MURRAY L. Surgery—Saturday
General practice—Wednesday Office 907 Medical Arts BuildingBR 3772	Office 1207 Medical Arts Building BR 6862 Residence 3810 North 35th Street PR 8515
Residence 3510 North 33rd StreetPR 1152	JONES, SCOTT S.
HARDS, HILDEBRAND J. Honorary member—Not in practice HARRINGTON, BERNARD D.	Obstetrics and gynecology—Saturday Office 1212 Medical Arts BuildingBR 3723
HARRINGTON, BERNARD D. Roentgenology—Wednesday and Saturday	Residence 2208 North Cedar Street PR 2640
Office 1414 Medical Arts Building MA 7473 Residence Walker Apis BR 1815	JONEZ, HINTON D. General practice—Saturday
HAVLINA, JOHN M.	Office 1401 Washington Building
Obstetrics and gynecology—Saturday	JUDD, CORBAN E.
Office 1001 Medical Arts BuildingBR 2512 Residence Washington AptsThru BR 3166	Honorary member—Not in practice JUDD, HERMAN S.
HAZEN, BERNICE M. Psychiatry	General practice—Wednesday
Office Western State HospitalLA 2163	Office 1516 Washington Building
Residence Western State Hospital LA 2163 HEATON, ARCHIBALD B.	KAHLER, HAROLD F. Neuropsychiatry and general practice—Saturday
Obstetrics and gynecology—Wednesday Office 611 Jones Building	Office 808 Fidelity BuildingBR 5022
Residence 3/15 North 28th Street PR 1191	Residence 622 Norh Cushman AveBR 3513 KALKUS, J. HUGH
HENKIN, HENRY General practice	General practice—Wednesday
Office 1112 Fidelity Building BR 6577 Residence 9021/2 St. Helens Ave BR 4753	Office Karshner Building, PuyallupPuyallup 530 Residence 414 8th Ave., N. E., PuyallupPuyallup 441
Hesidence 9021/2 St. Helens Ave	KANE, JOSEPH P.
General practice—Wednesday	Honorary member—Not in practice KARSHNER, WARNER M.
Office Perkins Building	Honorary member—Not in practice KEHO, J. ARTHUR
HERRMANN, ARNOLD J. General practice	General practice—Saturday
Office 707 Medical Arts BuildingBR 1419	Office 5401½ South Tacoma Way
Residence 701 South Yakima AveBR 2455 HERRMANN, SIEGFRIED F.	KELLER, WILLIAM N.
Surgery - Wednesday and Saturday Office 707 Medical Arts Building BR 1419 Residence 55 Summit Road PR 4466	Honorary member Neuropsychiatry—Saturday
Residence 55 Summit Road	Office Western State Hospital LA 2163 Residence Western State Hispital LA 2163
HILLIS, ALBERT E. Eye, ear, nose and throat—Wednesday and Saturday	KEMP, CHARLES E.
Office 1103 Medical Arts Building	Pediatrics—Wednesday morning and Saturday Office 722 South K StreetBR 4214
Residence 5 Rosemont Way PR 3211 HOPKINS, LEWIS A.	Residence 2211 North Cedar Street PR 7337
General practice—All day Saturday	KNOLL, RAYMOND L. General practice—All day Saturday Office 8234½ Pacific Ave
Office 1526 Medical Arts Building	Office 82341/2 Pacific Ave
	Since the body

MEMBERSHIP ROSTER—(Continued)	McNERTHNEY, WILLIAM B. Surgery—Thursday and Saturday
KOHL, GERALD C.	Office 1022 Medical Arts BuildingMA 0535
General practic—Wednesday	Residence 24 Summit RoadPR 6195
Office 922 Medical Arts Building	McPHAIL, ROSS E. Diseases of the Chest—Saturday
KUNZ, GEORGE	Diseases of the Chest—Saturday Office 1317 Medical Arts Building
	Medican cypnry M
Office 519 Fidelity Building	MacLEAN, SYDNEY M. Honorary member—Not in practice
KUNZ, GEORGE G. R.	MacRAE, ROBERT D.
Honorary member	Roentgenology
Surgery, Diseases of women—Wednesday Office 518 Fidelity BuildingBR 4747	Office 1514 Medical Arts BuildingMA 1515 Residence 324 North E StreetBR 2394
Residence 819 North 10th Street MA 2442	MADDISON, FRANK R.
KYLE, PHILIP_C.	Internal medicine and cardiology—Saturday
Obstetrics—Thursday and Saturday	Office 1135 Medical Arts Building
Obstetrics—Thursday and Saturday Office 1427 Medical Arts Building	MAGILL, CLYDE
LaGASA, IAMES A.	Urology—Wednesday and Saturday Office 1517 Medical Arts Building
Honorary member—Not in practice	Residence 3415 North 18th Street PR 2338
LANTIERE, S. ROBERT General practice—Saturday	MAGNUSSEN, NORMAN E.
Office 1203 Medical Arts BuildingMA 3070	General practice—All day Saturday and Wednesday afternoon
Residence 3724 North 33rd Street	Office 443 Medical Arts Building
LARKIN, HUGH A. General practice—Thursday	Residence 1309 North 5th StreetBR 1604
Office 1616 Washington BuildingBR 1064	MAIER, HASKEL L. Eye, ear, nose and throat—Wednesday and Saturda;
Residence 705 North 5th Street	Office 936 Medical Arts Building
LARSON, CHARLES P. Pathology—Saturday	Office 54201/2 South Tacoma Way
Office Tacoma General Hospital	Residence 2707 Henry Road BR 5216 MATTSON, JAMES M.
	Internal medicine—Wednesday Office 1412 Medical Arts Building
LASBY, JOSEPH O. General practice—Thursday	Residence 1410 Division Ave
Office 633 Provident BldgMA 6463	MATTSON, WILLIAM W.
Residence 420 North Tacoma Ave	General diagnosis and surgery—All day Wednesday Office 736 Medical Arts BuildingBR 3708
General practice—Thursday	Residence 4602 North Warner StreetPR 1877
Office 38051/2 South Yakima Ave	MAY, CHARLES General practice—Thursday
LEWIS, W. E.	Office Northern Pacific Hospital
Internal medicine—Friday and Saturday	MEIER, HERBERT W. In East doing postgraduate work
Office Northern Pacific Hospital MA 0187 Residence 822 Upper Park MA 8573	MILLIGAN, BRUCE W.
LIGHT, SAMUEL E.	In Navy MITCHELL, WHITING B.
Dermatology and syphilology—All day Saturday	Monorary member—Not in practice
Office 1503 Medical Arts Building	MONAGHAN, RAYMOND W. General medicine and surgery
LINK. RICHARD B.	Office 1500 Washington BuildingBR 3335
General practice, obstetrics and gynecology—Thursday Office 3823 North 27th Street	Residence 3935 North Mason Ave PR 4394 MOOSEY, GEORGE A.
Residence 2512 North Warner StreetPR 2901	MOOSEY, GEORGE A. Surgery and urology—Wednesday Office Perkins Building
LOCKE, J. ALLEN General practice	Home 1418 North 10th Street BR 2863
Office 1302 Washington Building	MORGAN, JOHN D.
LONG, THOMAS H.	Neuropsychiatry Office Veterans' Administration, American LakeLA 2185
General practice	Rsidence Veterans' Admin., American LakeLA 2185 MORSE, RAYMOND C.
Office 2115 South K Street	General practice—Wednesday
LUDWIG, WILLIAM H.	Office Puyallup Clinic
Eye, ear, nose and throat—Thursday and Saturday Office 714 Medical Arts BuildingBR 1700	MORSE, ROY A.
Residence 2601 North Junett StreetPR 6369	Honorary member—Not in practice
LUNDVICK, CYRIL V. Eye, ear, nose and throat—Wednesday and Saturday	MUIR, EDWIN C. Internal medicine—Thursday
Office 815 Medical Arts Building	Office 1307 Medical Arts Building
Residence 731 North Stadium WayMA 7907 McBRIDE, GLENN G.	MURPHY, THOMAS B.
General practice—Friday	Surgery—Wednesday and Saturday
Office 807 Medical Arts Building BR 5385 Residence 1209 North K Street MA 0694	Office 1118 Medical Arts BuildingBR 4440 Residence 803 Stadium WayBR 3033
Residence 1208 North K Street. MA 0684 McCANDLESS, CARL E.	NACE A CEORCE
In navy McCARTY, ELBA D.	Honorary member—Not in practice NACE, FAY M.
Radiology—Saturday	in Lasi doing posigraduate work
Office County Hospital GA 3321 Sesidence 221 South 38th Street	NELSON, EVERETT P. Pediatrics—Saturday
MCCOLL, CHARLES R.	Office 722 South K Street BR 4214
Painting Canatomy, and clinical nathology	Residence 3148 South 18th Street MA 5278
Office St. Joseph's Hospital. MA 4101 Residence 1906 South 41st Street. GA 5413	NEVITT, DONALD M. General practice
McCOY, CHARLES C. Roentgenclogy—Saturday Office Perkins Building	General practice Office Eatonville
Office Perkins Building MA 1141	Residence Eatonville
Residence Bonneville Hotel MA 1115	Surgery and gynecology—Thursday Office 1035 Medical Arts Building
McCREERY, WILLIAM B. Honorary member—Not in practice	Office 1035 Medical Arts Building
McNERTHNEY, LAWRENCE T.	NORTON, RODERICK A.
Honorary member—Not in practice McNERTHNEY, LAWRENCE T. General practice—Wednesday and Saturday Office 1022 Medical Arts Building	PediatricsWednesday Office 427 Medical Arts BuildingMA 1366
Residence 3215 North Alder Street	Residence 4216 North Mason Ave

18	BULLE	TIN e	of the	PIERCE	Coun
MEMBERSHIP R	OSTER_	-(Cor	ntinue	4)	SAME
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O'LEARY, ARTHUR P.	esday and	Saturo	iav		Res
O'LEARY, ARTHUR P. General practice—Wedn Office 729 Medical Arts Residence 3411 North 29	Building		M.	7342	SAND Rad
OOTKIN BERNARD M					Offi
General practice—All da Office Dupont 9 a.m. to Office 807 Medical Arts	y Thursday		Dun	ont 33	Res SCHA
Office 807 Medical Arts	Bldg., 3 to	5 p. n	nBI	6126	Sur
Residence Dupont			Dup	ont 32	Res
PARROTT, MILES General practice—Wedne	esday and S	Saturda	зу "		SCHEO Part
Office 907 Medical Arts I Residence 10109 South P	Building ark Ave		BI	R 8541	Offi
PASCOE CHARLES S.					Res: SCHE
Urclogy—Wednesday ar Office Washington Build Residence Interlaaken	id Saturday ling		M	3832	Gen Offi
Residence Interlaaken			L <i>I</i>	9365	Res
PASCOE, W. WELDON Gynecology and surgery Office 1516 Washington	—Thursday	and :	Saturday	,	SCHE' Gen
Office 1516 Washington Residence 1001 North Ya	Building		BI	R 4251	Offi
PAUL, WILLIAM C. Eye, ear, nose and thro	Killia Ave			. 0,0,	Offi
Eye, ear, nose and thro Office 1041 Medical Art	at—Thursda s Building	У	BI	2666	Res
Office 1041 Medical Ar Residence 3718 North 35 PENNEY, WARREN B.	th Street		PF	3642	SCHU! Obs
Hanasara mamban Not	in practice				
PETERSON, WENDELL G. Orthopedic surgery—Thu Office 1422 Medical Art	irsday and	Saturd	av		Offi Resi
Office 1422 Medical Art	Building		MA	8882	SCHW
Residence 4310 North PINTO, SHERMAN S.			F	. 0031	Gen Offi
Industrial hydrene—Sati	ırday		PF	3551	Resi SCHW
Office Tacoma Smelter Residence 624 North M	Street		M.P	3305	Gen
PLUM, FRANK A. Eye, ear, nose and throa	t, neurosuro	јегу	Thursda	y and	Offic Resi
Saturday					SHAN Neu
Office Ferkins Building. Residence 4524 North Ve	rde Street		PF	7401	Offic
QUEVLI, CHRISTEN, JR. Diagnosis and internal i	medicine—A	ıll day	Saturd	lay	Resi SHEPF
Office 1325 Medical Arts	Building		MA	5233	Pub Offic
OUEVLI, CHRISTEN, JR. Diagnosis and internal in Office 1325 Medical Arti- Residence 2224 North Tar RADEMAKER, WILLIAM				3349	Resi
					SHOV
Office 1105½ South 11th Residence 2408 North A REA, ROBERT W.	lder Street		PF	3155	Nort
Neuropsychiatry— Saturd Office Western State H	ay				Gen
Office Western State H Residence Western State	ospital Hospital		LA	2163 21 63	Offic Resi
READ, IESSE W.					SLEEP
General surgery—Wedn Office 1125 Rust Buildin	.g		МА	1505	Gen Offic
Residence 800 North C S	treet		BF	3400	Resi SMEA
Office only—Wednesday Office 1125 Rust Buildin Residence 816 South L REYNOLDS, CHRIS C.	and Saturd	lay	34.5	1505	Gen
Residence 816 South L	g Street	· · · · · · · · · · · · · · · · · · ·	MA	8563	Offic Resi
REYNOLDS, CHRIS C.	av				SMITH Scho
General practice—Saturd Office 1318 Medical Art Residence 3723 North 3	s Building		BF	5837	Offic
Residence 3723 North C RICH, RICHARD I.	34th Street		PF	8434	Resi SMITH
General practice—Tuesd	ay		1.6	2103	Tube Offic
Office Lakewood Clinic Residence 3701 North 14	th Street		PF	8454	Resi
RICKLES, GEORGE A. Neurosurgery and psyci	hiatry				SMITH Tube
Neurosurgery and psych Office 807 Medical Art	s Building		BF	6126	Offic Resi
Residence 4822 North 26 RIGOS, FRANK J.					SMITH
RIGOS, FRANK J. Rodiology—Wednesday Office Tacoma General Residence 3508 North P RITCHIE, CYRIL B. General practice; allerg Office 1525 Medical Arts Residence 407 North Ya ROBERTSON, J. BENJAMIN HONOTATY member	and Saturda Hospital	ту	МА	1181	Eye, Offic
Residence 3508 North P	roctor Stree	et	PF	8205	Resi
General practice; allerg	y; surgery-	-Wedi	nesday		STAA1 Gen
Office 1525 Medical Arts Besidence 407 North Ya	: Building kima Ave		BF	1193	Offic Resi
ROBERTSON, J. BENJAMIN				. 5002	STAAT
General practice					Gen
Office Fidelity Building Residence 301 North J St		•••••	BF	2713	Offic Resi
ROSENBLADI, WILLIAM J		***********	IVI.A	. 0461	STEEL
General practice—Saturd Office 1407 Medical Arts	āγ		МΔ	1421	Dise Offic
Besidence 6225 South Be	11 Street		C.A	2501	Resi
RUNNING, DARRELL H. General practice—Thursc Office 5401 South Tacom	lay				STURE
Office 5401 South Tacom	a Way	.GA 3	331, ĢĄ	3332	Offic Resi
Residence Steilacoom			LA	. 3092	nesi

ONNER NURRE A
SAMES, ALBERT A. Radiology—Saturday
Radiology—Saturday Office 1414 Medical Arts Building
SANDERSON, STEVENS S.
Radiology (Diagnosis and treatment)
SANDERSON, STEVENS S. Radiology (Diagnosis and treatment) Office 522 Medical Arts Building
SCHAEFFER, RALPH C. Surgery—Wednesday and Saturday Office 1135 Medical Arts Building
Office 1135 Medical Arts BuildingMA 1224
SCHECKNER, LEO Part time anesthesiology—Saturday
Part time anesthesiology—Saturday Office 1504 Washington BuildingMA 1252
Office 1504 Washington Building
General practice—Saturday Office Varehner Building, Puvallup, 530
Residence 515 5th Ave., S.E., PuyallupPuyallup 42
General practice—Saturday Dividing Deviation Diffice Karshner Building, PuyallupPuyallup 530 Residence 515 5th Ave., S.E., PuyallupPuyallup 42 SCHEYER, FREDERICK L. General surgery; Professor in Anatomy—Every day
but Wednesday Office Karshner Building, PuyallupPuyallup 530
Office University of Washington Anatomy Department, SeattleMElrose 0630
Seattle
Residence Route 1, Box 286, Purvis Road, Puyallup 32 SCHULTZ, ALFRED L.
Obstetrics, gynecology and pediatrics—Wednesday and Saturday
Office 1226 Medical Arts Building
SCHWIND, FREDERICK J.
General practice—Wednesday Office 802 Medical Arts BuildingMA 8202
Residence 2/01 North Junett Street
General practice—Thursday
Office 802 Medical Arts Building
SHANKLIN, JAMES G.
Neuropsychiatry Office Western State Hospital LA 2163 Residence Western State Hospital LA 2163 SHEPPARD, JOHN A.
Residence Western State HospitalLA 2163
Public health
Public health Office City Health Department BR 3141 Residence 812 North State Street MA 5674 SHOVLAIN, FRANK E.
SHOVLAIN, FRANK E. Psychiatry
Psychiatry Northern State Hospital, Sedro Woolley SXINNER, LAWRENCE E. General practice—Thursday Office 10011 Gravelly Jake Drive S.W. 14 2193
General practice—Thursday
Office 10011 Gravelly Lake Drive, S.WLA 2193 Residence 10224 Green Lane, S.WLA 3981
SLEEP, SOMERS R.
General practice—Wednesday Office 701 Medical Arts Building
Residence 2210 North Tacoma AveMA 1509
General practic and surgery—Friday
Ottice 1114 Puget Sound Bank BuildingMA 1360 Residence 1402 South Pine StMA 3446
SMITH, GEORGE H.
School physician—Saturday Office Central School BR 2283 Residence 506 North 4th Street MA 3622
Residence 506 North 4th StreetMA 3622 SMITH, HELEN PRICE
Tuberculosis
Office Mountain View Sanitarium, Lakeview, LA 2169 Residence Mount. View Sanitarium, Lakeview, LA 3061
SMITH, HOLLIS R. Tuberculosis—Saturday
Office Mountain View Sanitarium, Lakeview, LA 2169 Residence Mount. View Sanitarium, Lakeview, LA 3061
SMITH PAUL R
Eye, ear, nose and throat—Saturday Office 927 Medical Arts Building
Residence 403 North 10th Street BR 1463
General practice—Wednesday and Saturday Office 818 Medical Arts Building
STAATZ, KARL S.
General surgery—Wednesday and Saturday afternoons, Tuesday mornings
Tuesday mornings Office 818 Medical Arts Building
Diseases of heart and lungs—Wednesday and Saturday Office 1218 Medical Arts Building
General practice—Wednesday
General practice—Wednesday Office 110 4th Ave., N. W., PuyallupPuyallup 500 Residence 130 5th Ave., N. W., PuyallupPuyallup 950
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MEMBERSHIP ROSTER—(Continued)

MEMBERSHIP ROSTER—(Continued	l)
TAIT, ARNOLD C.	
Conoral practice—Saturday	0401
Office 829 Medical Arts Building BR Residence 5617 South Thompson Ave. GA	6677
TEATS COVNOR	
General practice—Wednesday	0.466
General practice—Wednesday Office Puget Sound Bank BuildingMA Residence 3514 North Washington StPR	1121
TERRY, BENJAMIN T.	
Pathology	
Office 1001 North Yakima Ave	1843
THOMAS, LEON B.	10-10
Obstetrics and gynecology—Monday Wednesday	
Thursday Office 735 Medical Arts Building	7575
Residence 8908 DeKoven Dr., S. W. LA	9493
THOMAS, MAX S. Internal medicine	
Office 736 Medical Arts BldgBR	3708
Office 736 Medical Arts Bldg BR Residence 6429 Ardmore Dr., S. W LA THORDARSON, S. STEFAN	9712
Eve. ear. nose and throat—Thursday and Saturday	,
THORDARSON, S. STEFAN Eye, ear, nose and throat—Thursday and Saturday Office 503 Medical Arts Building	5847
Residence 3716 North Adams StreetPR	5371
Resident County HospitalGA	3321
Office County Hospital GA Residence 304 DelMonte Ave. PR	3321
TRIMBLE CHARLES G	9700
TRIMBLE, CHARLES G. General practice and obstetrics—Tuesday, Friday, and Saturday Office 735 Medical Arts Building MA	and
and Saturday Office 735 Medical Arts Building	6070
Residence 620 South Union AvePR	8184
Residence 620 South Union Ave. PR TURNER, JOSEPH R. Internal medicine—Wednesday and Saturday Office 435 Medical Arts Building	
Office 435 Medical Arts Building BR	3523
Residence 2720 Garfield Road BR	3814
VADHEIM, JAMES L.	
Office 707 Medical Arts Building BR	2796
Residence 1001 North Monroe StPR	1195
VANDENBERG, GEORGE J. Internal medicine—Saturday	
Office Perkins BuildingMA	1141
VANDENBERG, GEORGE J. Internal medicine—Saturday Office Perkins Building	3776
Internal medicine—Tuesday	
Office Perkins Building MA	1141
	7234
In East doing postgraduate work	
In East doing postgraduate work WHITAKER, CLIFFORD W. Obstetrics and gynecology	
Office 1012 Medical Arts Building MA Residence 3918 North 22nd Street PR WHITAKER, JOHN L. Pathology—Saturday	1330
Hesidence 3918 North 22nd Street	2717
Pathology—Saturday	
Office Tacoma General Hospital. MA Residence 3825 South Tacoma Ave. HI WILLARD, DON G. General surgery—Wednesday Office 1525 Medical Arts Building. BR Residence 722 North C Street. MA WILLIAMS FRANK	1181
WILLARD, DON G	3092
General surgery—Wednesday	
Office 1525 Medical Arts Building BR Residence 722 North C Street	1193
WILLIAMS, FRANK L.	0030
Surgery—Wednesday	0001
MELIAMS, FRANK L. Surgery—Wednesday Office 903 Medical Arts Building	6886
WILLSON, FRANK C. General practice—Thursday	
Office 843 Medical Arts Building BR	5281
Office 843 Medical Arts Building BR Residence 805 North C Street BR WISEMAN, CLAUDE E. Surgery—Thursday	4844
WISEMAN, CLAUDE E.	
Office 1307 Medical Arts Bldg	7842
Residence 2118 North Warner St. PR	2390
Honorary member—Not in practice	
General practice—Thursday Office 914 Modical Arts Building	4444
Residence 2214 North Junett St. PR	1086
WOOD, MERRILL D.	
Office 914 Medical Arts Building	3281
Residence 1624 A Street Duckley	3271
WRIGHT, ROSS D. Proctology and suppose Wadanday and Sales by	
Office 1016 Medical Arts Building	y 2252
Proctology and surgery—Wednesday and Saturda Office 1016 Medical Arts BuildingMA Residence 431 Broadway	3844
Surgery—Wednesday	
Office Perkins Building MA	1141
nesidence 102 West RoadPR	1766

SUNDAY AND HOLIDAY HOURS OF TACOMA DRUG STORES

TACOMA DRUG STORES	
BAYVIEW DRUG CO	2222
BROADWAY SAVON MA	2777
1157 Broadway—12 m. to 9 p. m. CRABB DRUG CO	7371
6243 South Tacoma Way—9 a. m. to 9 p. m. ECONOMY DRUG CO	4751
1114 South K Street—10 to 2 and 6 to 10 p. m. ELLESTAD'S PHARMACYGA	3734
1114 South K Street—10 to 2 and 6 to 10 p. m. ELLESTAD'S PHARMACY. GA 3805 South Yakima Ave.—9 a. m. to 10 p. m. FAULKNER'S DRUG STORE. PR 2616 North Proctor—Every other Sunday FERN HILL DRUG STORE. CA	9013
2616 North Proctor—Every other Sunday FERN HILL DRUG STOREGA	9918
2016 North Proctor—Lvery other Sunday FERN HILL DRUG STORE. GA 8410 South Park Ave.—Il a. m. to 8 p. m. FOWLER'S 12th STREET DRUG CO	8498
2901 South 12th Street-9 a. m. to 8 p. m. GROTE'S PHARMACY	9914
6323 McKinley Ave10 a. m. to 1 p. m. HICKS DRUG COBR	4331
6323 McKinley Ave.—10 a. m. to 1 p. m. HICKS DRUG CO. BR Sixth Ave. and K Street—12 m. to 8 p. m. HOVELAND DRUG CO. PR Sixth and Proctor—11 a. m. to 2 p. m. HOVELAND DRUG CO. GA	1122
Sixth and Proctor—11 a. m. to 2 p. m. HOYT DRUG COGA	3501
[AVEMOOD DHADMACY	0101
9514 Gravelly Lake Drive—9 a. m. to 11 p. m. LINCOLN DRUG CO. GA 701 South 38th Street—12 m. to 8 p. m. LUDWIG DRUG CO. GA	1180
701 South 38th Street—12 m. to 8 p. m. LUDWIG DRUG COGA	1295
MacKENZIE'S PHARMACY	7390
2401 Pacific Ave.—1 p. m. to 11 p. m. McCHORD DRUG CO	
	2201
/52 St. Helens Ave.—11 a. m. to 1 p. m. MEYER DRUG CO MA	
1108 South K Street—12 m. to 8:30 p. m. NEAL DRUG CO	4579
NEAL DRUG CO	4579
NICOLAL & FAILOR	4500
764 South 38th Street—10 a. m. to 9 p. m. OAKLAND DRUG CO	8136
3852 Center Street—5 p. m. to 10 p. m. PACIFIC AVE. DRUG STORE. GA 8248 Pacific Ave.—9 a. m. to 9 p. m. RANKOS PHARMACY.	6445
RANKOS PHARMACY MA	0524
RANKOS PHARMACY. MA 101 North Tacoma Ave.—9 a. m. to 2 p. m. and 5 RED CROSS DRUG COGA	to 9 9926
RUSTON DRUG STORE	6536
SALISHAN DRUG STORE	
120 Longview—12m. to 8 p. m. SMITH DRUG CO	6176
TWELFTH STREET DRUG CO	8498
2901 South 12th Street—9 a. m. to 8 p. m.	

TACOMA OCCUPATIONAL THERAPY WORKSHOP

The variety of diseases now being treated at the Tacoma Occupational Therapy Workshop is of interest to those following its development as a community service. Post-traumatic arthritis, fractures, lacerated extensor tendons of the hand, burn contractures and atrophy of the shoulder are some of the disabilities listed.

In addition to the private patients, there are a number of persons whose treatment has been authorized by the Department of Labor and Industries, Division of Industrial Insurance.



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TACOMA

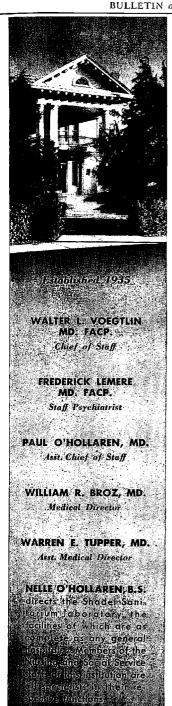
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WHAT IS CONDITIONED REFLEX?

Conditioned reflex may be defined as the eliciting of a normal or unconditioned response by means of an unnatural stimulus; the production by means of emetine of the reflex aversion to the sight, taste, smell and thought of alcohol. There are many other factors involved in this treatment including psychologic, pharmacologic and physiologic details that cannot be discussed here.*

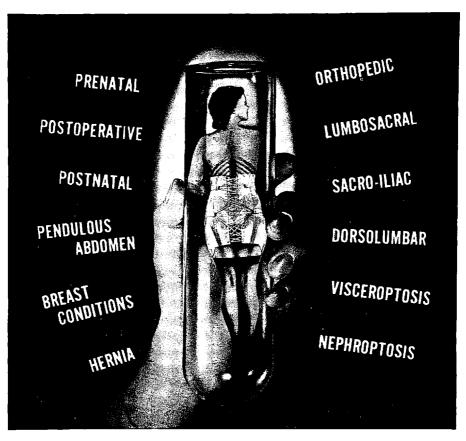
IS FIELD REHABILITATION NECESSARY?

The Field counselor takes care of the patient's alcoholic problems upon release, including interviews to secure employment or reemployment and readjustment to a non-alcoholic existence. These counselors have a keen insight on the problem of alcoholism as they are all ex-patients. They are essentially in the field to assist the family doctor or psychiatrist before and after treatment.

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Cable Address: REFLEX

^{*}Reprints of articles appearing in the JAMA and other journals available on request



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- 6. Potato Bread

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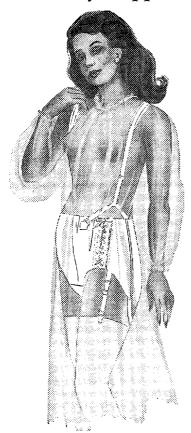
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The prescription business has never been a side line in our store. At the present time we are carrying one of the largest stocks of biologicals and prescription supplies in the Puget Sound area.

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MAin 1122

MAin 1200

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2 Beautiful Chapels
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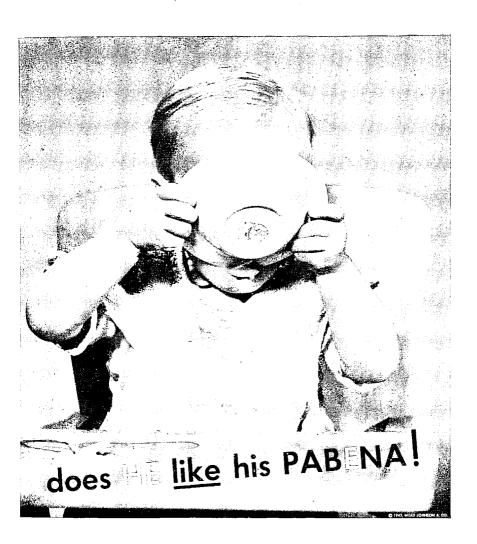
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WHEN interviewed between platefuls, this 11-months-old young man emphatically stated: "I have been brought up on Pablum and still like it, but some days when I'm_in the mood for oatmeal, nothing satisfies me like Pabena!"

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THE "EXTRA" CARE
THEY NEED
THESE DAYS



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Tacoma

SUMMER DIARRHEA IN BABIES

Casec (calcium caseinate), which is almost wholly a combination of protein and calcium, offers a quickly effective method of treating all types of diarrhea, both in bottle-fed and breast-fed infants. For the former, the carbohydrate is temporarily omittee from the 24-hour formula and replaced with four packed level tablespoonfuls of Casec. Within a day or two the diarrhea will usually be arrested, and carbohydrate in the form of Dextri-Maltose may

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Contact Lenses — Artificial Eyes

Columbian Optical Co.

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Amenorrhea, dysmenorrhea, menorrhagia, metromhagia, in obstetrics. safely be added to the formula and the Casec gradually eliminated. One to three packed level teaspoonfuls of a thin paste of Sasec and water, given before each nursing, is well indicated for loose stools in breast-fed babies. Fur further information. write to Mead Johnson & Company, Evansville 21. Indiana.

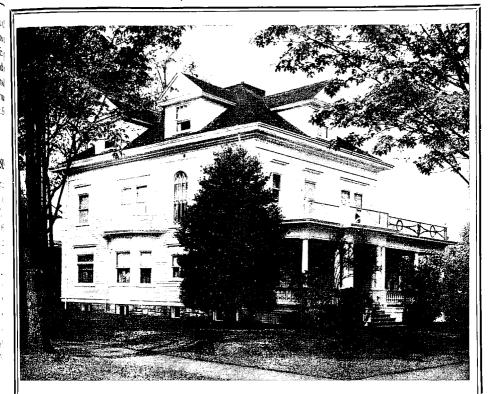
COMMUNICABLE DISEASES

The following is a report of the number of contagious diseases in the City of Tacoma for the month of April, 1947:

1 ,	
Chickenpox	85
Erysipelas	2
German Measles	5
Gonorrhea	20
Measles	6
Mumps	3
Scarlet Fever	6
Syphilis	4
Tuberculosis	13
Whooping Cough	16

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Through The Menstrual Years of Life THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding. May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities." MARTIN H. SMITH COMPANY LAFAYETTE STREET, NEW YORK INDICATIONS DOSAGE ERGOAPIOL



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By CONDITIONED-REFLEX METHOD

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Manager

We respectfully solicit the co-operation of the family physician

The technical staff have all had many years training and experience with this method of treatment. Also trained staff members, with automobiles, are available at all times to assist the physician in getting his patient to the sanitarium and to follow up with any rehabilitation work deemed necessary.

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Tacoma, Washington

MAin 2281

The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

Vol. XVIII—No. 1

TACOMA, WASHINGTON

SEPTEMBER, 1947



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Programs

September 9, 1947

Rh—Its Significance in Hemolytic Disease and Transfusion Reactions

A. W. Frisch, M. D.

Dr. Frisch received his Ph. D. at the University of Wisconsin in 1935 in Bacteriology and Immunology, and his M. D. degree at the University of Wisconsin in 1937. From there he went to Wayne University in Detroit in the Department of Bacteriology and Chemical Pathology. He left Wayne University in 1946 to come to the University of Oregon Medical School as Associate Professor of Bacteriology and Immunology. His training in Blood Groups was derived from Dr. Philip Levine, who actually discovered the Rh factor with Stetson in 1939. His present occupation and research is in Rh problems and virus diseases.

September 23, 1947

Indications for Intravenous and Retrograde Pyelography

Homer Humiston, M. D.

Dr. Humiston graduated from Harvard Medical School in 1925, and interned at Peter Brent Brigham Hospital. He was a fellow in surgery at the Mayo Clinic from 1926 to 1929 and is certified by the American Board of Urology.

The Surgical Treatment of Hypertension John Robson, M. D.

Dr. Robson graduated from the University of Oregon Medical School in 1942, interned at St. Vincent's Hospital, Portland, Oregon, and served a four-year fellowship at the Mayo Clinic.

How is your doctor son getting along in his practice?

Fine! He is now occasionally able to tell a patient there is nothing wrong with him.

☆

"Are you a doctor?" asked a man rushing into a drugstore.

"Naw, I'm just a fizzician," cracked the little squirt behind the counter.

The President's Page . . .

OUR OWN MEDICAL SOCIETY

The individual doctor of medicine is still a highly respected man in his community. He is entrusted with many of the intimate secrets of his patients, being frequently consulted on all manner of delicate subjects pertaining to their moral as well as their physical well-being. His responsibility is reflected in the ethical force of the community he serves.

Those of us who have practiced medicine for a long time in this community are particularly conscious of the loss of such fine men as Dr. Janes and Dr. McNerthney. It is not our loss in their technical ability that we feel so deeply, for we have many men who can replace that part of them. Their moral force in the community, their art in the practice of medicine will be most difficult to replace. The medical schools of the country are providing more advancement technically every year and men are continually joining us and proving their ability. Some of them have yet to learn that their patients are not just so much abnormal physiology that require diet, pills or an alteration in their anatomies. We are continually reminding the public that our calling is an art rather than a technical craft. Just so long as we strive to keep it an art will our patients believe in us

The National Medical Society to which we belong is not regarded with any fervent confidence. These patients of ours do not see how a great national organization can possibly reflect the views of their personal physician. A considerable amount of this distrust stems from a basic paternalistic government which would take over and remove all further necessity of the individual to strive voluntarily to reach old age. The government may take over all the technical ability of a craft of medicine, but in so doing that other ingredient—art—will surely die, and with it will go all the moral force the doctor represents.

We are blessed with a group of physicians in Pierce County who are plainspoken, well-meaning men, who do not have to distort facts to get a hearing for sober truth. We live and practice medicine together with a minimum of friction between us and apparently regard each others' opinion highly. The public seems to sense this in our free and easy consultations we have with each other. We rarely make the news because we are not in the habit of feeding superlatives and excitement to transfer a simple narrative into a melodrama; nevertheless, we do influence local public opinion by our own integrity in the practice of medicine.

I believe we could make for a greater force in the community by building a stronger Pierce County Medical Society. The local Medical Society does not share in that distrust that the public has for a far-flung national group. He feels that the local group represents him personally in a large way. The doctors could more wholeheartedly support their local Medical Society than they do at the present time. They should more totally take an active interest in all it does and represents; and I am not so sure but that a totally different public relations program should be put in force—something that is positive in character, yet simple and truthful in its presentation of facts to the public. Our public relations, on a local level, is entirely neglected, while our patients are bombarded from all quarters by national propaganda, pro and con, until they are utterly confused.

The only way we can stem the tide of distrust in us, as a far-flung national group, is to build up a greater trust in what we are in each community, by sticking to good, sound medical principles and keeping our idealism, even in a world that wants to throw all such things overboard for an ever-growing governmental paternalism.

FRANK R. MADDISON, M. D.

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A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medically approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—without coughing.

GLYKERON is an ethical product in origin, in development and distribution. It deserves your full confidence.



Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

It lessens the hazard of complications by getting rid of germ-laden secretions.

Prescribe it for the symptom of cough. Very palatable.

GLYKERON now supplied in 4 oz., 16 oz. and half gallon bottles.

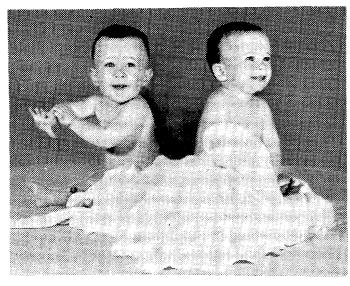
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Literature on request

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The label is easily removed by the pharmacist and your prescription directions affixed.

MARTIN H. SMITH COMPANY .. NEW YORK



"Our Babies" do not have diaper rash. To protect baby's clothes, we use germicidal ultra-violet rays.

The Pennsylvania Salt Mig. Co. of Wash. Technician says our next to last water change (last one is boric acid) is as pure as drinking water. Usona Bio-Chem Laboratories, Inc., Philadelphia, returned a report on our diapers as no intestinal or skin bacteria found present. Mothers well-rested and more time with their families when they have our—

'Sanitized Service

BABY LAUNDRY

"We wash everything but the baby"

BRoadway 5066

Editorially Speaking . . .

THE A. M. A. IS 100 YEARS OLD

All of us have had a vacation of sorts during the past three months. Some had a change of scenery, and some stayed at home. Some had a new arrival at their house and some wondered how school teachers ever survive nine months of caring for the neighborhood children, including our own.

But September is here and with it begins another medical year, with semimonthly Society meetings, hospital staff meetings, and our state meeting, September 28 to October 1. Most of us have relaxed as much as possible during the summer and now, like Fred Waring and his singers, we must be "up and ready" for a year of increased work and study.

It should obtain that if we are possessed of even a moderate amount of ambition and understanding in our profession, the A. M. A. Centennial will be a definite stimulus to make us better physicians. That event in the life of medicine should mean far more to us than just a large gathering at Atlantic City with its multitude of exhibits, demonstrations, conferences and addresses. For all who could or could not attend, the convention was an impressive pageant, telling most eloquently of the splendid heritage that is ours.

During this long life of the A. M. A. there has been ably demonstrated how men from every nation have combined their genius with hard work and have built on the often fragmentary knowledge of their time a vast store of organized experience which is now available to us for furthering the wellbeing of mankind.

These physicians did not work for financial rewards or for the appreciation of those whom they have benefited; they worked, "each for the joy of the working." With the A. M. A.'s 100th birthday in mind could we make two observations:

First, that in any worthwhile appreciation of our profession there must be included a knowledge of medical history and of the men and women who have been its spokesmen. And second, the A. M. A. Centennial proved beyond question that the study and practice of medicine continues to offer a limitless field of attraction, challenge and satisfaction to every physician whose vision is raised above the financial horizon.



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News Items . . .

UNIVERSITY OF WASHINGTON NEWS

Raymond B. Allen, M. D.

Dr. Raymond B. Allen, president of the University of Washington, was born in North Dakota in 1905, the son of a Methodist minister. He is a graduate of the University of Minnesota. After his interneship and residency, he practiced medicine in Minot, N. D., for one and one-half years, then went to Mayo Clinic for a residency in Urology. His intention was to return to Minot, but on being recommended for organizing a Graduate Department at the Post Graduate School of New York, he accepted that position. Later he was at the Wayne University Medical School in Detroit, and following that he was dean of the Medical School at Illinois University.

William Windell, M. D.

William Windell, head of the Anatomy Department, has accepted a position as head of the Anatomy Department at the University of Pennsylvania. The University of Washington is looking for a man to replace him.

Frederick L. Scheyer, M. D. Associate Professor, Department of Anatomy.

RE NEW COVER

On the recommendation of the editor, several photographs were studied for our new cover. The one selected appeared to be the best from a photographic technical standpoint, and most truly representative of the city of Tacoma.

This cover is, of course, a marked innovation from those of previous Bulletins, and we are anxious that all the members of the Society approve the idea and the selection

STATE NEWS

From the Minutes of the Meeting of the Board of Trustees of the Washington State Medical Association, held on July 12, 1947:

Active members—1,671.

Mr. Edward Rosling was appointed Counsel for the State Society.

Sixteen thousand members attended the meeting of the A. M. A. in June at Atlantic City. According to Drs. O'Shea and Zack, the National Physicians' Committee was complimented for its accomplishments; your national delegates urge that the Committee be given even greater support than in the past.

The very important question of the Washington Physicians' Service Corporation writing indemnity insurance was discussed, voted upon, and referred to the House of Delegates. This will come up at the annual meeting in Seattle this year. Our delegates should be thoroughly acquainted with the feeling of the majority of the members, as to whether or not this program should be supported.

The Old Age Pension program was discussed; it was reported that the situation is unchanged. It is in the hands of the County Commissioners.

Bernard D. Harrington, M. D., Member, Board of Trustees, Washington State Medical Association.

NATIONAL TRENDS

The summer of 1947 is closing, with modest optimism prevailing among observers of the national medical scene.

The Gentennial Anniversary of the American Medical Association in Atlantic City was stimulating as a pageant of medical progress, and the attendance from foreign countries points to the eminence America has attained in the development of modern medicine.

Pierce County was conservatively repreresented among the 17,000 physicians who participated, with a benefit to themselves which will be reflected in the care of their patients.

Council meetings considering Medical (Continued on Page 8)

Care plans were of interest to many. It was apparent that all-inclusive Medical Care programs require extended experience and further detailed study, in view of rising costs.

Obviously, the cost of such care must be met by an increased revenue, which is now being subsidized by participating physcians. Indemnity programs, as initiated in California and elsewhere, were reported as receiving support though opposition was developing in organized political action groups.

The writer had an opportunity of discussing medical trends with national leaders in Washington during the summer.

Propagandizing agencies and interested governmental employees are now undergoing Congressional scrutiny. It is believed that many lobbying activities will be brought into the open for public consumption during the next few months.

The present state of affairs is indicative

of sustained effort by those opposing nationalized health insurance, from which the modest optimism before mentioned stems.

It is the opinion of very many people that National health coverage must be subsidized by the government, despite the experiences related by Dr. Robb in his report on "Health Reform in New Zealand," and the current British situation.

Ross D. Wright, M. D., President,

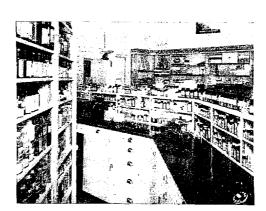
Washington State Medical Association.

Attendant: Your doctor's out here with a flat tire.

Garage Owner: Diagnose the case as flatulence of the perimeter and charge him accordingly. That's the way he does.

* * *

A doctor has found a man with three lungs and two galls. What a politician he would make!



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President-Elect	Mrs. S. F. Herrmann
First Vice-President	Mrs. Scott Jones
Second Vice-PresidentN	Ars. Norman Magnusson
Recording Secretary	Mrs. F. J. Schwind
Corresponding Secretary	
Treasurer	

STANDING COMMITTEES OF THE BOARD

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Legislative	Mrs. J. R. Campbell
Telephone	Mrs. S. R. Lantiere
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Hospitality	Mrs. S. F. Herrmann
Hygeia	Mrs. Edward Wolf
President's Council	Mrs. F. R. Maddison
Publicity	Mrs. R. A. Norton
Home Luncheons	Mrs. Scott Jones

On October 9th the past presidents of the Medical Auxiliary are to be feted at a tea to be given at Annie Wright Seminary at 1:30 o'clock. There is to be a short meeting before the tea, at which time Mrs. Roscoe Mossiman of Seattle, the special guest of the afternoon, will be introduced.

Mrs. Mossiman has been most active in Auxiliary work. She is well known in Pierce County, since she has been a State Auxiliary president and has held the post of National Medical Auxiliary president. At the present time she is acting as State Commander of the American Cancer Society.

All members of the Auxiliary are urged to be present at this first meeting. The year's program and all pertinent information will be disclosed at that time. "Year Books," artistically designed by a local artist, will be given to each member.

Mrs. L. S. Baskin, as president, is diligently working on a fine series of events for the year, assisted by officers and committee chairmen.

The tea opening the Fall season will conclude a busy summer for all of the members. The busiest women, undoubtedly, are

the ones to be congratulated on the arrival of new babies within the last six months.

They are: Mrs. William Rademaker, a son, Charles Michael; Mrs. Louis P. Hoyer, Jr., a daughter, Mary Elizabeth; Mrs. Arnold Herrmann, a son, Eric James; Mrs. James Vadheim, a daughter, Anitra Amy; Mrs. Wendell Peterson, a son, Mark Dahlin; Mrs. Charles Larsen, a daughter, Elizabeth Louise.

"Hygeia" subscriptions are up for renewal and new subscriptions will be welcomed. Just a hint: they make excellent gifts for friends, and interesting reading material for office waiting rooms.

In the sports light: There is to be a tournament for Auxiliary members during the convention of the Washington State Medical Association in Seattle. It is to be held at the Juanita Golf Course Monday, September 29th, at 8:00 a. m. All women interested should contact Mrs. L. S. Baskin at Main 2333.

The Annual Banquet

The annual banquet of the Pierce County Medical Society was held June 2, 1947, at the Top of the Ocean.

Applications for membership of Drs. Ronald E. Rothe, Joel J. McCook and Arthur S. Needles were voted upon and passed.

Dr. Hopkins made a few formal remarks as retiring president and officers, trustees and delegates for the ensuing year were introduced.

Dr. Maddison was introduced and took the chair as incoming president. He outlined a few of his ideas for the following year and appointed the chairmen of the standing committes.

There was no other business and the business meeting adjourned.

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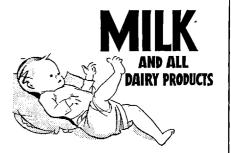
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Personals . . .

Henrietta Button of the Washington Minor Hospital recently returned from a well deserved vacation. Mrs. Button is on duty again at the old stand.

☆ ☆ ☆

At the National A. M. A. convention it is of interest to record that the two exhibitors from the Pacific Northwest were both from Tacoma. The exhibit by Drs. Charles P. Larson and Murray L. Johnson was listed as Surgical Diseases of the Ovary, illustrated by many mounted specimens of pathologic lesions. Dr. Benjamin T. Terry's exhibit was designated Razor Section Technic and the Polychroming of Methylene Blue. Razor section technic was demonstrated for rapid tissue section, staining and mounting. The Committee on Awards, Scientific Exhibits, awarded this exhibit a Certificate of Merit.

Dr. Ross D. Wright, of Tacoma, President of the Washington State Medical Association, represented Washington during the session and was a member of the National Conference of County Medical Society Officers' panel. The program was the question and answer type, covering professional relations, medical service problems and public relations. Purpose of the conference was "To Develop a Working Partnership Between the American Medical Association and Every Physician."

☆ ☆ ☆

Dr. D. M. Dayton spoke on Upper Respiratory Infections at the recent post graduate course in Pediatrics held in Seattle.

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Early this summer a photograph was printed in the P. I. showing our State President, Dr. Ross D. Wright, assisting in the digging of the new State Medical School building. We trust the photographer did not require any time consuming retakes Herrman, Dayton, Lundvick, Goering and as Ross is not accustomed to that type of exercise.

That some of our doctors know how to grow roses has been proven for many years by the prizes won at the annual rose show. This year was no exception, with Drs. Herrmann, Dayton, Lundvick, Goering and Maddison all winning prizes in at least one class.

Applications for Membership

Arnold, Charles B., University of Utah School of Medicine, 1946.

Bonica, John, Marquette University School of Medicine, 1942.

Brown, William C., Buckley, University of Nebraska School of Medicine, 1943.

Burt, Robert R., University of Oregon Medical School. 1944.

Marshall, Charles E., University of Chicago School of Medicine, 1942.

Murray, Douglas H., University of Oregon Medical School, 1943.

Reddick, Charles E., University of Louisville School of Medicine, 1898.

Robson, John T., University of Oregon Medical School, 1942.

Rosenbladt, Louis M., University of Nebraska College of Medicine, 1908.

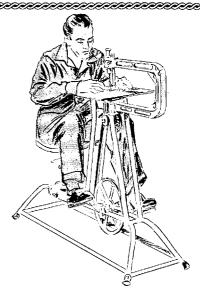
COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the period of July 21, 1947, to August 20, 1947, inclusive:

Chancroid	l
Chickenpox	15
German Measles	1
Gonorrhea	24
Measles	2
Mumps	1
Poliomyelitis	2
Scarlet Fever	3
Syphilis	10
Tuberculosis	8
Vincent's Infection	1
Whooping Cough	7

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New Therapist for Workshop

ALICE M. HUSSEY

New Therapist, Occupational Therapy Workshop, Tacoma General Hospital Will Arrive About September 1 Department Will Open Sometime In September

Born at Belchertown, Mass., May 9, 1912. Active in Girl Scouting and camping; Golden Eaglet Girl Scout; two summers counselor at social service camp; two summers counselor at Girl Scout camp in Pioneer unit; Girl Scout and Brownie leader two years; Red Cross Life Saving examiner two years.

Instructor, Industrial Arts department, State School for Feeble Minded, three years. 1936-1939—Boston School of O. T.; graduate of three-year course, 1939.

Two summers, Director of Handicrafts, Goodwill Industries camp, South Athol, Mass

August, 1939—March 1941: Assistant in O. T. in Industrial Therapy, Worcester State Hospital, Worcester, Mass.

March, 1941—June, 1942: Director of O. T., Grafton State Hospital, Grafton, Mass.

June, 1942—October, 1943: Assistant director of O. T., Massachusetts General Hospital, Fruit street, Boston, Mass.

October, 1943—February, 1946: United States Naval Reserve, enlisted Wave. Six months at National Naval Medical Center, Bethesda, Maryland. Naval Reserve Midshipman School, Northampton, Mass., two months, and commissioned Ensign H (W) U. S. N. R., August 22, 1944.

August, 1944—October, 1945: U. S. Naval Hospital, Seattle; in charge of O. T. Department.

November 1, 1945 to February 2, 1946: U. S. N. Convalescent Hospital, Sprinfield, Massachusetts.

Separated from service on February 2, 1946.

Attended Tafts College, Medford, Mass., from March, 1946, to June, 1947. Received degree of B. S. in Education, June, 1947.

Vacation at family cottage on coast of Maine.

Registered O. T.

Belongs to: Massachusetts Association for O. T.; American O. T. Association; Boston Mineral Club; Connecticut Valley Mineral Club; O. T.'s of World War II; R. O. N. S. (Reserve Officers of the Naval Services).

Prison Guard: I want to report that 12 prisoners have broken out.

Warden: Sound the alarm, quick!

Guard: Oh, I called the doctor. Looks like smallpox to me.

In Memoriam

Dr. Edwin W. Janes, one of our foremost and best loved colleagues bade farewell to us on May 27th, after forty years of active practice in Tacoma.

Always the meticulous gentleman, he was of the school that believed medicine is an art and not just a business. His many patients will sorely miss him, for he lived and practiced by the Golden Rule. His kindliness and sympathetic understanding endeared him to all those who knew him intimately.

He was active in his local society, being a Past President of the Pierce County Medical Society; he held numerous offices in the Washington State Medical Association. He was recognized early as an eminent Internist and kept up an active interest in his specialty group, the North Pacific Society of Internal Medicine, of which he was a charter member.

In civic affairs he also held a high place, belonging to the Chamber of Commerce, Rotary, Y. M. C. A., and many similar groups. He served his country with honor during the First World War, with the rank of Capitain. He was a good churchman, devoid of all fanaticism. He loved his home and family, yet found time to golf and fish with his friends. Indeed, his life was a well-rounded whole, without fanfare or display of any kind.

It is doubtful if Ned had any real enemies; bitterness was never part of his makeup. He often went out of his way to give credit where credit was due, yet always accepted praise with a sense of humility. He was a good citizen, a good father, and a good doctor. Somehow, it will take us a long time to realize that he is gone, he moved so quietly and unobtrusively amongst us.

And so we say farewell, knowing full well that another such as he will not soon pass our way again.

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The Medical Library

Open 11 to 5 from Monday to Friday Mrs. Blanche L. DeWitt, Librarian RECENTLY ACCESSIONED BOOKS

Becker, S. William and Obermeyer, Maximilian E.: Modern Dermatology and Syph-

ilology, 1947.

Berens, Conrad and Zuckerman, Joshua:

Diagnostic Examination of the Eye, 1946.

Bockus, Henry L.: Gastroenterology, 3 v., 1946.

Bell, E. T.: Renal Diseases, 1946.

Bunnell, Sterling: Surgery of the Hand, 1944.

Campbell, John D.: Everyday Psychiatry, 1945.

Cooke, Robert A.: Allergy in Theory and Practice, 1947.

Craig, Charles F. and Faust, Ernest C.: Clinical Parasitology, 1945.

Cushny, Arthur R.: Pharmacology and Therapeutics, 1947.

Davis, Loyal: Principles of Neurological Surgery, 1946.

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DeLee, Joseph B. and Greenhill, J. P.: Principles and Practice of Obstetrics, 1947.

Geshickter, Charles F.: Diseases of the Breast, 1945.

Guthrie, Douglas: History of Medicine, 1946.

Hawk, Philip B., Oser, Bernard L. and Summerson, William H.: Practical Physiological Chemistry, 1947.

Imperatori, Charles J. and Burman, Herman J.: Diseases of the Nose and Throat, 1947.

Levinson, Samuel A. and MacFate, Robert P.: Clinical Laboratory Diagnosis, 1946.

Pitkin, George P.: Conduction Anesthesia, 1946.

Schwartz, Louis, Tulipan, Louis and Peck, Samuel M.: Occupational Diseases of the Skin, 1947.

Scott, William A. and VanWyck, H. B.: Essentials of Obstetrics and Gynecology, 1946.

Soffer, Louis J.: Diseases of the Adrenals, 1946.

Spaltcholz, Werner: Hand Atlas of Human Anatomy, 1947.

NEW PERIODICALS

American Heart Journal.

American Journal of Digestive Diseases.

American Journal of Medicine.

American Journal of Ophthalmology.

American Journal of Physiology.

American Journal of Psychology.

American Journal of Psychiatry.

American Journal of Syphilis, Gonorrhea and Venereal Disease.

American Practitioner.

Annals of Allergy.

Bulletin of the Johns Hopkins Hospital. Gastroenterology.

Geriatrics.

Journal of Biological Chemistry.

Journal of Clinical Endocrinology. Journal of Experimental Medicine.

Journal of Nervous and Mental Disease.

Journal of the International College of

Surgeons. Physiological Reviews.

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The Hospitals . . .

New Intern Staff of St. Joseph's Hospital

The new Intern Staff of St. Joseph's Hospital of this year consists of three promising young physicians, two of whom are of the immediate locality.

Dr. William Archibald McPhee, Jr., a graduate of St. Martin's College, Lacey, Washington, completed his medical studies at the St. Louis University School of Medicine. Dr. Stanley F. Berquist has completed two years of premedical work at the University of Illinois and three years of medical work at the University College of Medicine of Illinois. Dr. Robert A. O'Connell, whose home is here in Tacoma, and who is well known in this city, graduated from Bellarmine High School and the University of Santa Clara; completed medical studies at the Marquette University School of Medicine.

Dr. Frank J. Glassy, who is also of Tacoma and who is well known here, has completed a one year term of Internship, in which he did excellent work. He is remaining on the House Staff for a Senior Internship. We sincerely appreciate Dr. Glassy's interest in our hospital.

The regular weekly Pathological Conferences will be resumed in September. They are held every Wednesday from 9:30 to 10:30 a. m.

The next Staff meeting of St. Joseph's Hospital will be held Monday, September 15th. Dr. Hugh Larkin has charge of the program.

Puyallup General Hospital

Completing plans which were delayed by the war, the Puyallup General Hospital now has a fine, new convenient nursery, large enough to accommodate 20 infants. Included in the general make-over of the nursery were the re-arranging of the floor plan for a formula room, an isolation room, and the redecoration of the nursery rooms. These changes bring the nursery up to the high standard of the surgery, the diet kitchen, and the nicely furnished waiting room in the hospital.

Mrs. Genevieve Houston, R. N., the owner and superintendent of the hospital, is also an anesthetist. There are 20 persons employed at the institution, of which 10 are Registered Nurses. The 30-bed hospital has been filled to capacity since Mrs. Houston took over the first of the year, serving Puyallup and nearby Valley cities.

Also included in the general renovation plans for the hospital were changes in the safety features, bringing the building up to the specifications of inspectors. The color scheme in the halls and rooms was also changed from white to a more restful green, and the building itself has been gone over and other general improvements made.

The Washington Minor Hospital

The members of the Advisory Board Dr. Ross Wright, Chairman.

Dr. Frank Maddison, Vice Chairman.

Dr. William Ludwig, Secretary.

Tacoma General Hospital

Tacoma General Hospital has for some time contemplated publishing a Medical Staff Bulletin, to keep members of the staff informed on actions taken by the Medical Advisory Board and the Board of Trustees of the hospital on matters of concern and interest to the staff. The idea was discussed at the Medical Advisory Board meeting of May 5th, and at the suggestion of the Board, it was decided to disseminate such information through the Pierce County Medical Society Bulletin, rather than publish our own.

ACTIONS TAKEN BY THE MEDICAL ADVISORY BOARD ON MAY 5, 1947

Telephone Orders:

Telephone Orders are to be written on the chart by the person receiving them, and read back to the doctor, the doctor to sign

(Continued on Page 19)

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the orders when he next comes on the floor. Verbal orders in the hospital should not be accepted. The routine orders, if signed, are satisfactory. Doctors are referred to Section 10, Article 7, of the Constitution and By-Laws of the Medical Staff which covers this situation.

Surgery Regulations Adopted:

Qualified out-of-town surgeons are to be considered as guest surgeons, and are entitled to the same privileges as enjoyed in their own hospital.

If a doctor who does not have a surgical rating wishes to schedule an operation, the scheduling should be done by the qualified doctor who has a surgical rating in this hospital.

If an operation is scheduled solely for sterilization, the diagnosis must show clearly the indication for such procedure.

For operations scheduled at 8:00 a.m., the surgeon should be on hand, scrubbed, and ready to operate on time. If the surgeon is not ready by 20 minutes after the scheduled hour, the surgery supervisor is justified in using her discretion in cancelling or re-scheduling that operation.

Surgical Ratings Approved:

Dr. L. M. Rosenbladt, Senior Major Surgical Rating; Dr. J. W. Bowen, Jr., Junior Major Surgical Rating.

Staff Appointments Approved:

Dr. H. Cary Coppock, Lakewood Clinic, Active Staff; Dr. Clifford Halvorsen, 48021/2 South Yakima, Active Staff; Dr. Charles Arnold, 7221/2 South 38th Street, Courtesy Staff; Dr. Gordon Jones, Olympia, Washington, Courtesy Staff; Dr. Charles Marshall, Medical Arts Building, Courtesy Staff; Dr. Douglas H. Murray, Tacoma Medical Center, Courtesy Staff; Dr. L. M. Rosenbladt, Medical Arts Building, Courtesy Staff; Dr. R. E. Rothe, 3205 Pacific Avenue, Courtesy Staff.

Dr. H. Cary Coppock, formerly of Chicago, is a graduate of the School of Medicine of the University of Chicago. He served his interneship at Butterworth Hospital in Grand Rapids, Michigan. Following this,

Dr. Coppock began what was to be a twoyear surgery residency at St. Joseph Hospital in Chicago, but after only six months of this residency he was called into the service. He was with the Air Force Medical Service for thirty-nine months. After a little less than two years in the United States, Dr. Coppock was sent to Newfoundland, where he spent one year. Another year was spent in the Pacific Theater in Hawaii, Okinawa and Guam, During the last part of his military service he was employed in bringing patients home by air from Japan and other places in the Pacific. Since his return to civilian status, and before starting his practice at the Lakewood Clinic, Dr. Coppock spent three months taking a refresher course in general medicine at the University of Illinois School of Medicine.

Dr. Clifford Halvorsen received his medical degree from the University of Colorado School of Medicine. He interned in the Swedish Hospital in Seattle, after which he spent two years in Denver and eight months in the Worcester State Hospital in Massachusetts, furthering his study in neurology and psychiatry. During the war years he was in the European Theater of Operations, acting as consultant in neuropsychiatry to the Surgeon General. Dr. Halvorsen was research director at Western State Hospital and did administrative work at Northern State before establishing his practice in Tacoma.

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NEWS NOTES

Back at Tacoma General as resident physician is Dr. Robert Blodgett, a graduate of the University of Buffalo School of Medicine. Dr. Blodgett was an intern here from October, 1944, until June, 1945. Since completing his interneship, the doctor has spent most of his time in the Medical Service at the United States Army Hospital in Shanghai.

Lawn bowling is an avocation which is becoming increasingly popular as a pastime for the retired physicians of our commu-

(Continued on Page 21)

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717-719 South Tacoma Ave. Phone MAin 7745 nity. Chief among the devotees of this sport are Dr. MacLean, Dr. Penney and Dr. Hards. Dr. MacLean, a veteran at the game, has made a name for himself in tournaments up and down the Pacific Coast.

Several nurses at Tacoma General have made the most of their recent vacations by taking trips to far-away places. Miss Shovlain and Miss Powell are in Panama at the present time. Miss Daniels, Miss Forsberg and Miss Nygard have just returned from a ten thousand mile motor trip to Mexico City and many other places of beauty and interest. In Mexico City Mr. Robert Kemp, general supervisor of the Winthrop Chemical Company of Mexico, and brother of Dr. Charles Kemp, showed them many of the interesting places in the city. They also saw Dr. Carlos Soranna and Dr. Manuel Hernandez, who were formerly at the Children's Orthopedic Hospital in Seattle. The nurses were taken on a tour through the ulta modern Hospital Infantil, where these men are now resident physicians.

Dr. Glen Wyler, who was an interne at Tacoma General in 1943 and 1944, is back at the hospital for ten days. He is spending five days taking a refresher course in surgery and five days in obstetrics. Dr. Wyler spent several years as medical officer on army transports in all parts of the world. He is now practising medicine in Roosevelt, Utah.

Dr. C. P. Larson, hospital pathologist, has recently added to his many achievements that of becoming a licensed airplane pilot. The doctor expects to derive much pleasure from flying, and will save many travel hours on his frequent trips to nearby cities.

The convention of the National League of Nursing Education will be held in Seattle September 8 to 11. Several of the faculty members of the Tacoma General Hospital School of Nursing have had an active part in preparing the program for this important event.

An excellent opportunity for nurses interested in becoming nurse anesthetists will be afforded when Dr. Bonica opens his School of Anesthesia at Tacoma General on September 1. There will be one student starting on that date, followed every six months, on January 1 and July 1, by the admission of two nurses to the school. Approval by the American Nurse Anesthetists' Association will be sought as soon as possible so that the graduates from the school will be eligible for membership in that organization.

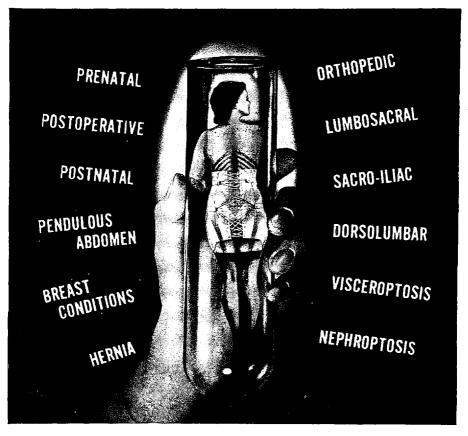
Miss Borghild Robertson is new assistant director of nurses on days, replacing Miss Evelyn Bond, who has gone to Minneapolis, where she will study for a master's degree in nursing administration at the University of Minnesota. Miss Robertson, a Tacoma General graduate, was in the Army Nurse Corps for several years, serving in England, France, and Germany. She came back to Tacoma General several months ago to write up the procedures for the Obstetrical Department.

About a year ago Tacoma General Hospital had the good fortune of obtaining Mr. A. H. Downton as head gardener. Mr. Downton, who has been a well known landscape gardener in Tacoma for over thirty years, has a good start in making our hospital grounds among the most beautiful in the country.

The flower beds bordering the front walk now show a colorful array of geraniums and marigolds, with an occasional canna lily lifting its head above them. At the side of the driveway the roses, petunias, glads and asters present a pleasant sight to the eye of the flower lover.

An extensive program has been carried out for student nurse recruitment, with a class of thirty-five or forty members to matriculate in the School of Nursing on September 15th. This is far short of our goal of seventy-five, which we should have during the next two years to bring our enrollment up to normal.

(Continued on Page 23)



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STAFF PROGRAMS

The Medical Staff meetings will be resumed at Tacoma General on Tuesday, September 2. The staff is looking forward to another year of excellent programs.

Dr. T. H. Duerfeldt, President of the Staff, has planned the September 2d meeting, which will be a joint one with the 349th Surgical Hospital, Army Reserve Corps, Affiliate Unit of Tacoma General Hospital. Col. P. P. Green, Chief of the Laboratory Service, Madigan Hospital, will give a paper on "Atomic Energy as Related to Medicine," and Dr. C. P. Larson will discuss "Clinical Laboratory Procedures."

The Interpretation and the Use of Quantitative Serological Tests in the Management of Syphilis

Recently there have been several inquiries pertaining to the delay in getting a negative blood test after giving the Rapid Penicillin Treatment for syphilis. The following article is prepared to explain the delay as well as other features pertaining to the value of quantitative serological tests for syphilis.

The article is from Dr. C. R. Fargher, M.D., Director of Health, Tacoma Department of Public Health.

LEONARD A. DEWEY, M. D.

The intelligent management of early and, to a lesser degree, late syphilis is today to a great extent dependent upon the proper use and interpretation of quantitative serologic tests. In many cases correct diagnosis is impossible without a careful study over several months' time of the trend in the serologic titer, and the evaluation of treatment of any early case of syphilis is entirely impossible without a protracted series of quantitative serologic tests following treatment.

The purpose of the quantitative serologic test is, of course, to determine the quantity

of reagin, or reactive substance, in the wide range which is covered by the qualitative report of positive or four plus. This wide range covers everything between an amount of reagin only slightly above that necessary to cause a doubtful reaction up to hundreds of times that amount. If only the qualitative report is considered, it may seem that there has been no change in the patient's condition while, actually, the quantity of reagin has varied tremendously, either up or down, during the period of observation. If the quantitative test is used, these variations are plainly brought to view, and some intelligent estimate can be made of the patient's tendency toward either improvement or relapse.

Quantitative tests are performed as an adjunct to practically all of the well-known qualitative tests, both flocculations and complement fixations. Quantitative flocculation tests are ordinarily performed on biood serum because of their reliability and greater simplicity, while complement fixation tests are performed on spinal fluid because of their greater reliability on this particular fluid. All of the quantitative tests are essentially the same in that they consist of tests on serial dilutions of the patient's serum and are basically similar to the Widal and other comparable tests for acute communicable diseases.

All of the flocculation tests, except the Kahn, are reported in titer, similar to the Widal, except that the numerator of the fraction representing the dilution is eliminated. Thus when the highest dilution of the patient's serum in which complete flocculation was observed is 1 to 4 the titer is reported as 4. In all of the tests, except the Kahn, the titer reported is the denominator of the fraction which represents the highest dilution in which complete reaction occurs. In all of these tests the standard dilutions are 1/2, 1/4, 1/8, 1/16, etc., on up, and the corresponding titers are 2, 4, 8, 16, etc.

The Kahn quantitative test varies from other tests in two respects. The first of these

(Continued on Page 25)

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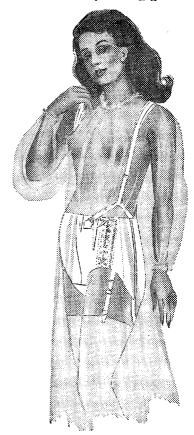
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is that the dilutions, instead of being 1 to 2, 1 to 4, etc., are 1 to 2.5, 1 to 5., 1 to 10., 1 to 20., etc. The second variation is that the Kahn is not reported in titer, but in units, which represent the titer multiplied by 4. Thus when the highest dilution showing complete reaction is 1 to 5, the report is 4 times 5, or 20 Kahn units. This fact has caused much confusion in the past when Kahn results were compared with the results of other tests. For example, many people have difficulty in reconciling a report of 40 Kahn units with an Eagle titer of 8 on the same blood, while actually these represent very close agreement.

In the diagnosis of syphilis, the quantitative serologic test is of tremendous assistance in the differentiation of false positives due to other conditions and diseases from true positives due to syphilis. It is true that the quantitative tests give reactions in these other conditions just as do the qualitative tests. These false biologic reactions are ordinarily shown by the quantitative test to be of low titer and frequently fluctuate up and down for no apparent reason. They are also of relatively short duration, a few weeks to a few months, and will revert to negative spontaneously. The existence of almost any febrile condition at the time or in the immediate past, in combination with a fluctuating or non-fluctuating serologic test showing a low titer and in the absence of any other supporting evidence of syphilis, should be the cause for long-continued study, up to six months or more, in order to make certain that the reactions will not revert to negative without treatment. If this should occur, it is safe to assume that the patient did not have syphilis, but that the reaction was a biologic false positive. Even in the absence of any known febrile disease or other condition which might possibly cause a biologic false positive, any low titer serologic reaction unaccompanied by other supporting evidence of syphilitic infection should be studied for several months before the diagnosis of syphilis is made. Such cases frequently revert to negative without treatment, and in such cases no

harm is done the patient by delaying treatment for a few months, even if the diagnosis is finally established. On the other hand, an originally low titer with a rapid and constant upward trend on subsequent examinations is a very good sign of early or relapsing syphilis and should be the signal for the immediate institution of treatment.

The determination of the status of infants born of syphilitic mothers is frequently an exceedingly difficult problem, and in most instances an intelligent valuation of the situation is impossible without a careful study of the trends in quantitative serologic results in both the mother and the child. Infants born of syphilitic mothers with positive serology will practically always show a positive serology also at the time of birth. This positive serology in the infant may the result of active syphilitic infection or, as is more frequently the case, it may be the result of passive transfer of reagin from the mother's blood to that of the infant. This passive transfer of reagin is entirely comparable to the passive transfer of immune bodies for the various acute infectious diseases, and the reagin may persist in the infant's blood for about the same period as do the immune bodies. If there is no active syphilitic infection they will eventually fade out to complete negativity. On the other hand, if they are due to active syphilitic infection, there will be no tendency toward a falling titer, and most frequently there will be a rapid and marked increase. The qualitative test alone gives practically no information in these cases, as it shows simply a succession of positives, with no indication as to whether the reagin in the child's blood is increasing or decreasing. A comparison of the titer in the child's blood and the mother's blood at the time of birth is frequently of considerable value in these cases, as, if the child's titer is above that of the mother, it is almost a certain indication that the child has active syphilis or at least that it has been infected in utero even though the disease has been arrested by treatment given the mother. In either

(Continued on Page 27)

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case, it is safe procedure to place the infant under therapy. In instances where the child's titer is the same or below that of the mother, it is necessary to study the child's serology further. Quantitative tests should be obtained at least every two weeks following birth until the trend has been definitely determined, and in the case of a downward trend until complete negativity has been obtained.

The greatest single use of quantitative serological tests is without doubt the measurement of anti-syphilitic therapy. It is important to remember that reagin, the substance in the blood which is responsible for the positive serologic tests, is not a product of the spirochete but is a product of the body cells, which produce reagin because they have been stimulated by the spirochete or, in the case of biologic false positives, by some other stimulus. Once these cells have been stimulated to produce reagin, especially when the stimulation has been by spirochetes, they do not immediately lose this quality, but continue to produce the substance although the stimulus has been removed. They do, however, gradually lose this power and in time cease to produce reagin entirely, or produce it in such minute quantities as to be unimportant. The relatively gradual change in the serology which takes place following successful treatment cannot be detected except through the use of quantitative serology. Where treatment has been entirely successful, it frequently takes from six months to one year before the serologic titer will have declined sufficiently to show any change in the qualitative test. Quantitative tests during this period, however, will show a constant and significant decline in titer. In the event that treatment has not been successful, the quantitative test will also give some indication of this before actual clinical relapse. Whenever the quantitative titer remains high or takes an upward trend, following an initial downward trend, it is a sign that therapy has been unsuccessful and that clinical relapse is imminent. Immediate retreatment is indicated under such circumstances.

Quantitative tests are of value in selected cases of late syphilis, but can hardly be considered essential in any of these, as the clinical course is the important factor here. Early syphilis of all types is by far the most useful field for quantitative serologies, and without them intelligent management of these cases is impossible.

PIERCE COUNTY MEDICAL BUREAU AND DOCTORS' HOSPITAL

At the annual banquet of the Pierce County Medical Bureau, held at the "Top of the Ocean," June 9, 1947, the following men were elected to the Board of Trustees for two-year terms: Drs. W. J. Rosenbladt, Don Willard, Glenn McBride, James Vadheim and Paul Smith. Hold-over members of the Board are: Drs. Homer Humiston, Frank Maddison, James Fairbourn, Bernard Ootkin, B. D. Harrington and Jess Read. New officers for the years 1947-1948 elected by the Board are: Drs. Homer Humiston, president; W. J. Rosenbladt, vice-president; Glenn McBride, secretary-treasurer.

Authorization has been given for remodeling of the second flloor of the Doctors' Hospital and the work was started in August. With the completion of this project the capacity of the hospital will be increased from 35 to 66 beds. Drs. Harrington and Sames have been appointed radiologists and the X-ray department has been remodeled and re-equipped. Extensive improvements in the surgeries and the laboratory had been done previously. As fast as it is available, new equipment, such as beds, bed stands, etc., has been, and is, being purchased.

Mr. Harry House was granted a leave of absence of approximately three months, starting in June, 1947. During his absence, Mr. John Dobyns has been acting business manager of the Bureau. Mr. Dobyns was born in Indianapolis, Indiana, in 1910.

(Continued on Page 29)



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The Treatment of Alcoholism by Establishing a Conditioned Reflex

American Journal of Medical Sciences, 199, 802-810, June, 1940.

Conditioned Reflex Therapy of Alcoholic Addiction: An Evaluation of Present Results in the Light of Previous Experiences With This Method

Quarterly Journal of Studies on Alcohol. Vol. 1, No. 3, pp. 501-516. December, 1940.

Conditioned Reflex Therapy of Chronic Alcoholism: A Preliminary Report on the Value of Reinforcement

Quarterly Journal of Studies on Alcohol, Vol. Il, No. 3, December, 1941.

Technic

Diseases of the Nervous System, Vol. III, No. 8, August, 1942.

A Review of Six Years' Experience With This Treatment of 1526 Patients

Journal of the American Medical Association, Vol. 120, pp. 269 and 270, September 26, 1942.

Aversion Treatment of Alcohol Addiction

Quarterly Journal of Studies on Alcohol, Vol. 5. No. 2, pp. 216-228, September, 1944.

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After attending Staunton Military Academy in Virginia, and Purdue University, where he was active in football, basketball, swimming and water polo, he taught science and physical education in the Indianapolis Public Schools for three years. Following this, he worked for the Indiana Bell Telephone company in the personnel, public relations and traffic departments. He was commissioned as a Lieutenant in the Signal Corps of the U.S. Army in April, 1942. He was promoted to Captain in January, 1943, and to Major in June, 1944. He was discharged to inactive duty in April, 1946. Mr. Dobyns established his residency in Tacoma in 1944 and joined the Pierce County Medical Bureau in December, 1946.

GLENN McBRIDE, M. D.

Post Graduate Program

The University of Oregon Medical School offers a post-graduate program, with several courses available. These include a Special Refresher Course: Diagonsis and Treatment of Malignant Growths; General Surgery; Applied Therapeutics; Gynecology; Radiology, and Diagnosis and Treatment of Diseases of the Blood and the Blood-Forming Organs. Some courses begin the latter part of September and information can be obtained from: "Director of Post-Graduate Training, University of Oregon Medical School, 3181 S. W. Marquam Hill Road, Portland, Oregon."

You Can Help Make It Interesting

When you hear of some item of interest that has happened to a doctor or a doctor's wife, you and your wife included, please jot it down before you forget and give your item to Dr. Harrington's office, Main 7473, or Mrs. DeWitt, Main 2020, for the next issue of the Bulletin. We can't promise to publish everything sent in, and some items may require more or less surgery, but it is that sort of local information that adds much to the pleasure and profit of reading and editing the Bulletin. Also remember that material for next month's issue must be in by the 23rd of the previous month.

The School-Child's Breakfast

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pablum. Pablum furnishes protective factors especially needed by the schoolchild-especially calcium, iron and the vitamin B complex. The ease with which Pablum can be prepared enlists the mother's cooperation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature.

1947 State Convention

The President of the State Medical Association extends a most cordial invitation to colleagues in Pierce County and Southwest Washington to attend the Annual Convention in Seattle, September 28th through October 1st.

Headquarters will be at the Olympic Hotel for registration, and attention is called to programs you will individually receive by mail in the near future.

The Convention has been arranged to appeal to a wide variety of interests among members.

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ECONOMICS

Britain's National Health Service Bill

Doctor-patient relationship to be unchanged except for method of remuneration.

Britain's national health service bill, now under parliamentary consideration with the national health insurance bill, would establish the main structure for a comprehensive health service in England and Wales. Medical services under the bill are to be available to everyone without limitations, based on financial means, insurance, qualifications, sex, age, occupation, or area of residence.

The cost is estimated at £152,000,000 annually. Allowing for the insurance fund contribution of £32,000,000 and savings on existing grants, net additional expenditure on behalf of the national exchequer is estimated at £95,000,000 annually.

Financing is to be partly from the exchequer, partly from local taxes, and partly from national health insurance contributions. The patient is to be charged nothing, except for domestic help, services necessitated by negligence, certain articles such as supplementary food or blankets required in maternity cases, special care, articles or appliances of higher cost than those normally provided, and private hospital rooms not medically necessary.

No change is to be made in existing doctor-patient relationships except that remuneration is to come from public funds, declares *Lancet* in an editorial analysis of the bill. A person will be free to choose his doctor, subject to the doctor's consent and availability. Compensation, fixed by negotiation with the profession, will be based on a combination of salary and capitation fees. Variations will be allowed to compensate for differences in regional conditions and to attract practitioners to inadequately served areas.

The bill outlaws the presnt British cus-

tom of selling practises, but doctors who join the new program at the outset are to be compensated in respect to the amount of loss this provision entails.

The health service program is to be operated by the minister of health, who will be responsible for its organization; administration will be entrusted to regional and local bodies. Responsibility for new health centers and clinics is to be placed upon county and county-borough councils. For practitioner services-doctor, dentist, and pharmacist — local executive councils, of which half the members will be nominated by the practitioners concerned, are to be created. Working with the minister is to be a central health services council composed of doctors, dentists, nurses, hospital management experts, local governmental authorities, and the presidents of six of the principal medical bodies.

A main feature of the practitioner services is development of health centers to provide medical and dental services and disseminate health education. Doctors entering health center service are to inform the area executives council, which in turn will publish lists of available practitioners.

In brief the bill will: (1) provide for hospital, clinic, dispensary, and specialist services - including accommodations for mental, maternity, and convalescent patients, (2) establish health centers to give general medical and dental care, (3) provide supplementary services such as midwifery, maternity and child welfare, health visiting, home nursing, priority dental service for children, pregnant women, and nursing mothers, domestic help when essential to health, vaccination and immunization, special and after care for illness, ambulances. blood transfusions, and laboratory facilities, and (4) provide spectacles, dentures, other appliances, drugs, and medicines.

Existing voluntary and public hospitals, including mental institutions, are to be transferred to the minister who may purchase other hospital.

Sex and Auto Accident

We are one of that generation that has grown to maturity in the literary period marked off by the novel "Three Weeks" on one side and "Forever Amber" on the other. We lived through the era when pictures in the Police Gazette, which graced the walls of barber shops, pool rooms, saloons and the work shops of the painted ladies, were considered decidedly pornographic. Any female who used rouge, wore scanty clothes, drank liquor, and God forbid, smoked cigarettes, was branded at once as a sister of easy virtue. We remember in Zoology I, when the professor described the sex antics of the paramecium, the uneasiness of the lady students in the class and our own embarrassment at the overt mention of things sexual in the presence of ladies. And a little later when we heard the late Dr. Warthin's celebrated lecture for men only we were amazed to find how much of the deep secrets of life, as we learned them in the pool room, had diffused to the portals of culture.

And during the roaring twenties when with equal suffrage women (up to this time referred to as ladies) assumed the freedom to frequent blind pigs, as men did, and the right to use rouge, wear scanty clothes, drink liquor and smoke cigarettes as their sisters in sin did, the whole sex deal broke wide open.

Came the sex psychologists and their lectures to high school seniors, then to juniors and so on down until parents learned from their young the fine points of this bee-

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flower business. Sex invaded the movies and moved from the burlesque and carnival side show to our best musical plays—came the books on sex-sex in song-in advertising -in radio-the analyses of the sex life of prince and pauper, and the series of barely clad Miss Americas, Miss Cherry Pies, Miss Illegitimate Mothers of 1920 to 1946 ad absurdum. We lived into the hear all, speak all, see all age of sex curiosity and we thought all phases of sex had been exhausted, but we were mistaken, for, lo, we now have our local research in sex. The hot weather study of those participating in the game of heterosexual automobile bumpsa-daisy which was set off by Judge Watts' remark, that females are horrible drivers. His honor should know.

FRANK A. WEISER, M. D. (On the Editor's Page, Detroit Medical News).

In Memoriam

Dr. Lawrence McNerthney, whose passing we all mourn, and whose untimely death leaves an empty space in the hearts of his fellow workers and many friends. His devotion to duty and his unceasing efforts in the practice of his chosen profession will leave a niche hard to fill.

Dr. Lawrence followed in his famous dad's footsteps and he matched them stride for stride. Lawrence was born in Tacoma on September 3, 1906, the eldest child of Dr. and Mrs. J. B. McNerthney. He attended local Tacoma schools and graduated from St. Martin's High School. Lacey. Washington, in 1924. For his pre-school work he studied at Santa Clara University, Notre Dame and St. Louis University. He received his M. D. degree from Creighton University in 1932; interned at St. Vincent's Hospital, Portland, Oregon, 1932-1933. He began practice with his uncle, W. B. McNerthney, and had continued so until his death.

He was a member of Tacoma Surgical Club, American Medical Association, Pierce County Medical Society, and was affiliated with Phi Beta Pi Medical Fraternity; also a member of Staffs at Tacoma General Hospital and St. Joseph's Hospital, and St. Patrick's Church, K. of C., University-Union Club and Tacoma Golf Club.

Dr. Lawrence was married in 1935 to Mary Fochtman, M. D., and they have two children—Mary Helen and Lawrence Bernard with whom we mourn his passing.

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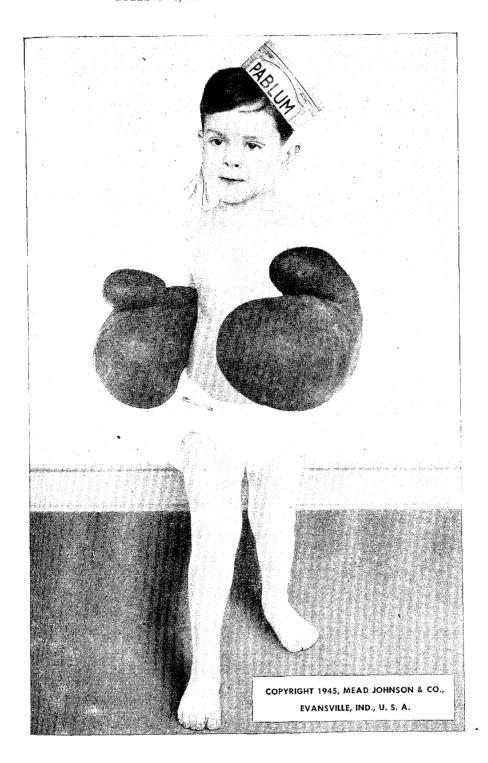
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The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

Vol. XVIII—No. 2 TACOMA, WASHINGTON

OCTOBER, 1947



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Programs

October 14, 1947, 8:15 p. m. MEDICAL ARTS AUDITORIUM

Some recent advances in the drug therapy of disease—Louis S. Goodman, M. D.

Dr. Goodman is Professor and head of the Department of Pharmacology, University of Utah School of Medicine, Salt Lake City. He received his B. A. degree at Reed College in 1928; was teaching assistant at the same school in 1929; M. D., University of Oregon, School of Medicine, 1932; M. A., University of Oregon, 1932; House Officer in Medicine, Johns Hopkins Hospital, 1932-33; National Research Council Fellow in Pharmacology, Yale University School of Medicine, 1934; Instructor in Pharmacology and Toxicology, Yale University School of Medicine, 1935-37: Assistant Professor, Pharmacology and Toxicology, Yale University School of Medicine, 1937-43; Professor of Pharmacology and Chairman of the Department of Pharmacology and Physiology, University of Vermont School of Medicine, 1943-44; Professor and Head of the Department of Pharmacology, University of Utah, 1944.

October 28, 1947, 8:15 p. m.

Jackson Hall, Nurses' Home Tacoma General Hospital

Reports of Delegates to the State Meeting: W. H. Goering, L. A. Hopkins, F. R. Maddison, C. C. Reynolds, Don G. Willard. Note change of meeting place.

The President's Page . . .

The cover on our Bulletin depicts the Mountain and Pierce County in an imposingly close relationship. It is no wonder the natives around Commencement Bay so reluctantly gave up the old Indian name of Mt. Tahoma for a less inspiring one, honoring a British admiral who had never seen the noble peak. The Mountain from the north side reveals a lesser peak on its eastern slope which retains the name Little Tahoma, without objection. From the south, Mt. Rainier seems to be an entirely different volcano, with three distinct peaks revealed on the perimeter of its cone. They are a part of the ever-changing panorama one sees on traveling around the Mountain.

The great pile of accumulated knowledge embodied in Medicine is like the Mountain. The interpretation of certain facts is altered by a change in perspective. Not infrequently something new and better evolves as a result of a side trip to some lesser explored glacial field. The evolution in the treatment of diabetes mellitus came about primarily through the influence of a few men who were considered radical in their viewpoint. Their conclusions were not entirely adopted, but the influence of that new approach was so persistent that today the amount of carbohydrate in the diabetic diet is almost unbelievable when viewed from the Allen era. Such progress in medicine is not necessarily confined to large clinics or groups with complicated laboratory facilities at their disposal. Dr. F. R. Schemm of Great Falls, Montana, is a small town doctor whose curiosity and ability to approach a subject from an entirely new view point led him to unearth a number of facts that had long been known, but somehow buried in the archives. As a result he evolved a new and practical treatment for edema which is universally accepted as a great improvement over the older methods.

Medicine is anything but a static state of affairs. Most of us try to break away for a few weeks of post-graduate study each year. Many forget the opportunity the local medical society offers or could offer by their more whole-hearted support. A few members are simply allergic to medical society meetings in general, but by and large the majority who do not attend merely stay away from force of habit.

The Program Committee has been seriously considering the scope of subjects that should be presented. Obviously the interest should be on the general medical practioner, but such subjects should have ramifications of interest to the specialist in the various fields. Besides the more formal presentations there should be an interspersion of short clinical reports or thumb-nail sketches of interesting cases. Every man in the Society has at some time or other seen an unusual and interesting case that his confreres would like to hear about. These case reports are always attended with a great deal of interest. Some doctors rebel when asked to write a formal paper, but they will enthusiastically contribute to a symposium or a round table discussion. All the aforementioned have a definite place in a well-rounded program.

It would be a peaceful and provident world if man did his work as well as nature has. The pall of pessimism which permeates so much of our thinking need not enshroud us if we but take the time to read and hear those things that add to our faith in men. The will and willingness to work with each other could build a Society which would stand in as bold relief as the Mountain over our fair valleys.

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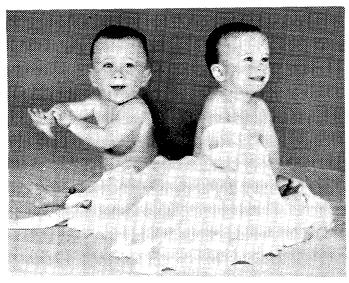
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Editorially Speaking . . .

MEDICAL CARE

Not long ago one of my doctor friends remarked that he had no time to be interested in medical economics for his time and energy went into his practice and study with a little left at times for his family. Certainly he is not all wrong for the propaganda coming to our desks often seems designed to make us question any proposed medical legislation. But doctors and their families have to eat and buy clothes and so we should take time and give some thought to the economic changes taking place and contemplated for group medical care. We should get the opinions from some of our friends and neighbors and when possible should read medical care articles from a non medical point of view. We should keep in mind that the medical profession is comparatively weak in numbers but without boasting we still have a large degree of influence in any united effort we may make.

In the national picture are the Wagner and the Taft bills and the Hill-Burton Hospital bill. The Wagner bill with its all inclusive compulsory payment and benefit features will probably continue to remain only a threat while employment is high and money available. Should a depression occur next year the Wagner bill will soon cease to be a threat and in all probability will become a reality, while continued apparent prosperity may see an enlarged Taft plan win

the approval of Congress this winter.

The large scale national program for new hospital construction should get underway very soon and when the health-center feature is included doctors

will have more problems to face.

Another potent influence we should not ignore is the Blue Cross plan for prepaid hospitalization. Intelligent conception, aggressive salesmanship, and millions of desiring people, is the successful combination that has built up this multi-million member program. Coming closer to home we have our Washington State Bureau composed of twenty-one County Bureaus and our state medical society owned insurance company, the Washington Physicians Service Corporation.

The most active influence in local medical practice has been our Pierce County Medical Bureau. It was organized thirty-one years ago and is unique in being the first medical society sponsored prepaid medical plan in the United

States.

It began and continued primarily to enable our doctors to meet the prepaid medical care demand in this section of the state. Within the past two years similar programs have been sponsored and strongly urged upon the entire country by the A. M. A., as the most promising means to circumvent government medicine. Those who have shared in the building up of our Bureau know that the plan has a wide variety of problems and does not have all the answers. They believe it to be a proper method for furnishing prepaid medical care to those employed persons and their families in the so called middle income bracket. Because it is amenable to any modification to meet local conditions it can successfully function to the extent that it can receive fair play and unselfish treatment from its physicians and lay members. If this country can be covered with active medical bureaus there will be no politically dominated medical problems.

Medical bureaus are not the entire answer by any means, and while the spread of every other type of voluntary prepaid coverage should be encouraged we should keep in mind that Bureau practice can retain a proper patient-doctor relationship, an advantage not found in commercial or government plans.

Because we can exert only a small measure of influence in Congress and eventually will accept more of government direction, we should develop our own Bureau to its largest efficiency in order to afford us the greatest measure of future protection.

State Association, will review the legal aspects of this matter, and on September 28 the Board of Trustees shall be informed that the indemnity program can or cannot be presented again to the House of Delegates. In the event it cannot, the Washington Physicians Service Corporation is in the insurance business.

There is no question but that there is considerable opposition to the program, particularly in the eastern part of the state. It is also true that there are many arguments against the doctor being a partner in such a program. It is not a question of a move being 100% right; it seems to be a question of a move being expedient.

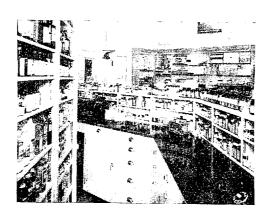
Dr. Kenneth Partlow made a report regarding the general assistance program which goes into effect on October 1, 1947. He stated that the State Legislature had passed a general assistance law difficult of interpretation: further, that the Social Security Department had applied it on a county basis, and that there has been trouble in its administration. The Social Security Department is concerned with putting a general assistance program into effect. The Department thinks it should be handled by the medical profession and

that contracts for medical services should be instituted. The doctor would not be concerned with hospitalization or other services. The Committee on Prepaid Medical Care will be authorized to confer with the Social Security Department on this program.

Mr. Frederick E. Baker and associates were appointed to handle the public relations program, and this appears to be an excellent step. Their work will be devoted to guarding the relations between the medical profession as a group and the public. Further, they will advise the group and individuals regarding various trends thruout the country. In other words, the doctor may be kept informed regarding the business pulse locally and nationally.

Mr. James P. Neal, Executive Vice President and Public Relations Director of the Washington Physicians Service Corporation, and legal counsel for the Washington State Medical Bureau, died in Olympia on Tuesday, September 16, 1947, after a brief illness.

B. D. Harrington, M. D. Trustee, Wash. State Medical Association.



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Teas are the occasions of interest to Auxiliary members these early fall weeks.

The first was held in Seattle on September 29 from 3 to 5 o'clock at the home of Mrs. Roger Anderson, 4221 East Lee Street. This tea was given by the members of the Pierce County Auxiliary to entertain the wives attending the Washington State Medical Association convention with their husbands. Mesdames D. H. Bell, L. S. Baskin, S. F. Herrmann and E. C. Yoder presided at the tea table and assisting hostesses were Mesdames John Steele, Miles Parrott, A. J. Herrmann, S. R. Lantiere, N. E. Magnussen, J. R. Campbell, C. V. Lundvick and J. W.

(Continued on Page 11)



Reading left to right: Mrs. Scott Jones, Mrs. Norman Magnussen, Mrs. L. S. Baskin, Mrs. S. F. Herrmann, Mrs. R. W. Florence, Mrs. F. J. Schwind.

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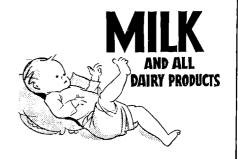
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played by Mrs. Edith Lundgren.

The second tea is to be the first meeting of the Pierce County Medical Auxiliary. It is to be held, as previously announced, at Annie Wright Seminary at 1:30 o'clock on October 9th. The past presidents will be introduced by Mrs. Ralph Schaeffer, the first president of the group. Dr. Frank Maddison will take this occasion to bring the greetings of the Pierce County Medical Society to the Auxiliary.

It is hoped there will be a big turnout

for this occasion.

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Sincere thanks should be extended to the Dammeier Printing Company, which has generously contributed the covers for the "Year Book." This book contains a compilation of facts and information of interest to all members. They will be distributed at the first meeting.

Mrs. Edward Wolf gave a tuncheon for her committee members working to sell "Hygeia." It was suggested that if each medical wife would send in a subscription without being contacted by the committee the time and energy thus saved could be devoted to the distribution of "Hygeia" in other groups. A national contest, sponsored by the "Hygeia" editors, offers further inducement to make this the best year on this project. Details of the contest may be obtained from Mrs. Wolf. All orders may be mailed to her at 2214 North Junett, or placed by phone. Proctor 1086.

The Auxiliary has offered to be responsible for personnel to run the Blood Bank office on Saturdays. Doctors have a great need for this agency and at present there is a meager supply of blood to meet the demands. Workers and donors are desperately needed. Any members who are willing to take part in this important service are asked to contact Mrs. A. J. Herricker.

mann at Broadway 2455.

Mrs. David Johnson has returned from the most interesting vacation taken by an Auxiliary member this summer. She and their daughters, Lois and Meryl, accompanied Dr. Johnson to Dublin for a few weeks' visit while he attended the International Congress of Obstetricians and Gynecologists. They flew to Glasgow, Scotland, visited in Southern England and France before attending the Congress. A journey was then made by air over the North Sea to Stockholm. Several weeks were spent touring Sweden. They visited Lap-

land in the Arctic Circle. Travelling southward, they made visits in Dalecarlia land, in Gothenberg, and Malmo. Leaving Malmo by boat they went to Copenhagen, Denmark, where they boarded the Scandinavian Airlines for New York. The trip westward was taken via Greenland because of storm conditions farther south. The whole trip proved to be a wonderfully interesting experience.

Minutes of Regular Meeting of September 9, 1947

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on September 9, 1947 at 8:15 p. m., Dr. Frank Maddison presiding, Minutes of the previous meeting were read and approved.

Applications for regular membership of Drs. L. M. Rosenbladt, Charles E. Marshall, John Bonica, William C. Brown and Charles E. Reddick and the application for courtesy membership of Lieutenant Colonel Richard I. Crone were given first reading.

A letter in regard to the fishing derby at the State meeting was read and request made for those desiring to go fishing on September 30 to submit their names to the Secretary.

Dr. A. W. Frisch, of the University of Oregon Medical School, gave an excellent discussion of the Rh factor and its significance in hemolytic disease and transfusion reactions. Dr. Frisch pointed out that the human blood groups are very complex and that there are approximately 1800 different types of blood, and said that 85% of people have Rh positive blood. There are two ways of immunizing Rh negative mothers to Rh positive blood, making them sensitive to the Rh factor. This occurs after several transfusions of Rh positive blood or after she has had an Rh positive child. Dr. Frisch discussed the types of crythroblastotic disease in the newborn and outlined his method of following Rh negative women during their pregnancies to guard against fatal erythroblastosis in the child. He followed this with a brief discussion of the more complicated blood sub-groups.

Dr. Frisch's discussion was followed by general comments and questions from the audience.

The meeting was adjourned.

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The Hospitals . . .

County Hospital

Dr. William Todd, who has been the resident in internal medicine since April 1, 1946, is leaving Navember 1st to accept a residency in neurology at the University of California Hospital in San Francisco. Dr. Todd is leaving behind him a splendid record of constructive achievement. He plans later to enter upon further fellowship training in internal medicine at the University of California.

Dr. Robert G. Bond has elected to remain on another year as resident in surgery. This is a welcome decision toward increasing efficiency in the care of surgical

patients.

Mr. Carl Jelinek has been appointed to the position of tissue technician in the clinical laboratory. He comes from Mt. Sinai Hospital, New York City, where he received his training. His work to date denotes very fine training.

Dr. Burton A. Brown, superintendent, devoted considerable time to the State Hospital Planning Agency under the direction of the State Department of Health during the summer. As chairman of the Executive Committee of the State Hospital Advisory Council, under the provisions of the Federal Hospital Survey and Construction Act (Hill-Burton Act). Dr. Brown contributed much to the many conferences which resulted in early completion of the hospital survey in this state, and the early submission of the state report to the Surgeon General in Washington, D. C.

Dr. Brown left September 18th for a three-week visit to St. Louis and Chicago, attending the national convention of the American Hospital Association and the American College of Hospital Administrators, also the International College of Surgeons.

St. Joseph's Hospital

A refresher course in the diagnosis and treatment of malignancies was held from September 22 to 27 at the University of Oregon Medical School in Portland. Dr. C. R. McColl, a graduate of this school, attended the course, feeling that it would aid him in his work at the Tacoma Cancer Detection Clinic. Dr. McColl gained valuable information on the cytological diag-

nosis of carcinoma using the Papanicolaou staining technique which he and Dr. Glassy, who was in charge of the Pathological Department during his absence, have found of value in the diagnosis of carcinoma, especially of the cervix and uterus.

Attending the refresher course with Dr. McColl were Drs. S. M. MacLean and F. J. Rigos, also of the Cancer Detection

Clinic.

Our Pathological Department is continuing the 9:30 Wednesday morning clinicopathological conferences. Many of the local physicians are finding these meetings of interest.

Dr. Keho, back on his feet again, is feeling much better after recovering from an upper respiratory infection.

Tacoma General Hospital

A meeting of the Medical Staff was held on September 2, 1947, in the Auditorium of Jackson Hall. The speaker of the evening was Col. P. P. Green, M. C., Chief of Madigan Laboratory Service, who discussed some elementary nuclear physics and elaborated on the mechanics of the atomic bomb explosion and the medical aspects of casualties of such an explosion. There are blast casualties, casualties from heat, and radiation casualties. The radiation effects are primarily from the gamma rays and the neutrons. They have a predilection for bone marrow and there is an irradiation effect on the tissues. There is no known treatment for damage done by these rays and medical treatment is merely symptomatic.

Dr. Larson discussed the fact that surgeons could order "stand-by" blood for surgical cases at a minimal cost. He asked that "stat" orders be requested for a certain hour rather than "stat" which means immediately. He announced that sedimentation rates are being done by the Cutter method now. Blood lipase tests can now be done in the laboratory.

The heparin tolerance test was discussed. This test can be used to determine the presence of thrombosis, in which case there is an increase of blood prothombin.

Dr. Jones of Western State Hospital discussed pre-frontal labotomy. This operation is a safe procedure which can be used to

(Continued on Page 15)

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L. C. CEDER, Manager 206 Medical Arts Building Phone MAin 2717 relieve the intractable pain of inoperable carcinoma. Dr. Jones reported that at Western State Hospital, out of thirteen cases done, nine showed phenomenal results, one poor result, and three showed no change.

Tacoma General Hospital regrets to lose an outstanding member of its staff. On October 1, Dr. Weldon Pascoe will retire from his very active position as one of Tacoma's leading surgeons.

Dr. Pascoe received his degree of Doctor of Medicine from the University of Michigan Medical School and did post-graduate work in Vienna. For almost forty years Dr. Pascoe has been on the staff of our hospital. During that time, he has taken an active part in the work of the Medical Advisory Board, and has served on various staff committees.

We at the hospital are sorry to lose our esteemed friend, and should like to convey to him our best wishes for many pleasant

years ahead.

Among the newcomers to Tacoma General is Dr. J. T. Robson, a neurologist and neurosurgeon. Dr. Robson received his Baccalaureate degrees both in Science and Arts from the University of Washington. In 1942 he received his medical degree from the University of Oregon Medical School. He interned at St. Vincent's Hospital in Portland for a year.

Having chosen to specialize in Neurology and Neurosurgery, the doctor spent the next four years at the Mayo Clinic and at the University of Minnesota, where he earned a Master of Science degree in Neurology

and Psychiatry.

We are proud to welcome to our city Dr. and Mrs. Robson and their three children.

Several changes have recently taken place at Tacoma General. Because more space is needed for the Record Library, Mrs. Myers will move her department to what is now the dining room for non-professional workers. Their dining room will then be the old classroom, formerly known as the "Assembly Room." Miss Glynn, the Director of Nurses, and her assistants will move to the present Record Library. Mr. Moore, Purchasing Agent, will occupy the office now used by Miss Glynn.

Friends of Mrs. Edwin Janes will be sorry to learn that she is confined to the Tacoma General Hospital. She received a fractured hip in an unfortunate happening

at the Tobey Jones home.

A short course in therapeutics to be held at the University of Oregon Medical School will be attracting several of our internists to Marquam Hill. Among those planning to attend the session are Doctors Huff, Maddison, Quevli and Steele.

Mrs. Degner, wife of our interne, has found that it pays to keep tuned to KMO. She was the lucky recipient of forty-seven dollars recently given to her by the gen-

erous Mity Mike.

Each month Madigan General Hospital is sending to Tacoma General six or eight doctors who have recently completed their internships. Here they receive a thirty-day course in instruction and practice in anesthesia under the direction of our Anesthesiologist, Dr. Bonica.

The Alumnae Association of Tacoma General Hospital held its first fall meeting on September 10 with Miss Louise Daniels presiding. Plans were discussed for the year's activities. A social hour followed

the business meeting.

With students coming from as far as Wisconsin, Colorado and North Dakota, a class of thirty-six began their studies as student nurses on September 15th. The traditional Pajama Party was held to welcome the members of the class of September, 1950.

Miss Lura Black, Nursing Arts Instructor, has gone to Chicago to be present at the convocation of the House of Delegates of the American Nurses' Association. The purpose of the meeting is to consider the structure study of the six national nursing organizations and to plan the unification of the different societies.

Miss Norma Woodruff, surgical clinical instructor, has gone to Alaska for a month's vacation. She left for Anchorage on the Baranof, and will return to Tacoma by plane. Also a passenger on the Baranof was Miss Susan Flechlin, until recently head nurse in Central Supply. Miss Felchlin plans to spend the winter an Anchorage.

On September 8 the first school in Tacoma for cerebral palsy patients was opened in the old educational department of the Tacoma General Hospital. Enrolled in the school at present are sixteen elementary grade pupils, and three in the junior high

school.

The school is financed with funds from School District Number Ten, and from the State. The local school district has supplied a small amount of equipment. Parents and friends working with the Pierce County

(Continued on Page 17)

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All Clinical Laboratory Examinations

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TACOMA, WASHINGTON

Chapter of the Washington Spastic Children's Society have provided some of the necessary things.

As yet there is no means of transportation for the pupils, so the parents have been taking turns in bringing the children to school. A group of industrial workers is considering the purchase of a bus to insure adequate transportation for the pupils.

With the spastic child much individual attention and instruction are necessary. For two of the pupils who have no ability to speak, typewriters have been provided. In addition to regular classroom work, a speech therapist works with each child for at least twenty minutes daily. It is hoped that soon a physiotherapist can be employed who will be able to spend some time each day with each child.

Lunches will be served by the school personnel as an important adjunct to the therapy. The ability to learn to feed himself is important to the cerebral palsy patient, both as a means of self-help and as an

aid in his social adjustment.

Working in close cooperation with the school is the Occupational Therapy Department, sponsored by the Tacoma Junior League. Work and play are planned for each child so that both coarse and fine motions will be learned. Among the first things done in the Occupational Therapy Department are gait-training, games such as shuffle-board and ring-toss, shoveling sand, sewing, and finger painting. More difficult work is added as muscle control is improved.

A few minutes spent in the school talking with the teachers and watching the eagerness with which the children work are enough to convince us that the establishing of this school for cerebral palsy patients is indeed a worthwhile undertaking.

Greater efficiency in the handling of patients' charts is being obtained by the filming of those records. To date, about 76,500 charts, containing about 397,600 sheets have been filmed. The earliest charts are dated September 1, 1915. At this time the charts will be filmed up to and including the year 1938.

The filmed charts are stored on receiving spools, one to a box. On the box are listed the beginning date and number, and the ending date and number of the charts on each spool. These are filmed in numerical order, making them immediately available.

The viewbox is used for film reading. The tiny image is received and magnified back to

its original size. The film may be held at one place for study and for photostatic work.

Fifty Years Ago

The regular meeting of the Pierce County Medical Society was held in the parlor of the Fannie C. Paddock Memorial Hospital on September 17, 1897 at 8 p. m., Dr. Warren Brown in the chair.

Present: Drs. Warren Brown, E. M. Brown, Loughlin, Dickens, Hickman, McCutcheon; visitor, Dr. Smith.

Dr. Hickman presented a case,

The application of Charles Taylor for membership was presented and he was duly elected.

Dr. McCutcheon brought the attention of the society to the fact that Lord Lister and Professor Foster would pass through Tacoma tomorrow and Drs. Hickman, Hicks and Dickens were appointed a special committee on their entertainment.

Drs. Hicks, McCutcheon. Rummell, Dickens and Hickman were appointed a committee on the entertainment of the King County Medical Society and were to report at the next meeting.

Dr. Dickens read a paper on Chronic

Catarrh of the Stomach.

Meeting was adjourned.

Opening For Physician

Opportunity for general practitioner in rapidly growing Lakes District. Attractive specially built doctors suite (2 operating rooms at Clover Park Building). For information telephone LAkewood 9746 or LAkewood 9468.

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H. P. Tuttle		C. D. Hunter	
H. P. Tuttle	1893	J. P. Kane	.1923
J. R. Yocom	1894	S. M. MacLean	.1924
J. W. Hickman	1895	W. B. McCreery	.1925
A. H. Coleman	1896	E. F. Dodds	
Warren Brown	1897	E. C. Wheeler	.1927-28
H. W. Dewey	18 98	W. G. Cameron	
H. W. Dewey	1899	C. F. Engels	. 1929-30
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G. S. Hicks		J. R. Turner	.1935-36
G. D. Shaver		A. W. Howe	
G. D. Shaver		A. H. Buis	.1937-38
G. A. Gve		A. E. Hillis	.1938-3 9
CH. Kinnear		W. W. Mattson	
J. B. McNerthney		H. J. Whitacre	.1940-41
J. R. Brown	-	T. K. Bwles	
W. D. Read		Clyde Magill	1942-43
C. Stuart Wilson		S. F. Herrman	
W. N. Keller		J. W. Gullikson	.1944-45
E. W. Janes		W. H. Ludwig	
E. A. Rich		L. A. Hopkins	.1946- 4 7
C. R. McCreery	.1917		

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Through Subscription, Gift or Exchange American Heart Journal.

American Journal of Clinical Pathology. American Journal of Disgestive Diseases. American Journal of Diseases of Children.

American Journal of Obstetrics &

Gynecology.

American Journal of Ophthalmology, American Journal of Physiology

American Journal of Physiology. American Journal of Psychology.

American Journal of Psychiatry. American Journal of Roentgenology.

American Journal of Surgery.

American Journal of Syphilis, Gonorrhea and Venereal Diseases.

American Journal of the Medical Sciences.

American Practioner.

American Review of Soviet Medicine.

Annals of Allergy.

Annals of Internal Medicine.

Annals of Otology, Rhinology and Laryngology.

Annals of Surgery.

Annals of Western Medicine and Surgery.

Archives of Dermatology and Syphilology.

ന്ത്യടു.

Archives of Internal Medicine.

Archives of Neurology & Psychiatry.

Archives of Ophthalmology. Archives of Otolaryngology.

Archives of Pathology.

Archives of Surgery,

(Continued on Page 19)

British Journal of Ophthalmology.

British Journal of Surgery.

British Journal of Urology.

Bulletin of the American College of Surgeons.

Bulletin of the Johns Hopkins Hospital. Bulletin of the Medical Library Asso-

ciation. Bulletin of the New York Academy of

Medicine.

Bulletin of the School of Medicine, University of Maryland.

California Medicine.

Cleveland Clinic Quarterly.

Current Researches in Anothesia and Analgesia.

Gastroenterology.

Geriatrics.

Hygeia.

Illinois Medical Journal.

Industrial Medicine.

International Medical Digest.

International Surgical Digest.

Journal of Biological Chemistry, Journal of Bone and Joint Surgery.

Journal of Clinical Endocrinology.

Journal of Clinical Investigation.

Journal of Experimental Medicine. Journal of Industrial Hygiene and Toxi-

Journal of Laboratory and Clinical

Medicine.

Journal of Nervous and Mental Disease.

Journal of the American Dental Asso-

Journal of the American Medical As-

sociation. Journal of the International College of

Surgeons.

Journal of the Iowa State Medical

Society.

Journal of the Kansas State Medical

Society.

Journal of the Medical Association of

Georgia.

Journal of the Missouri State Medical Association.

Journal of the Tennessee State Medical Association.

Journal of Thoracic Surgery.

Journal of Urology.

Journal of Venereal Disease Information.
Kentucky Medical Journal

Kentucky Medical Journal.

Lancet.

Laryngoscope.

Medical Annals of the District of Columbia.

Medical Arts and Sciences.

Medical Clinics of North America.

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New England Journal of Medicine.

New York State Journal of Medicine.

North Carolina Medical Journal.

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Pennsylvania Medical Journal.

Physiological Reviews.

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Proceedings of Stall Meetings of the Mayo Clinic.

Public Health Reports.

Radiology.

Rhode Island Medical Journal.

Surgery.

Surgery, Gynecology and Obstetrics.

Surgical Clinics of North America. Texas Reports on Biology and Medicine.

Texas State Journal of Medicine.

United States Naval Medical Bulletin.

Urologic and Cutaneous Review.

Virginia Medical Monthly.

Western Journal of Surgery, Obstetrics and Gynecology.

Letter From Afar

The following letter is from Dr. Joseph Kane who retired a few years ago and now lives at 3118 South 40th, Seattle.

The younger Tacoma doctors missed knowing a very interesting and worthwhile personality.

Hotel De Paris Monte Carlo Monday, Aug. 25, 1947

Dear Lewis:

I intended writing you from some more soulful spot than this outpost of pleasure and passion, but here I am in Monte-Carlo. It might take the hard edge off to tell you that yesterday I stood with bowed head before the graves of Shelley and Keats in the little cemetery near the pyramid of Cesious in Rome and murmured a little Catholic prayer for their souls, having no flowers. In Florence and Stratford-on-Avon I thought of you, but being a tourist (what a horrible thing to be) is laborious and emotions and feeling of wonder leaving me a little weary for even a passing word.

It all began on my 74th birthday last March when I received from my daughters, Isabel in Paris and Charlotte in Berlin, a return passage on the Queen Elizabeth to

(Continued on Page 20)

come and see them. I strapped on my seven league boots and started off, spending two weeks in St. Paul with Anthony and his family. I went up the gangplank in New York on July 2 and had a very smooth and pleasant voyage, landing at Southampton on July 7. At Waterloo Station Isabel came running to meet me with outstretched arms. (She had come over from Paris for a few days.) It was fun to ramble around Charing Cross, up Regent Street, past Drury Lane, on to Fleet Street. Ludgate Circus to "The Old Lady of Threadneedle Street," The Bank of England. There is no use going on to Westminister Abbey, St. Paul's and all the other places my interest and curiosity led me. Then over to Paris for five days, after Oxford and Stratford and many of the great and glorious cathedrals, and Warwick and Kenilworth Castles. Isabel took me to the ballet at the Grand Opera and to the Follies Bergere. The old book stalls along the Seine, Notre Dame Cathedral and many more places so familiar from books and pictures I peered at with my insatiable curiosity.

After five days in Paris I went up to Berlin and got a joyous welcome from Charlotte. I spent a week in that once great and proud city, now humbled and almost destroyed. Charlotte came with me to Paris, Isabel joined us and we set out on our Italian journey by way of Lousanne, Milan and Venice where we were taken to the door of our hotel (The Europa) in a gondola. Florence we loved with the Arno flowing beside us on our walks. The Cathedral, Ulizzi and Pitti galleries, Dante's house, the middle ages everywhere.

In Rome we had an audience with the Holy Father. He spoke with us and gave us his blessing. My journey has been delightful, and we three are such good companions. Love and all the best to you.

Toc

First Little Girl: Doctor Smith brought our baby.

Second Little Girl: We take from him, too.

A A A

Instructor: What would you do if a patient came into your office with a pain in the abdomen?

Medical Student: I'd yell, "Whoopee! A patient!"

Final Edition of "Courage and Devotion Beyond the Call of Duty"

The final edition of the book, "Courage and Devotion Beyond the Call of Duty," which is composed of official awards and citations received by U. S. medical officers during World War II, is now being prepared by Mead Johnson & Company, Evansville, Indiana.

Any physician, who has not already done so, should write to Mead Johnson & Co. advising them of the awards he has received and also send a typewriten or photostatic copy of his citations. The following additional information would be of assistance in compiling the material for this book: Present rank or rank at time of discharge. Branch of service. From what university and in what year M. D. degree was received. Date of entry into the service.

"Thank You"

The September issue of the Bulletin received the following generous notice in the Sept. 5 issue of the Tacoma News Tribune:

"One of the best known medical society publications on the Pacific coast is the Bulletin of the Pierce County Medical Association. It is edited by Dr. Lewis A. Hopkins of Tacoma. On the cover of the current issue, a striking full page photo of Tacoma and the mountain is printed as taken from the air. It shows the city and its tall buildings and the mountain rising majestically in the distance. This forty-page issue of the Bulletin (now in its 18th year) has created a great deal of favorable comment."

Wife: "Will you love me when my hair has turned to silver?"

Hubby: "Why not? Haven't I stuck with you through brown, red and black?"

수 수 수

She: There's one thing I want to tell you before you go any further.

He: What's that?

She: Don't go any further?

4 4 4

All the people who have opinions aren't opinionated; just those whose opinions differ from yours.—Richard Armaur.

\$ \$ \$

Two things a man should never be angry at: what he can help and what he cannot help.

Medical Directory Plans Underway

At least two carloads of special light-weight paper will be required for the new American Medical directory, a 3,000-page volume which normally is issued every two years. It is now almost five years since the 17th edition of the directory was published in 1942. The delay has been due to the shortage of clerical help and mechanical labor in the Chicago area as well as to the scarcity of paper.

The Superintendent's Office, which supervises printing production at head-quarters, reports that the paper shortage existing for some time has presented one of the biggest problems in getting out the directory. Because of the shortage of compositors in our printing department, composition work on the directory will probably have to be done outside of the A. M. A. plant. Printing, however, barring unforseen problems, may be done on the A. M.

A. presses.

It is hoped that compilation of names will be started within the next few months, so that the 18th edition will be ready for delivery by at least the latter part of 1948. Since publication of the 1942 edition, information on 37,462 new physicians has been added to the files, and the names of 17,860 physicians who have died have been deleted.

Orders for the new directory are not being accepted at the present time, but as soon as plans are completed a letter, prospectus and card asking for directory information and advance orders will be sent to every physician in the U. S., its possessions and Canada.

Incidentally, the A. M. A. is presently using 310 tons of paper a month for The Journal, Hygeia and the many other special journals devoted to specific fields of medicine.

Oregon Elects Woman

At their recent state medical meeting, Oregon, for the first time in its 73-year history, elected a woman as President of the State Medical Association. This honor came to Dr. Leslie S. Kent, a graduate of University of Nebraska Medical School in 1917. Dr. Kent has practiced in Eugene since 1923 specializing in Obstetrics, in which field she has gained a high degree of state-wide confidence among her fellow practitioners.

Oregon doctors are to be commended for this unusual appreciation of ability.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the period of August 21, 1947, to September 20, 1947, inclusive:

•
Chickenpox 3
Diarrhea 1
German Measles 2
Gonorrhea30
Impetigo 2
Measles 3
Poliomyelitis 4 Ringworm 1
Ringworm 1
Scarlet Fever
Syphilis17
Tuberculosis
Undulant Fever 1
Vincent's Infection I
Whooping Cough 8

"Were there any powder marks on the body of the deceased man?" asked the coroner.

"Certainly there were powder marks," replied the wife; "that's why I shot him."

育 章 章

There's no place like home—if you can find one.

台 台 台

My family can trace its ancestors back to the days of William the Conqueror.

We think our family is old, too, but unluckily all our family records were lost in the Flood.

官 台 台

Friend: "Do you mean to say your husband beat you when you arrived home after midnight?"

Doctor's Wife: "Yes—but only by twenty minutes."

☆ ☆

Life is one fool thing after another. Love is two fool things after each other.

台 台 台

A farmer drove into town and hitched his team to a telephone post.

"Here," exclaimed the burly policeman,

"you can't do that.'.'

"Can't, ch?" replied the farmer. "Well, why have you got a sign up saying, 'Fine for hitching'?"

ជ ជ ជ

Life is a wrestle with the devil, and only the frivolous think to throw him without taking off their coats.—Barrie.

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Medical Director

WARREN E. TUPPER, MD.

Asst. Medical Director

NELLE O'HOLLAREN, B.S.

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DOCTOR...

Do you have these in your file?

Your request for one reprint or a complete file of our articles as they appeared in medical journals will receive our immediate attention.



The Treatment of Alcoholism by Establishing a Conditioned Reflex

American Journal of Medical Sciences, 199, 802-810, June, 1940.

Conditioned Reflex Therapy of Alcoholic Addiction: An Evaluation of Present Results in the Light of Previous Experiences With This Method

Quarterly Journal of Studies on Alcohol, Vol. I, No. 3, pp. 501-516, December, 1940.

Conditioned Reflex Therapy of Chronic Alcoholism: A Preliminary Report on the Value of Reinforcement

Quarterly Journal of Studies on Alcohol, Vol. II, No. 3, December, 1941.

Technic

Diseases of the Nervous System, Vol. III, No. 8, August, 1942.

A Review of Six Years' Experience With This Treatment of 1526 Patients

Journal of the American Medical Association, Vol. 120, pp. 269 and 270, September 26, 1942.

Aversion Treatment of Alcohol Addiction

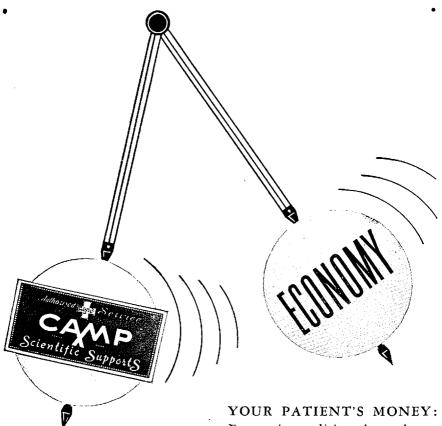
Quarterly Journal of Studies on Alcohol, Vol. 5, No. 2, pp. 216-228, September, 1944.

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It <u>Can</u> Happen Here

Lest we forget—we who are of the vitamin Dera—severe rickets is not yet eradicated, and moderate and mild rickets are still prevalent. Here is a white child, supposedly well fed, if judged by weight alone, a farm child apparently living out of doors a good deal. This boy was reared in a state



Example of severe rickets in a sunny clime.

having a latitude between 37° and 42°, where the average amount of fall and winter sunshine is equal to that in the major portion of the United States. And yet such stigmata of rickets as genu varum and the quadratic head are plain evidence that rickets does occur under these conditions.

How much more likely, then, that rickets will develop among city-bred children who live under a smokepall for a large part of each year. True, vitamin D is more or less routinely prescribed nowadays for infants. But is the antiricketic routinely administered in the home? Does the child refuse it? Is it given in some unstandardized form, purchased from a false sense of economy because the physician did not specify the kind?

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CHARLES GRIFFITH, Supervisor

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The BULLETIN of the PIERCE COUNTY MEDICAL SOCIETY

Vol. XVIII—No. 3 TACOMA, WASHINGTON NOVEMBER, 1947



Pierce County Medical Society

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Programs

Medical Arts Auditorium November 11, 8:15 P. M.

DR. EDWARD L. TURNER, Dean and Professor of Medicine at the University of Washington School of Medicine, will speak on

"The Present Status of Our Knowledge of Liver Physiology and Therapeutic Procedures of Value in Liver Disease."

Dr. Turner received the degree of B. S., University of Chicago, 1922; M. S., University of Chicago, 1923; M. D., University of Pennsylvania, 1928.

He was Assistant in Anatomy, University of Chicago, 1922-23, Adjunct Professor of Physiology, American University of Beirut, Beirut, Lebanon, 1923-26; Associate Professor of Physiology, American University of Beirut; Assistant Dean of the Medical School, 1928-30; Associate Professor of Internal Medicine, American University of Beirut, 1931-33; Professor of Medicine and Head of Department, 1933-36; Chief of Medical Service, American University Hospitals; Professor of Medicine, Head Department of Medicine, Meharry Medical College, and Chief of Medical Service, George W. Hubbard Hospital, Nashville, Tenn., 1936-38; Professor of Medicine, Head Department of Medicine and President of Meharry Medical College, 1938-44; private practice, Internal Medicine, Bradford, Pa., 1944-45; Dean and Professor of Medicine, University of Washington School of Medicine, 1945.

Dr. Turner is a member of the Central Society for Clinical Investigation, Society for Experimental Biology and Medicine, Association of American Physicians, Seattle Academy of Internal Medicine, North Pacific Society of Internal Medicine, King County Medical Society, Washington State Med-ical Association, Fellow of the American College of Physicians, Certified by American Board of Internal Medicine.

Dr. Turner is the author of more than fifty publications in the fields of physiology, medicine and medical education.

November 25

DR. JOHN BONICA of Tacoma General Hospital will speak on

"The Selection of Anesthetic Agents."

After his graduation from Marquette University School of Medicine Dr. Bonica interned at St. Vincent's Hospital in New York. He received postgraduate training in anesthesia at St. Vincent's under the famous Dr. Flagg and then came to Madigan General Hospital, where he was chief of the Anesthesia Department for nearly three years.

DR. F. J. RIGOS of Tacoma General Hospital will speak on "X-ray Treatment of Benign Conditions."

Dr. Rigos is a graduate of the University of Minnesola Medical School. He had his training in X-ray at the Mayo Clinic and came to Tacoma in 1943.

The President's Page . . .

SHOULD TOLERANCE BE OUR UNDOING?

We are continually extolling tolerance as a virtue to supersede our common sense. The benefactors of this sublime gift seldom find the beneficiary grateful. Rather, the recipient converts himself to the opinion that his own ideas are superior and that God has given him the right to inherit the earth. Instead of our tolerance standing forth as a shining beacon to be used as a guide in our human relations, a great many individual rights have been trespassed because of it.

Whether the nation, a group, or the individual is concerned, the toleration of destructive forces only dilutes our efforts for progress until a complete neutralization of all rights is the end result. It is a softening up process that every dictator recognizes and

uses as a tool for his own propaganda.

History records the passage of many nations into oblivion through a slowly expanding tolerance. When the flower of Greek intellectualism gave way to the illiterate rabble in the rule of that great nation its downfall was sealed. The great thinkers of our more modern era have never been able to replenish themselves at the same rate as the educated morons of our technical system have been able to do. The few real statesmen that are left can hardly stand up to the rabble-rousers that have infiltrated into our whole economic system.

When disease attacks a specialized tissue of the body that part of it which is destroyed is rarely able to replace itself. Being a highly selective type of cell, its reproductive function is only secondary, so it is replaced by a cheap non-specialized connective tissue the only purpose of which is to reproduce rapidly and fill in the spaces left by the dead cells of the specialized tissue. The result is a crippled body economy

and if the disease progresses far enough eventual death results.

Why should we indulge in a forbearance that places us on dangerous ground and leaves room for the destructive processes of corruption? In human relationships we should be tolerant to the degree that we rid ourselves of bigotry. The acceptance of an easy tolerance takes away any challenge we may have to meet.

America did not reach its present greatness through the acceptance of an easy tolerance. Our foretathers were fanatically religious and would not abrogate their rights to other groups who possessed an opposite philosophy of life. They had learned the hard way and they had not the slightest hesitation in dealing harshly with those who infringed

these rights.

"Once burned twice shy" does not seem to apply to our modern thinking; we are continually being "burned" again by the same methods that have been too repetitious in history to recount here. Instead of promoting freedom by standing our ground on those principles we know to be right, we are continually re-examining ourselves and wondering if our forefathers could not be wrong. We let a lot of shallow thinking pseudo scientists bring forth old theories which were tried before and proved to be failures, to be tried again in the light of a bright new world where their success will be just as dismal again. Instead of promoting freedom we ollow mutations to creep in and develop which are resistant and destroy the very thing we have strived to preserve. Such a tolerance is foolhardy.

Teddy Roosevelt once said that the way to preserve peace is to talk softly but pack a big stick. That is just as true in the world of today as it was in his time. Now our world diplomacy is apparently founded on tolerance of the forbearance type. The greatest danger in the world today is not in communism itself, but in our lack of aggressive action

to enforce what we ourselves believe here at home.

The great majority of doctors de not realize what the advent of socialized medicine would mean to America. If that step is once accomplished, the rest of the steps in the complete socialization of the country will be comparatively easy. It should not be our concern alone, but that of every citizen of this country who believes in the right of the individual to oppose such action by his government.

Yes, tolerance it a wonderful thing if it is tempered with judgment and kept within limits. Perhaps it would be better if we adopted the machinist's definition: tolerance is that fraction of an inch clearance that is necessary to allow the moving parts of an engine to operate smoothly; too much tolerance makes the machine wobble, too little makes it bind.

FRANK R. MADDISON, M. D.

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Editorially Speaking . . .

LOCAL PROBLEMS

There are three local situations of interest to a number of our doctors which we would like to mention. None are of sufficient moment to warrant any society action but one of them may be such at a future time. Each could come under the general heading of advertising, a phase of medical ethics most open to critical criticism.

The first item concerns those doctors who go east for a few weeks and on their return insert newspaper advertising, stating they have returned from post-graduate study and are now available. Those doctors who spend several months in post-graduate work rightly feel that a token period of study is not sufficient to justify such a notice. They hold it is unfair to those men who spend an adequate amount of time for professional improvement and rightly state that visiting a few clinics—seldom better than are available every week right here at home—does not constitute post-graduate study.

On the other hand every encouragement should be given to professional improvement by out of town study regardless of length of time spent in so doing. It follows the same reasoning as the gymnasium instructor who said he didn't care what sort of exercise a doctor took just so he exercised.

The second item which may be considered questionable advertising concerns leaving the name of former office occupants on the outer office door for a period of years. When a doctor dies, retires or moves away, it should be entirely proper to keep his name on the door for let us say one year. That should give ample time for former patients to come and pay outstanding bills and for them to learn their doctor had gone. But doctors' names left on the door for a number of years for the purpose of bringing into that office the former doctors' past or potential patients is definately questionable. There is nothing serious in the practice but one can say it is a little reaching.

The third problem concerns the use of the term clinic. Accurately speaking a clinic means a session of teaching medicine or surgery in a hospital, usually with patients as subjects. At least teaching is the essence of a clinic although we may have gotten away from that interpretation. To the laity the term clinic to which we refer means an above average group of physicians whose membership covers an adequate range of specialties so that patients will receive competent diagnoses and efficient treatment. We must remember that the public is prone to believe that in some manner the infallibility of the Mayo Clinic is reflected to a degree on all so called clinics, and thus the word clinic is a potent means to attract patients. We hasten to add that there is not a word of criticism of any group if it can offer the quality of care to which the patient is entitled. Also we do not question in the least when two or more men, who limit their work to the same specialty, join forces with sufficient personnel and equipment to handle that specialty in an efficient manner.

We do question the medical ethics when two or mose men, doing a general practice, share a common waiting room, help, etc., and call their joint occupancy a clinic. Such a situation is confusing to the public who expect a clinic to be one in fact as well as in name.

The above remarks may be considered controversial and if you differ in opinion the Bulletin will welcome your point of view.

LEWIS HOPKINS



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From time to time we like to say "Thank you" to our members for their generous contributions of periodicals. These add greatly to the resources of the library, as they are either bound and placed on our shelves, where they are available both to their donors and to others who may need them, or are exchanged for surplus material which other libraries may have to give away.

-Remember the Blood Bank-

The 1946 volume of the Collected Papers of the Mayo Clinic has just been received. This volume contains over 200 articles, covering all phases of medical practice.

-Remember the Blood Bank-

The famous Harvey Cushing once said that as a calorimeter indicates the activity of a patient's metabolism so one may determine the plus or minus activity of the local profession by the use made of its library. If that is so, our BMR is high. As the resources of the medical library grow from year to year, increasing use is made of them. In addition to requests for material which we receive on such run-of-the-mill subjects as cancer of the stomach, fracture of the femur, varicose veins and the like, we often are asked for information on matters somewhat off the beaten path-the evolutionary history of footgear, blood groups in the American Indian, spectrum characteristics, the costume of a medieval doctor and so on. Then too, of course, there is much interest in recent developments in the medical field, such as vagotomy,

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the rice diet, rutin, folic acid, the Rh factor, lobotomy and the work on Blalock and Taussig. Then there was the time a doctor asked for data on trigger finger and saddle nose, the patient presumably being Roy Rogers!

—Remember the Blood Bank—

Lesser of Los Angeles describes in the American Journal of Surgery for October a new tension suture technique. He reinforces the edges of the incision much as a woman reinforces the edges of a buttonhole, by a continuous suture line (Gimp) parallel on either side of the incision. The ends of the sutures are tied to each other under slight tension and the incision is closed by placing the closing stitches so that they are reinforced by the parallel suture lines, increasing by many times the resistance of the tissue to strain.

-Remember the Blood Bank-

It is interesting to note that sometimes new forms of treatment result from accidental discoveries. Without implying that they will revolutionize medical practice, we cite the following examples of this for what they are worth:

Drs. Allen Cole and Chester Christie of Cleveland, in treating a patient for angina pectoris noted that following the administration of amyl nitrite he was relieved of a severe case of lumbago. They report in the Journal of the Medical Association of Georgie that during the past few years they have observed dramatic results in many cases of lumbago, torticollis and other forms of acute intramuscular fibrositis.

Captain J. M. Brewster, U. S. N., reports in the United States Naval Medical Bulletin the successful results he has had in treating the common cold with benadryl. The beneficial effects of this drug in a cold were noticed when it was being used to treat a patient for allergy. The cold was promptly aborted, probably because of the fact that many of the so-called colds are believed to be allergic in origin. It was found that benadryl completely aborted or shortened the course of the cold in 95% of the 100 cases in which it was used and Captain Brewster feels that the treatment warrants more extensive study in view of his experience.

-Remember the Blood Bank-

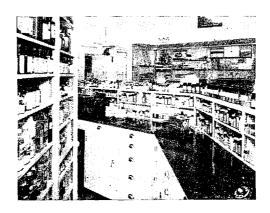
Applications for Membership

DONALD H. ROBINSON CHARLES L. BOONE

-Remember the Blood Bank-

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For thirty-five years we have consistently cooperated with the medical profession of this locality. Advertising during this period of years has always been fully as beneficial to the medical profession as it has been to ourselves.

The prescription business has never been a side line in our store. At the present time we are carrying one of the largest stocks of biologicals and prescription supplies in the Puget Sound area.

Our store is centrally located and easy to

find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

McMILLAN BROTHERS, Inc.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

The Past President's tea at Annie Wright Seminary on October 9th will go down in the records as a most successful occasion. The social committee under the leadership of Mrs. S. E. Light, is to be congratulated. Over seventy members of the Auxiliary were present, including five doctors wives from Puyallup and Orting. The program was very interesting as planned by Mrs. E. R. Anderson and her program committee.

Dr. Frank Maddison brought greetings from the Medical Society and gave an inspiring talk as a send-off for a busy year.

The Past Presidents were introduced by Mrs. Ralph Schaelfer, who traced the history of the Society by reading excerpts from old Bulletins. This touched the older members of the group with memories of the struggles they had shared, and informed the newer members of the traditions that are to be carried on.

After reports of the convention activities and the committee chairmen's reports, Mrs. R. E. Mosiman gave a very fine address on the importance of women finding their places in constructive work in the field of public health.

After the meeting was closed by Mrs. L. S. Baskin, President, the honored guests presided at the beautifully appointed tea table.

One of the special treats of the tea was the fruit cake contributed by Mrs. Art F. Miller, whose husband is the Pierce County Representative of the Sharpe and Dahme Pharmaceutical House. Mrs. Miller started making fruit cakes as a hobby from a special family recipe. Her fame has spread so that orders flow in each holiday season from all over the United States. She is now busily occupied making cake for this coming Christmas. A note of interest is that two regular customers are Mrs. Franklin Roosevelt and Bing Crosby. The cake is worthy of its fame.

-Remember the Blood Bank-

The Blood Bank, the Auxiliary's Saturday project, is being maintained through the efforts of a few women. They claim the work is very interesting and worthwhile. There is a need for more volunteers. If any members can spare a few hours on occasional Saturdays will they please call Mrs. A. J. Herrmann at BR 2456.

-Remember the Blood Bank-

Members, don't forget to call Mrs. E. Wolf at PR 1086 for the "Hygeia" subscriptions. The contest mentioned in the last Bulletin is going into its second month.

-Remember the Blood Bank-

Five members have generously offered their homes for the November 13th lunchcons. Mrs. T. H. Duerfeldt will be assisted by Mrs. L. P. Hoyer

OFFICERS

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-Remember the Blood Bank-

and Mrs. J. R. Campbell, Mrs. V. E. Crowe has for her assistant hostesses Mrs. S. R. Sleep and Mrs. E. J. Fairbourn, Mrs. D. M. Dayton and the Mesdames R. B. Link and R. M. Huff will be hostesses at Mrs. Dayton's home. Mrs. A. Ehrlich has Mrs. C. R. Fargher and Mrs. Scott Jones for her assistants, while Mrs. L. A. Hopkins will be aided by Mrs. C. C. Reynolds and Mrs. R. A. Norton.

Auxiliary members will be called by the hostesses to inform them as to which luncheon group they have been assigned. The purpose of the smaller groups is to help the members to get better acquainted. Assignments, therefore, aid in the mixing of the members.

After luncheon the various groups will be acquainted with the Health Agencies of Tacoma by well-advised speakers. Mrs. T. H. Duerfeldt, Mrs. H. Humiston, Mrs. E. C. Yoder and Mrs. C. Dietrich are listed among the speakers. Their community activities have served to inform them on their chosen topics.

-Remember the Blood Bank-

If any Auxiliary member has not been costacted by Tuesday, November 11th, please call Mrs. Scott Jones at PR 2640. It is hoped there will be a large turnout.

-Remember the Blood Bank-

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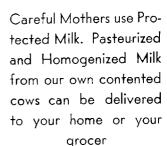
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Tacoma-Pierce County Blood Bank

The Tacoma-Pierce County Blood Bank closed its first year of business August 1, 1947. From several view points the year was very much a success. This was particularly true in the demand demonstrated for blood in the various hospitals this Bank served. The donor response from the citizens of Tacoma and Pierce County was surprisingly generous. During the first three months donors were recruited generally by an appeal made through the press or radio. However it was soon very evident that a new source of donors would have to be recruited, namely repeat-donors. This program was have stimulated very well, so that at the close of the first year we had a good many four-time donors.

The working principle behind the Bank is, of course, that all persons receiving the transfusion replace the amount of blood used. This is usually replaced by a relative or friend. By and large, replacements have been fair. We urge the physicians to encourage their transfusion patients to send in replacement donors so that more blood may be available for future transfusions for people in need. We also encourage the physicians to advise healthy patients to go to the Blood Bank and give a pint of blood. This advice from a physician is considered an honor by the patient.

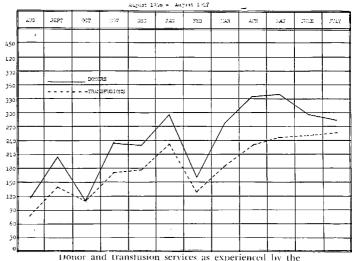
Aug. 1, 1946, to Aug. 1.	1947
Total donors	2.900
Total transfusions	2,297

Made into plasma ______603
Plasma is also available through the Blood Bank, by requisitioning and in order to reduce the cost, replacements can be made in the same manner as for the blood.

The Blood Bank Director welcomes suggestions from the physicians, for after all this is a Blood Bank sanctioned by the Pierce County Medical Society.

N. E. MAGNUSSEN, M. D. Director





Tacoma Pierce-County Blood Bank from August 1, 1946, to August 1, 1947

During the first seven months, blood was administered by the use of hospital transfusion sets and pyrogenic reactions were not infrequent. The director of the Bank made a personal study of the hospital transfusion facilities and found many reasons why the reactions occurred. In some instances he was amazed that more reactions did not occur. In order to standardize methods in transfusions, type and quality of sets used, the Bank decided to use the disposable set put out by Cutter or Baxter, and the sets are used only once. After this practice was instituted, reactions were very few, there having been three or four delayed reports of a slight urticaria or temperature of a degree and a half, after transfusion. Any reaction that was more than the obove described, for the lack of laboratory findings could not be solely attributed to the blood transfusion.

Karen Rynning

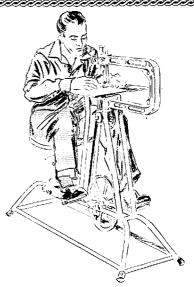
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The Hospitals . . .

Saint Joseph's Hospital

Two of our younger doctors' wives have had additions to their families recently. On September 29, at 3:52 a. m. Mrs. Nancy O'Leary delivered a strapping 9 l. 7 oz. boy. It loks like the O'Learys are bound to have a football team yet. Mrs. Bette Smeall is proud to present her 7 lb. 1 oz. squalling girl; born on October 14, at 3:06 p. m. Grandpa Smeall must be in his glory again (a stress on the grandpa).

-Remember the Blood Bank-

Dr. Hunt enjoyed an extensive vacation in Oregon during the last month. He looks rested and starte.! his work again with a full surgical schedule.

-Remember the Blood Bank-

We have a pretty blonde addition to our surgical staff, in the presence of Mrs. Lois Bergquist, the wife of one of our internes. She is giving him the know-how on surgical technique while he in turn, now on our pediatric and obstetrical service, is teaching her all he knows about his services for her future reference.

-Remember the Blood Bank-

Drs. McColl and Glassy enjoyed the meeting of the Northwest Pathological Association in Spokane on Saturday, October 11. The discussion in the morning centered on diseases of the salivary glands and on tumors of the branchial clefts, and in the afternoon nineteen slides were discussed, bringing a variety of diagnoses by the pathologists. The day was terminated by an excelent dinner at the Spokane Hotel's Silver Grill.

-Remember the Blood Bank-

The St. Joseph's Alumnae are holding their Homecoming Dance at the Towers on November 7. We hope to see many of the staff members and their wives there. It is expected to be a gala occasion. We will see you there!

-Remember the Blood Bank-

Miss Alice Tastor, a graduate of 1925, is visiting friends in Tacoma. She is the Superintendent of Nurses at one of the larger hospitals in Hawaii. She plans to fly back to Hawaii soon. We extend our hearty welcome to her.

-Remember the Blood Bank-

Sister Sylvina's absence was felt in the surgical department recently. She is back on duty, feeling much better and slowly recuperating from her laryngitis.

-Remember the Blood Bank-

On Monday, Octoer 20, our monthly staff meeting was held, with dinner starting at 6:15. Dr. Moosey presented a movie on vagotomy which he obtained at the International College of Surgeons in Chicago two weeks ago, where he learned a great deal on

the latest methods of surgical diagnosis and treatment. Dr. McColl gave a presentation of carcinoma of the uterus, emphasizing diagnosis and treatment. The value of the cervical and vaginal smear in diagnosing uterine carcinoma was presented by Dr. Glassy, who tabulated his results thus far obtained by using the Papanicolaou staining technique.

-Remember the Blood Bank-

Tacoma General Hospital

A meeting of the medical Staff of Tacoma General Hospital was held on October 8, 1947, with Dr. Duerfeldt presiding.

Dr. Willard, of the Records Committee, again stressed the need of more cooperation on the part of the doctors in completing their medical records.

Dr. Humiston discussed the problem of residual urine. He mentioned two aphorisms in genito-urinary study, and discussed them. These aphorisms are (1) that function of the genito-urinary tract above the obstruction is impaired, and, (2) that infection, if present above the obstruction, usually gets worse.

Dr. Fairbourn acted as moderator on a discussion of diseases of the pancreas. He read the paper on acute pancreatitis which was read by Dr. John Collins of Scattle at the Washington State meeting. This was followed by a paper by Dr. H. A. Anderson on carcinoma of the pancreas, with emphasis being placed on the diagnosis and treatment of this disease. Dr. Ralph Hull's paper dealt with other diseases of the pancreas, including cystic disease, chronic pancreatitis, and pancreatic lithiasis. Dr. Voegtlin's paper (read at the state meeting) was outlined by Dr. Fairbourn. This dealt with laboratory procedures which aid in the diagnosis of pancreatic disease.

The next staff meeting will be held on November 4, when Drs. Everett Nelson, S. F. Herrmann and Wayne Carte will discuss "Congenital Diseases of the Newborn."

-Remember the Blood Bank-

A new member of the Tacoma General medical staff is Dr. Robert R. Burt, who is a graduate of the University of Oregon Medical School. Dr. Burt is no stranger in Tacoma, as he attended the College of Puget Sound, where he carned a Bachelor of Science degree. He interned at King County Hospital. Dr. Burt and his family have established their home in Parkland.

-Remember the Blood Bank-

Dr. Blodgett, resident at Tacoma General, recently went to New York to register for medical practice in that state. During his absence from Tacoma, Mrs. Blodgett, accompanied by Mrs. O'Farrell, head of our housekeeping department, went to San Francisco for a few days' vacation.

Continued on Page 27

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Minutes of The Meeting of September 23, 1947

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on September 23, 1947. Minutes of the previous

meeting were read and approved.

Dr. Homer Humiston presented a papare on "Intravenous Versus Retrograde Pyelography." pointed out that retrograde pyclograms visualize the architecture of the kidney more satisfactorily but intravenous pyclograms give a better estimate of the excretory and motor functions of the kidney. This was followed by a general discussion.

Dr. John Robson discussed the surgical treatment of hypertension. He emphasized that the selection of the patient should be based on a study by the internist and reviewed the indications and counter indications for operation. This was followed by a general discussion and questions from the floor.

Applications for membership of Drs. L. M. Rosenbladt, Charles E. Marshall, John Bonica, William C. Brown and Charles E. Reddick and applications for courtesy membership of Lieutenant Colonel Richard I. Crone were read before the society for the second time and were passed.

The meeting was adjourned.

-Remember the Blood Bank-

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Interne: "What did he die of?" Nurse: "Some form of eruption."

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NATIONAL TRENDS

Effectiveness toward combatting nationalized medicine has in the past and is now definitely being hampered by a wilful minority within our ranks confirmed in the opinion that medicine in America can not now or ever be socialized.

Fortunately those holding this concentric viewpoint are dwindling in proportion to those recognizing the imminence of the threat, altho there are still too many who evade looking squarely into

the picture.

A large segment of the profession was jarred into recognizing nationalized medicine as a real problem which followed a pronouncement in 1936 by the late Illinois Senator J. Hamilton Lewis, before the American Medical Association. In his address to the Assembly he predicted the profession would soon be governmentally controlled and services rendered on a compulsory basis. That his remarks were inspired by executive direction based upon statistical evidence prepared by executive agency researchers and statisticians was a foregone conclusion. Since that prophetic statement such a proven purpose has been demonstrated repeatedly by those preparing his text.

To argue that another decade with progress equal to that of the past eleven years will not effect a totally socialized profession is an admission the show will be over while we are looking out the window. To argue, too, that national health legislation will not be given the full treatment by a socially-minded Congress and a "do good" executive branch in early session, is admission the recent goings-on in Washington, D.C. are thoroughly unessential and unworthy of notice.

Unquestionably the 1948 national and our local state election will bring the question to a sharp focus and will point to the angle of deviation that social medicine takes in the future.

The present situation presents an alternative of going along with the majority party, with acceptance of the compromising Taft bill, or taking our medicine as prescribed by Murray, Dingell, et al, and abetted by Mr. Truman and his gold-digging health pals-Altmeyer, Falk, Parran, etc.

There remains, of course, the early American custom of fighting the bureaucratic pressure groups on principles we loudly proclaim to be right, but lighting requires ammunition beyond that we apparently have on hand.

The question remains will American medicine do what they are capable of, by getting together and doing battle with a courage aroused by an honest conviction their future course is unalterably set?

ROSS D. WRIGHT, M.D. Chairman, Executive Committee Washington State Medical Assn.

-Remember the Blood Bank-

Cancer Detection Center

The Cancer Detection Center announces that it has changed its meeting dates from the 2nd and 4th Tuesdays of each month to the 2nd and 4th Wednesdays.

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Post-War Health Trends

C. R. FARGHER, M.D., Director of Health Tacoma Department of Public Health

"The American people are gathering the harvest of the successful labors of medical science and public health administration." This statement was made by Dr. Louis Dublin in the April 1947, Statistical Bulletin of the Metropolitan Life Insurance Company. This harvest is reflected in Tacoma by favorable postwar health trends, which are continuing in 1947.

In considering the effects of wartime conditions upon Tacoma's health in 1946, and to show the progress made during the period between the two major world wars, a comparison with the records of 1919, the first complete year after World War I, has been made.

In 1919, there were 2149 births recorded, a rate of 22.3 per 1000 population. In 1946, the greatest number of births recorded for one year in the city's history, 3516 registered, a rate of 25.7 per 1000 population. Of this total the majority, 1628 occurred between July 1, and December 31, 1946 paralleling the rise which had begun in July, 1946, throughout the country. A recent report of the National Office of Vital Statistics states that the peak of the postwar rise in the birth rate was reached at the end of 1946. In contrast Tacoma records for the first six months of 1947, show that the high birthrate is continuing, 1800 births being reported in this period. If births continue at this rate during the last half of the year, the total will surpass the record of 1946. Factors contributing to this great increase are the demobilization of the armed forces and a high marriage rate. In Pierce County in 1946, 4571 marriages were recorded—the greatest number in any one year. There is evidence, however, that the high marriage trend is leveling off. The statistics of the respective office here reveal for the first six months of 1947, approximately 14 per cent fewer marriages than for the corresponding period in 1946.

In the past twenty-seven years, there has been a gratifying reduction in infant mortality. In 1919, 141 babies died before the age of one year, a rate of 65.6 per 1,000 live births. In 1946, 105 infant deaths were recorded, a rate of 29.9. Based on a

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Ground Floor, Medical Arts Bldg. Phone MAin 8212 half year's experience, a 1947 rate of 26.7 is indicated. Good prenatal, obstetrical, and pediatric care, and the high percentage of births in hospitals have influenced this decline.

There were 25 maternal deaths in 1919, a rate of 11.6 per 1000 live births. In 1946, there were 3, a rate of .8-the lowest in Tacoma's record. The figure for premature deaths among infants in 1919, is not available. In 1946, there were 52 premature deaths, a rate of 38.0 per 100,000 population. At the present time, prematurity is the leading cause of death among infants, particularly in the first month of life. Although this cause of death shows little change, deaths from diarrhea and enteritis have been greatly reduced. This condition once the leading cause of death in infants, caused 16 deaths a rate of 16.6 per 100,000 population in 1919. In 1946, only one death, a rate of .73, occurred. Modern methods of water and milk control, improved housing, and better pediatric care have removed diarrhea and enteritis as a serious threat to infant

During this twenty-seven year period, there was a decrease in the crude death rate, 13.0 per 1000, in 1919, as compared with 10.5 in 1946. Of the total deaths in 1919, (1251) many were the result of the influenza epidemic of late 1918, and early 1919. Fortunately, during World War II, no such catastrophe occurred. In the first few months of 1947, the mortality record throughout the country was remarkably low (April, 1947, Statistical Bulletin, Metropolitan Life Insurance Company). In Tacoma, there were a smaller number of deaths recorded in the first half of 1947, (562) than during the same period in 1946 (582). It is likely that the rate for the entire year wil follow the nation-wide low trend

It is interesting to observe that approximately 25 per cent of the deaths recorded in 1919, were persons over 60 years of age. In 1946, 60 per cent of the deaths were in this age group. This phenomenon is undoubtedly the result of the aging of the population, with a corresponding shift in the leading causes of death from the communicable diseases of infancy and youth to the degenerative diseases of the middle aged and aged.

Tacoma has established an excellent record in the reduction of death due to typhoid fever. During the past few years it is unusual to have a death due to this disease. Twenty-seven years ago, the average number of deaths was 4 per year and the number of cases were of course considerable more. Improved water supply and pasteurization of milk, together with the tracing of carriers, may be credited for this amazing record.

More spectacular, perhaps, is the reduction of diphtheria during 1919-1946. In 1919, there were eleven deaths on record, a death rate of 11.4 per 100.000 population. Since that time immunization

Continued on next page

has greatly reduced the number of deaths and cases. Last year there was not even one death from diphtheria reported. Such results could only be obtained with the continuing cooperation of the medical profession and public health agencies in the drive for diphtheria prophylaxis.

The elimination of diarrhea and enteritis as a leading cause of death in infancy has aiready been reviewed. However, the threat of epidemic diarrhea of the newborn is ever-present, as evidenced by outbreaks in local institutions in 1945.

The efforts to eradicate tuberculosis are reflected in the reduction of the death rate from 96.6 per 1000 population in 1919, to 35.8 in 1946.

The Pneumonias resulted in 128 deaths in 1919 a rate of 132.9 per 100,000 population. In 1946 there were 26 deaths, a rate of 19.0. Early diagonsis, hospitalization, and the newer therapies have played vital roles in saving lives from this disease.

Another all-time record was set by the total number of cases of venereal disease reported in 1945. 811 cases were recorded including 249 cases of syphilis and 562 of gonorrhea. A downward trend for 1946 and so far in 1947 is noted. The apparent decline is largely due to demobilization and fewer inductions into military service resulting in fewer case and contact reports from military sources. The Continued on next page

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increase in the number of persons seeking treatment for gonorrhea, principally among clinic patients is probably a result of the low cost penicillin treatments offered by clinics. The repression of commercialized prostitution and the reporting of venereal diseases by private physicians are important factors in bringing this incidence down in the last year. Complete reporting of these diseases assists health authorities in instituting better control, especially in the communicable stages. As previously mentioned changes among the leading causes of death are mirrored in the doubling of the number of deaths in the individuals over 60. Heart disease in 1919, resulted in 113 deaths with a rate of 117.4 per 100,000 population, as compared with 442 deaths in 1946 a rate of 322.6. Cancer rose from 106 deaths, a rate of 110.1 to 205, a rate of 149.6. Cerebral hemorrhage caused 71 deaths in 1919, a rate of 73.7 and 144 deaths a rate of 105.1 in 1946. Diabetes deaths numbered 16, a rate of 16.6 in 1919 and 30 deaths, a rate of 21.9 in 1946.

Tremendous efforts are being exerted by the medical profession and various national, state, and local organizations to combat degenrative diseases. It is the private physician and the individual, however, who are most important in the early detection and amelioration of these diseases.

-Remember the Blood Bank-

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the period of September 21, to October 20, 1947, inclusive:

Chancroid1
Chickenpox6
Erysipelas1
German Measles3
Measles 2
Gonorrhea21
Impetigo 4
Mumps I
Poliomyelitis1
Ring Worm1
Scarlet Fever 5
Syphilis14
Tuberculosis2
Vincent's Infection 1
Whooping Cough18

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American Medical Assn.

To the Secretaries of All Component County Medical Societies:

The Board of Trustees of the American Medical Association at a recent meeting voted to send to all hospitals on the approved list of the Council on Medical Education and Hospitals and to the secretaries of all component county medical societies the following resolutions, which were adopted by the House of Delegates of the Association at its annual session in June, 1947:

RESOLVED, That the House of Delegates of the American Medical Association is in complete agreemen with the recommendations of the West Virginia State Medical Association in its opposition to the encroachment by hospitals and other organizations on the private practice of medicine; and be it further

RESOLVED, That all fees for medical services be set by and collected by or for doctors of medicine rendering this service, and that all policies and practices involving medical services be aproved by the medical board or medical staff before being put into effect; and be it further

RESOLVED. That the Council on Medical Education and Hospitals recommend strongly that all hospitals conform to these resolutions; and be it further

RESOLVED, That the House of Delegates of The American Medical Association go on record as strongly disaproving this practice of encroachment, and that notice of this action be sent to the American, Protestant and Catholic hospital associations and to the Blue Cross organizations.

Very sincerely yours.

GEORGE F. LULL.

Secretary and Gen'l Manager American Medical Association

-Remember the Blood Bank-

Marjorie Shearon Meeting

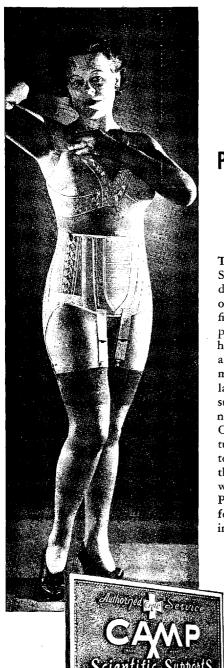
Members of the State Medical Association have been urged to attend the meeting November 3, 1947 to hear Marjorie Shearon, Ph.D. at 8:00 p. m. in the Medical Dental Building Auditorium, Seattle.

Marjorie Shearon, Ph.D. is publisher of the Shearon Medical Legislative Service emanating from Washington, D.C.

Unquestionably her work for organized medicine is monumental in detail and her knowledge of the forces within government to nationalize medicine is probably broader than that of any individual who opposes such forces.

We are obligated to support such help as given by Marjorie Shearon not only in attending this meeting but through subscription to her informative service, which is reasonably supplied on an annual basis. Every Tacoma doctor who possibly can attend should hear Marjorie Shearon.

-Remember the Blood Bank-



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University of Washington School of Medicine

Dean Edward L. Turner

On October 1st the second group of fifty-two first year medical students entered the University of Washington. Forty-six are residents of the State of Washington, four are from British Columbia and one each from Alaska and Montana. There are five women students in the group. The second year class which started with fifty students now numbers forty-four, two having dropped out because of academic failure and the other four because of illness or personal situations that made it impossible for them to continue.

All of the basic science departments of the first two years are now adequately staffed and prepa eto carry on thoroughly excellent teaching programs as well as active investigative programs. The Department of Anatomy is under the supervision of Doctor R. Fred Becker, who is acting executive officer during the period while the school is selecting its permanent departmental administrator. Doctor Paul Ralph, from the University of Ohio, has recently been added to the staff of the department. For the current year the full-time anatomy staff will consist of Doctors R. F. Becker, N. B. Everett, R. J. Johnson, and P. H. Ralph. Doctor F. L. Scheyer is dividing his time between anatomy and the football squad. Doctors H. B. Kellogg, E. P. Lasher and Q. B. DeMarsh are teaching half-time in anatomy and Doctor J. G. Skahen is giving half-time to anatomy and half-time to physiology in the conduct of an integrated course in structure and function for the students in the school of nursing. Doctors M. J. Dirstine, Lewis R. Hutchins, B. T. Fitzmaurice, Wilbur E. Watson, Martin Norgore, Marshall H. Jones, E. F. McElmeel and Thomas Crowell are serving as clinical associates in the teaching of anatomy. (It must be remembered that all of the basic science departments take part in the teaching of medical, dental and nursing students, as well as graduate training for all three schools. In a department such as microbiology there is also a heavy demand for teaching certain undergraduate students who need bacteriology in their sequences).

Biochemistry is under the supervision of Doctor Earl R. Norris, who has as associated members of his staff Doctor Carl A. Kuether, Mr. J. C. Mathies, Mr. Erick N. Peterson and Mr. John J. Majnarich. This department carries a heavy teaching schedule for the medical students during the first two quarters and for the dental students during the last quarter.

Physiology has developed a strong staff under the leadership of Doctor Theodore C. Ruch. His fullime associates are Doctors A. W. Martin. Loren Carlson. H. D. Patton. R. F. Rushner and J. J. Milford. Clinical Associates in physiology are Doctors Dean Crystal, Clarence D. Davis and Walter L. Voegtlin. An excellent basic course in physiology is being conducted for the medical students utilizing methods and technics very different from those in general use a few years ago.

The Department of Pathology, under the direction of Doctor Stuart W. Lippincott, is giving its

first intensive teaching to the second year medical students. As full time associates in the department there are Doctors H. Davis Chipps, L. D. Ellerbrook, Walter A. Ricker and Mark Rhees, Clinical Associates in pathology are Doctors Clyde R. Jensen, Paul K. Lund, Harry W. Edmonds, David G. Mason, Jess Spielholz and Charles P. Larson. During the last year the Department of Pathology has done everything possible to prepare the foundation for an excellent course for the students. The teaching materials now in this department are unusually fine and our students in medicine, dentistry and nursing should enjoy as fine instruction in pathology as is conducted anywhere in the United States. Along with their preparations for undergraduate teaching this department has carried an active program of teaching for residents and graduate students. Pathology has likewise developed a very extensive program in research, having received several large grants for the conduct of such work. This department has been active in the development of the State Tumor Registry, which is now available to physicians and pathologists throughout the state. Pathology and surgery together have obtained a grant for the development of the teaching of oncology in the School of Medicine.

The Department of Microbiology, under the direction of Doctor Charles A. Evans, is now actively engaged in teaching the second year medical students. As associates on full time Doctor Evans has Doctors B. S. Henry, E. J. Ordal, R. S. Weiser, H. C. Douglas, E. Duchow and R. E. Hoffstadt, There are also six University Fellows teaching in this Department. Doctor Paul V. Gustafson has recently been appointed as the parasitologist in the department and will join the active teaching stall on a half-time basis in January and on the full-time basis next year. This department has the responsibility for teaching large classes of undergraduate university students as well as students in medicine. dentistry and nursing. An active investigative program is being conducted by a number of the stall. It is this department which will receive the greatest aid from the use of the electron microscope (in the study of virus problems, for which the Schmidt family of Olympia recently presented \$15,000.

The Department of Pharmacology is under the direction of Doctor James M. Dille, His associates on full-time are Doctors T. A. Loomis, Alfred Farali and N. L. Mathews. This department will teach pharmacy students as well as students in medicine, dentistry and nursing. It is conducting an active investigative program as well as its basic teaching.

Public Health and Preventive Medicine is under the supervision of Doctor Leland E. Powers. As full-time associates in this department there are Doctor V. Freeman and Mr. Alvin W. Green. There are twelve clinical associates on the staff of this division. The intensive teaching program of this department will begin next year. At the present time the department teaches introductory courses in

Continued on Page 23



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the first two years. There will be close working relationships between this department and the state and county health departments as the program develops.

The organization of the clinical departments is just beginning to emerge. In a later communication the developments in these clinical fields will be outlined.

As far as physical facilities are concerned, all departments are now working under very real handicaps. Although excellent teaching programs will be conducted under unsatisfactory and difficult conditions, the faculty looks forward with eagerness to the time when it will be possible to occupy the new buildings now under construction. The first unit, on which construction was started last March. is developing rapidly and should be ready for occupancy late next year. Contracts have recently been let for the balance of the construction needed to house the basic sciences, library, auditorium, administrative facilities for medicine, dentistry and nursing, and the clinical facilities for the School of Dentistry. The projects now under construction will involve the expenditure of approximately \$9,000,000 for their completion and equipment. All of this construction should be completed by late 1949.

In the meantime arrangements for the teaching of clinical medicine in its various fields are being completed with several hospitals in Seattle in the form of athiliations. The nucleus of the clinical teaching will be in the King County Hospital. Marine Hospital, Children's Orthopedic Hospital, Firland (King County Tuberculosis) Hospital, and possibly other institutions will play a role in this affiliated clinical program. However, more about this in a latter bulletin.

-Remember the Blood Bank-

Personals

For those of you who can find nothing better to do for relaxation and recreation than read this column may we suggest that you attend a meeting of the Noon-Day Billiard. Ping-Pong and Domino Club in the quarters formerly occupied by the Bureau in the Medical Arts Building. Here you can take lessons in the manly art of billiards from Magill or Humiston. For sheer relaxation you can play a so-called game of ping-pong with Quevli. For competition in the latter sport we will furnish the names of experts.

-Remember the Blood Bank-

Latest development in the race for Lebenstraum for Tacoma medicos is the Link building under construction at No. 26th and Washington. In the blue-print stage is a plan for a group practice building by Schultz next to T. G. At the present writing, filling stations still outnumber "clinics."

-Remember the Blood Bank-

Contradicting the rumor that the Medical Arts Building is to be converted into an Old Doctors' Home is Hoyer who opened new space on the 4th floor. The radiators were turned off but the office was warmed nonetheless on the eve of Oct. 10 by a score (or more) of well wishers. Larson and Whitaker won the door prize, consisting of a large economy size package of Sen-Sen, but it took them three trips to do same.

-Remember the Blood Bank-

There is a lot of traveling to report but we don't have details on all of it. A large Tacoma contingent attended the state convention in Scattle. Much of the interest centered around the golf tournament. Our of sheer spite (mixed with a shade of jealousy) we refuse to print the names of the golf prize winners.

-Remember the Blood Bank-

Obstetricians Havlina, Jones, Kyle, and Thomas descended on St. Louis recently to attend the 3rd meeting of the American Congress of Obstetricians. Reports are, that awaiting further developments, delivery will continue to be per vagina.

-Remember the Blood Bank-

School bells rang in Portland from October 13-19 for Baskin, Fairbourne, Huff, Link, and F. Schwind as they studied Applied Therapeutics. We heard that some of the eager students did quite a bit of extra-curricular research on the therapeutic effect of malt beverages.

-Remember the Blood Bank-

The secret pass-word and grip got hig play as the Mayo fraternity gathered at Rochester for the biggest reunion ever. S. Herrmann, Rigos, and Vadheim represented Tacoma. Most impressive were the demonstrations of experimental medicine. A rat going crazy from inescapable sound drew a lot of attention. We humbly submit the fact that Life magazine "scooped" the reunion on this demonstration by several months.

-Remember the Blood Bank-

Incidentally, for those of you who haven't seen Rigos since about the middle of May (and who has?), he reports that the travels are over for a spell and he will now be available in his usual capacity at T. C.

-Remember the Blood Bank-

Yosemite valley and a meeting of the American Academy of Peds, used up a fortnight of vacation time for Clay and his wife.

-Remember the Blood Bank-

Welcome "home" to soldier P. Backup and wife. He is assigned to Madigan and is currently at T.G. in anesthesia under the tutelage of Bonica. The wee one is expected any day now.

-Remember the Blood Bank-

Tom Bowles writes to "Jeff" of R. E. Anderson & Company from Farmington, N. M., that he and Mrs. B. had been circulating and sweltering about the country since early in July and were at the time of writing on their way home, expecting to reach here about December 1.



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The Treatment of Alcoholism by Establishing a Conditioned Reflex

American Journal of Medical Sciences, 199, 802-810, June, 1940.

Conditioned Reflex Therapy of Alcoholic Addiction: An Evaluation of Present Results in the Light of Previous Experiences With This Method

Quarterly Journal of Studies on Alcohol, Vol. 1. No. 3, pp. 501-516, December, 1940.

Conditioned Reflex Therapy of Chronic Alcoholism: A Preliminary Report on the Value of Reinforcement

Quarterly Journal of Studies on Alcohol, Vol. II, No. 3, December, 1941.

Technic

Diseases of the Nervous System, Vol. 111, No. 8, August, 1942.

A Review of Six Years' Experience With This Treatment of 1526 Patients

Journal of the American Medical Association, Vol. 120, pp. 269 and 270, September 26, 1942.

Aversion Treatment of Alcohol Addiction

Quarterly Journal of Studies on Alcohol, Vol. 5, No. 2, pp. 216-228, September, 1944.

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It Has Happened Before

The following editorial was lifted from the January 1947 issue of the Pittsburgh Medical Bulletin which in turn took it from the Angust 9, 1919 (post World War I year) issue of the official journal of the Allegheny County Medical Society as a matter of comparison of conditions existing in the then and the now postwar year.

The High Cost of Living-A cursory survey of the world's conditions seems to show that the short cut evolutionists are coming to realize that it is quite impossible to produce the millenium over night. In fact in the United States the forces of capital and labor are engaged in a more bitter strife than at any time in our history. The high cost of living is the product of inflated valuation, which was quite necessary to meet the demand on our resources to cope with the war expenditures. It was also quite necessary to guarantee a minimum price to the farmer for wheat in order to assure production which would feed the world on the verge of starvation. Automatically the wage of the laboring class had to be raised in order that food might be purchased. The middle class, in which we as physicians are of necessity included, is not receiving an income proportionate to the increase of our living cost. In fact, the medical man who has to deal with the individuals in their illnessess and infirmities, which render them incapable of earning a living wage, is content to maintain a standard price for his services. This attitude has been consistent with the general principle of altruism upon which the medical profession has founded its ethical code. In all matters of generosity and selfsacrifice there comes a limit. It is feared that this limit has been over-reached. The dollar of 1914 is worth 34.8 cents in 1918. We regard these figures as conservative and we are sure that while the wage and income of our patients has increased, the actual living wage has not. By living wage we, of course, refer to that amount of income which remains after the actual cost of living is paid. We find no fault with Government control of the food situation. These measures were adopted on the basis of a five-year war and had it not been so arranged there was grave danger that starvation might easily have brought the world conflict to an unsatisfactory termination. We do find fault with the legislators of the United States who for selfish and partisan interests and in the defense of capital (watered or otherwise) they represent are striving to maintain a high price and seek reduction in other things. Our laws are being taken advantage of and men in their blind selfishness are keeping alive an unrest in the masses. This problem has a distinct medical aspect;; the young of our country are undernourished by reason of the high price of foodstuffs. A crisis may find children inadequately clothed next winter if the forecast concerning the high price of clothing is true. In our own city the transportation rates have shown a 50 per cent increase in the last year, and the method of bringing this increase about does not reflect with credit upon those responsible, and to the short-sighted and to those of low moral sense, there appears only one hope and that is in revolutionary methods. This is responsible for the reptile of violence which has thrust its ugly head in our midst. The medical profession has done nothing to bring about such a crisis and stands ready to care for the ill who are mable to pay. We have suffered as a result of the wage and price war. We do not belive in a Labor Trust, it is singular that the medical profession should find itself involved to such a degree, yet we have gained our strongest argument against compulsion of any class and subareging of the in lividuality of any American, by the failure of this class war.

We anxiously hope that a solution of the present difficulties will be shortly arrived at because we fear for the health of our community. Economic conditions have reached the stage where sufficient food and proper clothing is out of reach of the poor. It is scarcely our place to interfere in economic problems but we sound this warning as exponents of preventive medicine.

-Remember the Blood Bank-

Interne Teaching Program

lst Lecture -- October 23rd

Topic: Surgical Aspects of Disease of the Large Bowel.

Lecturer: James L. Vadheim, M.D.

2nd Lecture—October 30th

Topic: Peripheral vascular disease. Lecturer: James L. Vadheim, M.D.

3rd Lecture—November 6th

Topic: Present Day Aspects of Theracic Surgery Lecturer: Murray L. Johnson, M.D.

4th Lecture-November 13th

Topic: Surgical Management of Tendon Lacerations

Lecturer: Jess W. Read, M.D.

5th Lecture-November 20th

Topic: The Diagnosis and Management of Head Injuries

Lecturer: John T. Robson, M. D.

NOTE—This program is being initiated for the express purpose of correcting any inadequaties regarding didactic instruction to all junior residents and internes of Tacoma. This program has been worked out by a joint committee of St. Joseph's Hospital, Tacoma General Hospital and Pierce County Hospital, and is to be used as a joint teaching program for the above hospitals in order to establish and maintain a more adequate course of instruction.

All lectures will be given in the basement of the Nureses' Home of Tacoma General Hospital, and the scheduled time for all lectures will be 8 p. m.

J. MORRISON PRAIN. M.D. Chairman, Interne Lecture Committee

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Tacoma General Hospital

Dr. Donald Alcott, until recently a resident in Pathology at Tacoma General and at the Pierce County Hospital, has gone to the Mayo Clinic for further study.

-Remember the Blood Bank-

Among new surgical procedures undertaken here during the past month were a liver biopsy using the Silverman needle by Dr. Jess Read, and two prefrontal lobotomics, one by Dr. Robson of our staff, and the other by Dr. Jones of Western State Hospital, assisted by Dr. Skinner.

-Remember the Blood Bank-

Occupying cribs in the Tacoma General Nursery during October were four sets of twins. They helped to raise the monthly census of newborn in this hospital to a new high.

-Remember the Blood Bank-

Miss Glynn and Miss Jewett attended the annual convention of the Washington State Nurses' Association in Spokane during the second week of October. Tacoma General was honored by Miss Glynn's election as Vice President of the State Association.

-Remember the Blood Bank-

Coming to our hospital as Nursing Arts Instructor is Miss Helen Johansson of Jamestown, North Dakota, Miss Johansson is a graduate of the School of Nursing of Bethesda Hospital in St. Paul. She has had advanced work at the University of Indiana and at Columbia University. Previous to her coming to Tacoma, Miss Johansson held positions as Nursing Arts Instructor in hospitals in Indianapolis and Minneapolis.

-Remember the Blood Bank-

Miss Jean Boyle, Instructor in Nursing Education from the University of Washington, is teaching a course, Nursing Education 152. "Ward Management and Supervision." The class meets in Jackson Hall each Tuesday and Friday from 4 to 6 p. m. Five hours credit toward graduation from the University will be earned by those who successfully complete the course, In addition to nurses from the Veteran's Hospital and the Indian Hospital, seven Tacoma General nurses are attending the classes.

-Remember the Blood Bank-

Student nurses at Tacoma General are beginning to work on fall activities. Tryouts are being held for the Glee Club which promises to be bigger and better than ever. Miss Marsh of the business staff will again direct the group.

-Remember the Blood Bank-

A carnival to raise money for the "White Cap" the Senior Class Annual, is being planned for November. In order to avoid overcrowding the auditorium and rumpus room, the carnival will probably run for two nights. Tentative dates for this event are November 24 and 25.

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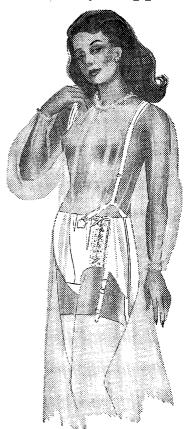
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A Salute To Dr. Ross Wright

On September 30th last, Dr. Wright completed his term as President of the Washington State Medical Association. We are indebted and grateful for his untiring efforts in our behalf. During the year, the demands on his time were tremendous: his duties included attendance at national meetings, many meetings with the Executive Committee of the State Association, meetings of the Board of Trustees, and visits to the great majority of the County Societies. Being a legislative year, his duties were decidedly increased. He spent many weeks away from his practice. Due to a great personal interest and official demands, he is extremely well informed in matters pertaining to national and local medical economics. Fortunately, his counsel will be available for the ensuing year.

As immediate Past President and Chairman of the Executive Committee he will remain on the Board of Trustees. Tacoma and our Society are justly proud of his record.

-Remember the Blood Bank-

A man had an attack of pneumonia. After the examination the doctor said: "You are a musician I think, and play a wind instrument."

"Yes." replied the patient.

"That explains it. There's a distinct straining of the lungs, and the larynx is inflamed as though by abnormal pressure. What instrument do you play?"

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The Independence, used by President Truman, is a Douglas DC-6.

-Remember the Blood Bank-

The State Meeting in Seattle was a decided success. There were over eight hundred registrations. A large number from Pierce County were present. The scientific sessions were well conducted and well received. We are grateful to the participants from Pierce County as well as to those from other sections of the state.

The next meeting of the Board of Trustees will be held in Spokane on November 16th.

Scattle was again selected for the State Convention.

B. D. HARRINGTON.

-Remember the Blood Bank-

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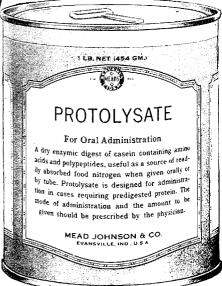


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Vol. XVIII-No. 4

TACOMA, WASHINGTON

DECEMBER, 1947



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1947-1948

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Programs

Medical Arts Auditorium 8:15 P.M. December 9, 1947

"Thyroid and Anti-Thyroid Drugs" Carl G. Heller, M. D. University of Oregon Medical School

Dr. Heller is a graduate of the University of Wisconsin Medical School, had a fellowship in medicine at Wayne University Medical School, Detroit, served as Chief of Medicine at Permanente Foundation at Vancouver, Washington, and is now Associate Professor of Physiology at the University of Oregon Medical School

No Meeting on December 23



Best Wishes

for the

Holiday Season

The Bulletin Staff

The President's Page . . .

Life Is a Giving

The lasting value of any day lies in what one can put into it for others, not what can be extracted from it for one's self. Countless human years have proved that, although it requires a lifetime of experience before individuals may convince themselves that this is no surrender, but the conquest of life itself. No possession is so valuable as the memory of that which has been done, and worthily done, for others.

The mounting pressures of life, the turns of a mechanistic age, the very speed with which the modern day comes with its myriad distractions, all serve to obscure the truer timeless values. Most people do not seek power consciously. Very few wish wealth for its own sake. But competition and drive in quickened tempos pile on the pressures which turn individuals into grasping and grotesque human shapes. Little by little the means are forgotten and the end alone is sought with rabid insistence. In any such struggle happiness goes out the window; strife and care take its place.

Too many of our good citizenry are going their own blissful way oblivious of others. This human discord creates havoc in the home relationships which seriously affect children and make for juvenile delinquency. It is a problem with which the churches and our educational institutions have been unable to cope. It becomes a community problem that taxes the ingenuity of all the social agencies and is frequently met with in the doctor-patient relationship.

A long felt want in Tacoma and Pierce County for some well integrated program to handle problems of child guidance is well recognized. There are men and women with enough vision to recognize it and make a start through the organization of the Tacoma and Pierce County Mental Hygiene Association. In the forefront of this community service, Mrs. Treacy H. Duerfeldt is ably directing the organization of a Child Guidance Clinic with a well integrated staff comprising a full time psychiatrist, a psychologist and psychiatric social workers. Physicians, teachers and parents will all be coordinated in the program to the end that the problems of child behavior can be studied objectively and without prejudice in the hope of finding the causes which produce unhealthy traits, unacceptable behavior or inability to cope with social and scholastic expectations.

Dr. Austin L. Porterfield of the department of sociology of Texas Christian University has just completed a survey of 2,049 alleged delinquents in Fort Worth, Texas, and of 337 college students in three schools in northern Texas. Revealing is the fact that 100 percent of the men and women in college admitted acts in their precollege life serious enough to get less fortunate boys and girls into the courts, but instead of getting into court the former went to college. "Moreover, the college student delinquencies though probably not as frequently indulged were as serious as those of children brought into court." Porterfield concludes that "children who get into court are friendless. They come from families who have few friends in the community. They get social treatment but the medicine is worse than the disease. If they graduate at all, it is into the penitentiary."

"If we are going to solve the problem we must have plenty of people to come to the aid of both youth in trouble and their parents. Community planning coupled with church responsibility must provide the necessary constructive leadership."

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Editorially Speaking . . .

Medical Ethics

The further back our memories of medical practice go the more simple was the environment in which we lived. This was particularly true of small towns and their adjacent rural areas and because of the simple living it was seldom, if ever, that the term medical ethics was heard. Now, medical ethics in most of our minds applies only to those actions which are prohibited in the doctor's code. Positive professional virtues are taken as a matter of course and do not receive any real consideration let alone praise. Because the accepted provisions of our professional code of ethics are unknown to most of us and situations arise when the question is asked, "Is this right or wrong," it has seemed to the Trustees very desirable to print elsewhere in this issue a communication from our medical ethics committee. These rules are definite and easy to understand. They should be read by every member and may we suggest that you file this number away for future reference. Also feel free to call the Ethics Committee for any additional information coming under this heading.

Our Pierce County Medical Society has always been a friendly cooperative group and though our members have increased and our practice and problems become more complicated, our organization will endeavor to be guided by "the principles of right action," which is a definition for ethics.

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During the coming season many of our members will be preparing papers for society meetings. Most writers refer to the literature, quoting the opinions and experiences of others before giving their own and one of the functions of a medical library is to furnish bibliographics for this purpose. We hope you will avail yourselves of this service whenever you need it.

However, writing a paper is more than merely furnishing facts. It may be full of valuable information but may fail to hold the audience while another, no more informative, may be interesting and impressive because it is well worked out and well delivered. As one writer put it: "If you see your audience yawning behind their hands or whispering together you may be sure that the room is too hot, or that your paper is not so hot."

The library offers many articles dealing with the technic of writing a medical paper. Highlights of some of these are given below, in the hope that they may be of use.

The opening paragraph is important, for if a speaker can gain the interest and attention of his hearers with his first words half the battle is won. Don't begin apologizing to your audience. If your paper is carelessly prepared they will find it out for themselves.

An effective beginning for a paper is a paragraph giving a brief summary of the historical background followed by a resume of the observations

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and conclusions of others as presented in the literature. If a paper is to be published it should, of course, have a bibliography indicating the source of information, but it is a mistake to give too much time in a speech to references to other writers. A speaker who does this tires his audience before he comes to his own material and thereby loses his hold on them.

When the material is assembled an outline should be prepared, in which will be listed in logical order all the points to be discussed. All speeches are divided into three parts—the introduction, the body and the conclusion. The introduction sets forth the purpose of the paper or the work being discussed: the body sets forth in detail the procedure followed, the facts determined and the deductions drawn from the facts: the conclusion is a resume of the work accomplished or a summary of the major ideas of the paper.

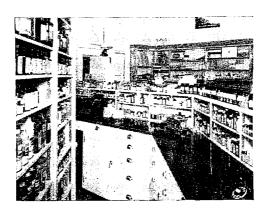
After the outline has been prepared it is a good plan to write all the pertinent facts under each division of the outline. On re-writing from the first draft much duplication and unnecessary material will be found. Be brief, but do not sacrifice essential points. Prepare as long a paper as you like but go over it again and again and condense it as much as possible. If your paper is so long that you have to hurry to deliver it within the time limit you will tire your audience and they will miss the most impressive points. If your delivery is too rapid your hearers will not have time to formulate their own ideas and the opportunity for discussion will be lost. Brevity, conciseness, elimination of unnecessary details are desirable. Verbosity, prolixity and branching off into irrelevant subjects are high crimes in scientific literature.

After the paper is condensed as much as possible, still another revision for the purpose of correcting English, construction and paragraphing is desirable. Use plain, simple English and strive for simplicity and sincerity. See that your sentences flow smoothly. Avoid repetition of words.

A medical paper should be free of prejudiced opinion and unconfirmed observation. Scientific data of unquestionable worth are the only evidence upon which one may base an opinion or a conclusion. Be temperate and avoid heat in speaking of controversial subjects.

A paper should always be read aloud, at home, until the delivery is fluent. You should be so familiar with it that you can look at the audience frequently. Note whether you come within the time limit for your speech. If you exceed the limit, cut again. It can be done.

To summarize: Make your paper a consice and orderly presentation of properly evaluated facts, couched in simple English, delivered with sincereity and conviction, and your audience will be with you to the end.



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WOMAN'S AUXILIARY

To The Pierce County Medical Society

The Nurses' Home of Tacoma General Hospital will be the meeting place for the December IIth gathering of the Auxiliary Members. It is a very lovely spot for the meeting and tea, scheduled for 1:30 p. m. The program promises an interesting and diverting afternoon. A play will be read by Maxine Mandles and Lucille Hurst. Both were students in the School of Drama at the University of Washington. It is sincerely hoped there will be a large group in attendance.

A vote of appreciation is offered to the speakers. Mesdames T. H. Duerfeldt, Homer Humiston, E. C. Yoder, and C. Dietrich, for their fine talks about Tacoma Health Agencies, at the luncheon held November 13th. Reports are that all four women gave very enlightening discourses on the progress made in the Public Program in the past fifteen years.

New members particularly appreciated the overall picture of the organizations and agencies in the city they now call home. The older members, many of whom have been active in the health services, liked the summing up of the work to date, and the speculation as to work in the future.

-ls Hygeia in Your Home?-

Shopping for Christmas? Perhaps a subscription to "Hygeia" will just suit that person on your list you have been puzzling over.

-Is Hygeia in Your Home?-

There is still a great need for volunteer help at the Blood Bank on Saturday afternoons and mornings. The taking of the blood to County Hospital from the Blood Bank presents a problem at 4:00 o'clock each Saturday. It is a simple but very important errand and volunteers are requested to call Mrs. A. J. Herrmann at BR 2455.

-Is Hygeia in Your Home?-

Congratulations to Loraine Kunz on the arrival of her third queen.

-ls Hygeia in Your Home?-

Among the objectives listed by the national Woman's Auxiliary are:

- 1. To extend the aims of the medical profession to all organizations which look to the advancement of health and health conditions.
- 2. To cultivate friendly relations and promote mutual understanding among physicians' families.
- 3. To participate in any endeavor on the request of the medical organization with which they are affiliated.

OFFICERS

President	
President-Elect	Mrs. S. F. Herrmann
First Vice-President	Mrs. Scott Jones
Second Vice-President	Mrs. Norman Magnusson
Recording Secretary	Mrs. F. J. Schwind
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- 4. To coordinate and advise concerning the activities of constituent auxiliaries.
- 5. To assist in the entertainment at all conventions of the American Medical Association. State and County Medical Societies.

—Is Hygeia in Your Home?—

So-Called*

We know a so-called doctor Who has some so-called fame. With so-called Scandinavians So-called because of name.

To him the bulk of people Just lack in so-called brains, They're "bugs" or so-called "screwy" With all their so-called pains.

He treats their so-called psyche And other so-called ills, With so-called medication Advice and so-called pills.

But when so-called St. Peter Shall sound his so-called call, We hope a so-called heaven Will prove heaven after all.

*The above, unsigned, was found in Tacoma General Hospital following a Thursday morning pathological clinic.

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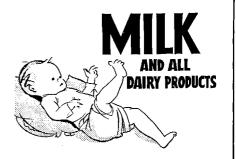
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Minutes of The Meeting of October 14, 1947

The regular meeting of the Pierce County Medical Society was held on Octoer 14, 1947. in the Medical Arts Auditorium, Dr. Frank Maddison. presiding. Minutes of the previous meeting were read and approved.

Applications for membership of Drs. Robert R. Burt, Charles L. Boone and John T. Robson were read before the society for the first time.

Dr. Hopkins made an appeal for contributions to the Community Chest and stated that the medical profession was slow in responding.

Dr. Magnussen made an announcement about the Blood Bank and stated that from now on the blood units would be supplied with special tubing for administration.

Dr. Maddison announced that the next meeting would be held at the Tacoma General Hospital Nurses' Home and then called upon Dr. Bonica to introduce the speaker, Dr. Louis Goodman, Professor of Pharmacology at the University of Utah School of Medicine.

Dr. Goodman gave an excellent discussion of some of the newer drugs that have been or are to be released for clinical use. The following is a brief summary of the drugs discussed:

Methadon: Potent analgesic. No constipation or respiratory depression. No hypnosis. Dosage same as morphine. Withdrawal symptoms milder than morphine.

Metopon: Narcotic. By mouth only. For terminal neoplasms. Less nausca, vomiting and respiratory depression than morphine.

Myanesin: British substitute for curare. Interrupts spinal reflex. Not as safe as curare.

spinal reflex. Not as safe as curare.

Tridione: Effective for petit mal epilepsy. Can cause leukopenia.

Mesantoin: Grand mal epilepsy. Less toxic than dilantin.

Tetraethyl Ammonium: I-V or I-M only. Blocks autonomic ganglia. Causes fall in blood pressure. rise in skin temperature. Diagnosis of functional wasospasm.

Dibenamine: Sympatholytic. Blocks muscle innervated by sympathetics. Causes peripheral blockade of arteriolar constriction.

Nitrogen Mustards: Used in radio-resistant lymphoblastomas. Symptomatic only.

Urethane: Symptomatic treatment of carcinoma of prostate and leukemia.

Stilbamidine: Treatment of kala-azar and multiple myeloma. Toxic for fifth cranial nerve. Should be on low-protein diet.

Para-Aminobenzoic Acid: Rickettsial diseases, 30-60 grams daily with soda.

Radio-Phosphorus: Best treatment for polycythemia. Also used in diagnosis of carcinoma with a Geiger counter.

Radio Iodine: Diagnosis of metastatic carcinoma.

Anti-Malarials: Chloroquine to replace atabrine. Pentaquine for vivax malaria. Paludrine acts on tissue phase of malaria.

Anti-Histaminics: Benadryl, pyribenzamine, ncoantergen. Summarized in J. A. M. A., September 27, 1947.

BAL: Very valuable in mercury, gold, arsenic poisoning.

DFP: Mimics parasympathetic action. Glaucoma, myasthenia gravis.

Isuprel: (Stearns) Intractable bronchial asthma. Has only dilator and not excitatory action of adrenalin. Oral, J-M or by inhalation.

Caronamide: Blocks excretion of penicillin thru renal tubules, enabling the maintenance of higher levels with smaller dosage. Dosage 2-4 Grams every 4 hours, the smaller dose applying to individuals over 60 years.

Folic Acid, Dicumerol, Propylthiouracil were mentioned. He also discussed the chronic maintenance use of mercurial diurctics in the congestive heart, the low sodium diet and the purified digitalis glycosides.

The paper was followed by general discussion and questions from the floor.

There being no further business, the meeting was adjourned.

-ls Hygeia in Your Office-

Trustees of Northwest Medicine

At the recent annual meeting of the Washington State Medical Association the House of Delegates re-elected as Trustees of Northwest Medicine Herbert E. Coe, Scattle, Lewis A. Hopkins, Tacoma, and Fred H. Harvey, Spokane.

In accordance with a provision of the publishing constitution these names were drawn by lot for periods of service. Dr. Harvey was chosen for one year, Dr. Goe for two years and Dr. Hopkins for three years. Hereafter at the annual meeting of the House of Delegates one trustee will be elected for three years.

California Florists

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Action at the Annual Meeting of the House of Delegates of the Oregon Medical Society

Approved a revised medical fee schedule as heretofore agreed upon in conference between representatives of the State Industrial Accident Commission and the Subcomittee on Fee Schedule of the Committee on State Industrial Affairs, except that, in accordance with the request of the Commission. agreed to accept, for the present, a fee of \$4.00 for the first office visit—day 7 a.m. to 11 p.m. week days, a fee of \$6.00 for the first office visit—day 7 p.m. to 11 p.m. week days, a fee of \$5.00 for the first hospital visit—day 7 a.m. to 7 p.m. week days, and a fee of \$6.00 for the first hospital visit—day 7 p.m. to 11 p.m. week days. The revised fee schedule is to be made retroactively effective as of July 1, 1947.

-Is Hygeia in Your Office?-



What is MUROZA cleaning?

A special Muroza pillow cleaning machine makes possible this extraordinary service. Each pillow ticking is washed separately . . . the feathers are individually sterilized in live steam. Accumulated dirt and greases are eliminated. The result — a truly clean pillow . . . and one that is softer, fluffier, more comfortable

Pillows cleaned the Muroza way ARE softer . . . more comfortable. Because every last feather is sterilized in live steam . . . "fluffed" to a downy softness. Muroza pillow cleaning costs only 75c a pillow —and NOW is the time to get speedy pillow cleaning service.

Call GArland 4413 - First thing tomorrowl



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Telephone Now - - CALL GArland 4413

The Hospitals . . .

Saint Joseph's Hospital

Our monthly staff meeting was held on November 16th, 1947, with dinner at 6:15, followed by an excellent, very well prepared paper on the management of diabetics, by Dr. H. A. Anderson. He stressed the fact that diabetes depends on diet, exercise and insulin. He classified the types of diabetes into four grades, which are as follows:

Grade I. One controlled by reducing the readily absorbable glucose intake.

Grade 2. The above plus weight reduction.

Grade 3. The above two factors plus the use of less than 30 units of insulin per day.

Grade 4. The first two factors plus the use of 30 units of insulin per day.

Dr. Anderson also emphasized the fact that a diabetic should be thoroughly taught the problems of diabetes, and the control of same, so that the patient himself can care for his needs whether it be in exercise or with a severe infection.

After his talk, Dr. Anderson opened the meeting to discussion and answered questions from the floor

-ls Hygeia in Your Office?-

Mrs. Haverty, our dictitian, discussed the problem of the diabetic diet and the proper method of calculating a diet which was basal plus. This is a diet containing the basic nutritional needs of the patient, plus a percentage of this depending upon the individual activity and type of work. Mrs. Haverty plans to start a diabetic school in the near future. She trained at Christ Hospital School for Dietitians in Cincinnati Medical Center.

-Is Hygeia in Your Office?-

We have a public speaker system now installed which should mean that everyone should be able to hear our speakers quite well.

-ls Hygeia in Your Office?-

The program committee is arranging for one of the members of the University of Washington Medical School Staff for our next meeting.

-Is Hygeia in Your Office?-

Sister Marie Geralda is the new Superintendent of our School of Nursing. Sister trained at Saint Agnes Hospital, Philadelphia, Pennsylvania. She teceived her degree in Nursing Education at the Catholic University of America, Washington, D. C. A warm welcome is extended to Sister Marie Geralda. We trust her work here will be richly tewarded.

-Is Hygeia in Your Office?-

W)

Doctor Leo F. Sulkosky is a new staff member. He is with Doctor Carl Scheyer now. Doctor Sulkosky graduated from the University of Oregon in 1944 and interned at the King County Hospital in Seattle. After a residency there in Orthopedics for one year he became the Superintendent of the

King County Hospital for a period of a year. He makes his home in Puvallup.

—ls Hygeia in Your Office?—

We have had three sets of twins here in the last two weeks. Doctor O'Leary delivered two boys on November 11th. Doctor Heaton brought another two boys into the world on November 15th. Doctor Kyle helped a boy and a girl out into the world on November 21st. We wish the twins a grand success in life.

—Is Hygeia in Your Office?—

Tacoma General Hospital

A meeting of the staff of Tacoma General Hospital was held on November 4, 1947. The program consisted of a discussion of Congenital Diseases of the Newborn by Dr. Nelson. Deformities were discussed from the standpoint of the symptoms of vomiting, abdominal distention, cyanosis, jaundice and convulsions. Colored slides of some congenital deformities were shown. Dr. S. F. Herrmann discussed the surgical aspects of diseases of the newborn, considering in his talk injuries, anomalies and tumors. Dr. Carte reviewed the hospital experience on congenital diseases, after which the papers were discussed by Drs. Rigos, Robson, Jones, Bonica, Peterson, Humiston, Joers, Schultz and Dayton.

—Is Hygeia in Your Office?—

Dr. H. A. Anderson introduced Dr. Roger Dille, who has recently established his practice in Tacoma. Dr. Dille grew up in Tacoma and graduated from the University of Washington. He received his medical degree from Northwestern University School of Medicine. He has spent several years at the Mayo Clinic, where he specialized in Internal Medicine.

-ls Hygeia in Your Office?-

During the month of November, Mr. and Mrs. Heath drove to California and visited many places of interest and beauty there.

—Is Hygeia in Your Office?—

Acting as Master of Ceremonies at the show and carnival staged by the student nurses on November 21st was Dr. George Knuz. Dr. Kunz. Sr. took the part of Sultan in the performance. Other doctors participating were the Rosenbladts, the Schwinds and Drs. Douglas, Dille, Arnold Herrmann, Grenley, Baskin and Sleep. The affair was one of the means used to finance the student yearbook. The White Cap.

-ls Hygeia in Your Office?-

Miss Jewett of the Educational Department went to San Francisco to attend a conference on Nursing Education. This meeting, which was held at the

(Continued on Page 15)

At Your Service, Doctor

When your office sterilizer, Xray or short wave apparatus, diagnostic light—or what have you—needs "fixing", where do you go but to "Shaw's"? We maintain a shop and service department to help keep your office running smoothly.

We can also supply your every need with the best in office furnishings, and supplies. Over forty years serving the physicians and hospitals of Tacoma and the Pacific Northwest.



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Tacoma General Hospital

Sir Francis Drake Hotel, was attended by leading educators in the field of Nursing Education.

-ls Hygeia in Your Office-

Miss Forsberg, medical teaching supervisor, participated in an intensive course in cancer control, which was held recently at the University of Washington and at the Swedish and Harborview Hospitals.

-ls Hygeia in Your Office-

At the next staff meeting, which will be on December 2, 1947, Dr. Murray and Dr. Florence will discuss the subject "Infectious Discases of the Bone." Hospital experiences with the above diseases will be reviewed by Dr. Lucken.

-Is Hygeia in Your Office-

Medical Directory

The handy pocket medical directory printed and distributed gratis to Pierce County doctors by the Dammeier Printing Company was a very kind gesture. It will often prove useful and is much appreciated.

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Formerly Lundberg Drug

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PACIFIC AVENUE & AIRPORT ROAD
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In Memoriam

DOCTOR ANGUS J. BARTER 1875- 1947

Doctor Barter graduated from the Washington University School of Medicine at St. Louis, Missouri, in 1908. Shortly after graduation he went to Western China as a medical missionary under the auspices of the Canadian Methodist Missionary Society. He practiced in China for 20 years and then returned to this country to better educate his children. He has practiced in Tacoma since 1928. Dr. Barter was always an earnest, conscientious worker with a sincere interest in the welfare of those less fortunate than he. His good works will live after him.

Interne Lecture Program December, 1947

Interne lectures for the month of December are devoted to pertinent medical problems. Lectures thus far given in this series have been particularly well prepared, cover the respective fields indicated and are very comprehensive in a practical manner. I wish to personally compliment the men for the quality of the material presented.

All lectures for the month will be given in the basement of the Nurses' Home. Tacoma General Hospital, at 8 p. m.

December 4th

Topic: Diagnosis and Management of Diabetes

Mellitus.

Lecturer: Horace A. Anderson, M. D.

December 11th

Topic: Use of Anticoagulants.

Lecturer: R. S. Dille, M. D.

December 18th

Topic: Rationale of Antibiotics as Specific Therapeutic Agents.

Lecturer: R. S. Dille, M. D.

J. MORRISON BRADY, M. D. Chairman, Interne Lecture Committee

—Is Hygeia in Your Office—

Community Chest

In the recent Community Chest Drive the medical men subscribed 96 per cent of their allotted quota of \$8,200. It is hoped the unpledged balance may be secured by pledges from those who neglected to give and from those who may wish to increase their original subscription.

We heartily thank those who did cooperate in giving to the Chest.

The Community Chest Committee.

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Moderation in the expense, but the utmost in sincerity, courtesy and discretion makes ours a highly regarded service. Ask any family we have served in the past thirty-three years.



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All Clinical Laboratory Examinations

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TACOMA, WASHINGTON

Medical Ethics Rules and Regulations

All organizations, be they government, religious, labor or professional, are guided and in some cases ruled by their Constitution and By-laws.

Pierce County Medical Society members are likewise guided by their own Constitution and By-laws, which conform to the rules of the Washington State Medical Association and the American Medical Association.

Constitutions and By-laws are but words and are fine in their place, but occasionally there comes a time for action. This occurs when the forces of materialism mock the forces of professional faith, alleging that the latter are long on creeds and short on deeds. At times, these forces begin to erupt, through ignorance of the full meaning of the creed, and in such cases it behooves the "keeper of the sheep" to attempt to set his flock straight before they go too far astray.

In our society we are guided by a code of ethics which should place our members on the top rung of the professional ladder. Medicine's path may appear narrow and subject to certain temptations. There are some rugged rocks but there are more green valleys.

Advertising, an intentional individual effort to get our name before the public, is one of the most frequent temptations confronting our members. This has been a subject for discussion in our society for almost its entire existence, as substantiated by past resolutions, constitutions and by-laws.

In 1923 a resolution was adopted by the society prescribing certain qualified and "so called" ethical advertising. This resolution was later incorporated into our constitution and remained as such until the adoption of a new constitution and by-laws on May 13, 1941.

To refresh the minds of our members 1 think it good policy to quote the following Article of the 1937 Constitution and By-laws:

Article VI

"The code of the American Medical Association shall be the code of this Society."

"Any paid advertising in the public press by any member or group of members of the Pierce County Medical Society will be considered unethical except:

(a) A physician newly locating in Pierce County may carry notices of such location for one month, said notice to contain only the name, address, telephone number and practice or specialty followed.

- (b) Any physician, on leaving his practice for an extended absence, may run a notice to that effect for three days at the time of leaving, and announcement of return for three days when returning to his practice, such notice to contain only the name, date of leaving or returning, address, telephone number and practice or specialty followed.
- (c) Any physician, on changing his office location or telephone number, may run notice of such change of address or telephone number for a period not exceeding one month."

The above Article on ethics revised and rewritten in our present, or 1941 Constitution and By-laws to read as follows:

Article XI-Ethics

"The principles of Medical Ethics of the American Medical Association in force at the time of the adoption of this Constitution, and as they may, from time to time thereafter, be amended by the American Medical Association, are the Pinciples of Medical Ethics of this Society and are binding upon its members."

Note that paragraphs (a) (b) and (c) of Article VI of the 1937 Constitution were eliminated and therefore are no longer in force.

However, as these regulations have been in existence for over 25 years, they are accepted as local custom and advertisements will be permitted if they adhere strictly to the above regulations.

Our Society, which is a component of the Washington State Medical Association, is subject to the Washington State Medical Association Constitution and By-laws which state:

"Component societies are subject to the following limitations:

"(a) The Constitution and By-laws of this Association and the amendments thereto that may be adopted in the future, are the supreme law of the component societies. Insofar as the Constitution or By-laws of a component society are contrary to or inconsistent with the Constitution or By-laws of this Association, the Constitution or By-laws of the component society are void and of no effect,"

"The Code of Ethics of the American Medical Association in force at the time of the adoption of this Constitution and as they may be from time to time thereafter be amended by the American Medical Association, are the Principles of Medical

(Continued on Page 19)

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DIRECTED ACTIVITY TO SECURE

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 - Muscle Strength
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Ethics of the Association and are binding on its members and on its component societies."

It is therefore apparent that the Constitution and By-laws and Principles of Medical Ethics of the American Medical Association is the guide we must follow.

Under the section entitled Advertising, it states:

"Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional.

"This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class-if any-of patients accommodated. It is equally unprofessional to procure patients by indirection, through solicitors or agents of any kind, or by indirect advertisements. or by furnishing or inspiring newspaper or magazine comments concerning cases in which the physician has been or is concerned. All other like self-laudations defy the traditions and lower the tone of any profession and are so intolerable. The most worthy and effective advertisement possible, even for a young physician, and especially with his brother physicians, is the establishment of a well-merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of ordinary simple business cards being a matter of personal taste or local custom, and sometimes of convenience, is not improper, As implied, it is unprofessional to disregard local customs and offend recognized ideals publishing or circulating such

"It is improfessional to promise radical cures; to boast of cures and secret methods of treatment or remedies; to exhibit certificates of skill or of success in the treatment of diseases; or to employ any methods to gain the attention of the public for the purpose of obtaining patients."

Dr. Daniel W. Cathell, in his book, remarks. "Among medical men there are two classes of wrong: Things that are essentially wrong, and things that are wrong because forbidden by the collective conscience of all concerned. 'Newspaper ads' of physicians belong in the latter class. Experience and community of interest and a natural conception of right have everywhere united to prove the wisdom of this restraining custom, because without it, it would be impossible to tell who is who in Newspaper squibs, whether a spouting whale, or an artful shark or a tiny minnow."

In conclusion may I impress upon you, in this day of medical turmoil, that it is essential for us to hold to that high standard in which the public has placed us. The higher we keep our ideals, our character, and our everlasting slogan of personal patient-physician contact, the stronger become our reenforcements against socialized or government medicine. Keep the faith of our fathers, who with diligence, experience and deep thought laid out for us rules and regulations which raised the practice of medicine from charlatans and quacks to the high esteem in which it is held today. Let us not degrade ourselves for a commercial advantage.

A. H. BUIS, M. D.

-ls Hygeia in Your Office?-

How Observing Are You?

Every reader of this has many times walked past or over a brass marker about 6x24 inches which tells of an interesting incident in Tacoma's history. A unique individual. George F. Train, made a trip around the world with the advertised purpose of establishing a speed record. With much fanfare he rode in a carriage from downtown Tacoma to Old Town where he boarded a tug. He connected with an Orient bound boat near Victoria and after an interesting and exciting trip with many and varied travel obstacles overcome he finally arrived at Tacoma and back to his starting point.

The marker states "In commemoration of George Francis Train's record around the world trip. Point of departure and return, March 18, 1890-May 24, 1890. Time 67 days, 13 hours. Presented by the Junior Chamber of Commerce."

You can see the marker on the sidewalk near the curb in front of Pay Less Drug Store.

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HE unique CAMP system of controlled adjustment incorporated in many specialized models graded to the various types of body build gives Camp Anatomical Supports the endless number of fitting combinations called for by the endless variations in the human figure. Full benefit of this precision design is assured for the individual patient's wellbeing and comfort because Camp Scientific Supports are precision fitted by experts ethically trained at Camp instructional courses in prescription accuracy.

For many years it has been the privilege of the S. H. CAMP and COM-PANY organization to work closely with physicians and surgeons in the design, improvement and manufacture of anatomical supports to meet the needs of their patients. The unique CAMP adjustment feature makes possible indicated firmness about the pelvis and regulated support of the abdomen, spinal column and gluteal region without pressure or compression. Camp Anatomical Supports have been living up to the exacting test of the profession for four decades. They are prescribed and recommended in many models for prenatal, postnatal, postoperative, pendulous abdomen, visceroptosis, nephroptosis, hernia, orthopedic and other conditions. Write for your copy of the Camp "Reference Book for Physicians and Surgeons."



THIS EMBLEM is displayed only by reliable merchants in your community. Camp Scientific Supports are never sold by door-to-door canvassers. Prices are based on intrinsic value. Regular technical and ethical training of CAMP fitters insures precise and conscientious attention to your recommendations.

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University of Washington School of Medicine

Further Notes on The Medical School Program

As indicated in my previous communication, the nucleus of the clinical teaching program will be King County Hospital. Some months ago affiliation between King County Hospital and the University of Washington School of Medicine was agreed upon by the Board of Trustees of King County Hospital and by the Board of Regents of the University of Washington.

Under this arrangement the heads of the clinical departments at the University become the directors of the respective services in King County Hospital. The program of undergraduate teaching will be organized and developed by the Medical School staff as will also the training program for interns and residents.

All staff appointments to the hospital are made with the joint approval of the Medical School administration and the administration of King County Hospital. These staff appointments are all passed upon by the Medical Advisory Board, and actual appointment made through the Board of Trustees of the King County Hospital.

Appointments to the intern and resident staff are likewise a mutual responsibility of the School of Medicine and the Hospital administration and are subject to final approval by the Board of Trustees of the Hospital.

The new Medical Director of King County Hospital is Dr. Roscoe Pullen who also holds an Associate Professorship of Medicine on the staff of the Medical School. Dr. Pullen will be actively responsible for the conduct of the courses in physical diagnosis in the Medical School curriculum. The general Superintendent of King County Hospital. Dr. Edwin S. Bennett, also holds a Clinical Professorship in Medicine on the staff of the Medical School.

Due to the fact that King County Hospital was already crowded it was necessary to obtain facilities for office and classroom space for teaching medical students, interns and residents. This has been accomplished by obtaining one of the former mess hall units at Payne Field and having it transported to a location on the King County Hospital grounds adjacent to the Hospital. The University arranged to lease this property over a period of time and arranged the planning of the structure so that it would meet the basic teaching needs of the clinical departments until the teaching and research hospital needed by the Medical School can be erected on the University campus. Although these facilities will not be adequate to conduct all of the types of work anticipated as the Medical School develops. they will be adequate to begin the conduct of the teaching program in clinical medicine next year. This building has been attached to the ground floor of County Hospital by a corridor so that

access to the Hospital wards has been made possible

It is the plan of the Medical School administration that didactic teaching in the clinical years will be reduced to a minimum and that the clinical teaching program will be conducted largely in small groups at the bedside and in the clinics. The third year class will be divided into three groups. Onethird of the class will be assigned to medicine, onethird to surgery and one third will be divided be tween obstetrics and pediatrics. At the end of the trimester these groups will shift. The medical and surgical groups will be further subdivided into two or three sections so that actually only four or five students will be assigned to specific floors or wards at a time. This will make individual teaching and supervision during the third year a very real possibility.

In order to facilitate the development of the teaching program and to correlate the staff rotation at County Hospital with the University calendar it has been arranged that staff changes at County Hospital will coincide with the beginning and ending of teaching periods in the University. Since the University program is on the quarter basis the various hospital services will be on this basis of three months beginning January 1, 1948. In the department of Medicine Dean Turner will continue to carry on the organization and development at least for the time being. Doctors Charles E. Watts, Edwin G. Bannick, Lester J. Palmer, Byron Francis and Edwin S. Bennett have been appointed as Clinical Professors of Medicine and have greatly aided in the initial advisory organization of this department. A large number of local clinicians hold Clinical Assistant Professorships and Instructorships in the Department of Medicine. Dr. Daniel M. Green has been oppointed full time Associate Professor of Medicine and he is also in charge of the Committee on Graduate Medical Education.

Dr. Joseph W. Shaw and Dr. Stephen T. Parker have been appointed Clinical Professors of Dermatology and Syphilology within the department of medicine. Dr. Shaw is Chairman of the division and Doctors B. F. Bruenner, Alexander D. Campbell, Mildred Mumby and Paul Wiliams have been appointed as Clinical Instructors in Dermatology and Syphilology.

Dr. Frederick Lemere has been made Chairman of the division in Psychiatry. At the present time the other members of this division include Doctors Edward Hoedemaker, Douglass Orr. William Y. Baker and S. Harvard Kaufman. Dr. Charles Strother has been appointed as Clinical Psychologist in the School of Medicine and will also be on the staff of the department of Psychology of the University.

Allergy is to be under the direction of Dr. J. E. Stroh.

The actual teaching program of the department of Medicine will be discussed later on. The basic or-

(Continued on Page 23)

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ganization of other clinical departments will also be taken up in subsequent bulletins. However, for general information you will probably be interested in knowing the names of the individuals in the School of Medicine who will be primarily responsible for the development of certain major clinical divisions. Dr. Henry N. Harkins, Professor and Executive Officer of the Department of Surgery was formerly Associate Professor of Surgery at Johns Hopkins University School of Medicine. He will have the primary responsibility of organizing the surgical department and the surgical specialties. Dr. Walter B. Seelye of Seattle has been appointed as Executive Officer in the Department of Pediatrics and will be responsible for the program of development of this division. Dr. Gordon Thompson of Seattle has been appointed the Executive Officer in the Department of Obstetrics and Gynecology. The Department of Radiology will be under the direction of Dr. Frederick E. Templeton who was formerly Associate Professor of Radiology at the University of Chicago, and prior to his settling in Seattle, was head of the division of Radiology in the Cleveland Clinic, but more about these departments later on.

EDWARD L. TURNER, M. D.

-Is Hygeia in Your Office-

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the period of October 21, to November 21, 1947, inclusive:

Chickenpox 25 Diarrhea 1
Diarrhea1
Food Poisoning 1
German Measles 3
Gonorrhea26
Measles14
Mumps 3
Scarlet Fever12
Syphilis20
Tuberculosis27
Typhoid Fever1
Vincent's Infection1

-ls Hygeia in Your Office-

Tve been trying to phone you all week for an appointment."

"But I told you, you must make a date with my secretary."

"I did; we had a swell evening; but I've still got to see you."

-ls Hygeia in Your Office-

Guest: "Won't you walk as far the the street car with me Tommy?"

Tommy (nearly five): "I can't."

Guest: "Why not?"

Tommy: "Cause we're gonna have dinner as soon as you go."

Minutes of The Meeting of October, 28, 1947

The regular meeting of the Pierce County Medical Society was held in the Nurses' Home at the Tacoma General Hospital on October 28, 1947, with Dr. Maddison presiding. Minutes of the previous meeting were read and approved.

Applications for membership of Drs. Robson. Boone and Burt were given a second reading and they were elected to membership in the society by unanimous vote.

A letter from Mr. Walter West, of the Tacoma Better Business Bureau, in regard to the baby contest being sponsored by the Disabled American Veterans was read. Mr. West emphasized in his letter the promotional aspects of this contest and brought up the question as to the danger in such a gathering of spreading communicable diseases. The letter was discussed by Dr. Fargher, Dr. Wright moved that a letter be written to the Mayor and to the city and county health officers expressing disapproval of the society for this type of promotional scheme. The motion was seconded and passed.

Dr. Vadheim announced the next meeting would be November 11 and would be preceded by a dinner at the Rudder Club.

Dr. Harrington summarized the action taken at the House of Delegates at the State meeting.

Dr. Wright discussed the indemnity program, expressing his approval of this type of plan in contrast to the present bureau coverage.

Dr. Lewis Hopkins summarized the speech of Dr. John Fitzgibbon, of Portland, a member of the Board of Trustees of the American Medical Association. The subject of this speech was Public Relations.

The question of rebates on glasses from the optical companies to the referring doctor was brought up. Dr. Drues felt that this situation was not right but believed that it should be handled on a national instead of local basis. Dr. Wright moved that a committee be appointed to investigate the problem of rebates on glasses in this county and report to the society. The motion was seconded and passed.

Dr. Chris Reynolds discussed public relations and summarized the remarks of Mr. Stegen, secretary of the National Physicians' Committee, on socialized medicine. Mr. Stegen said that socialized medicine is the keystone of the communistic state.

This was followed by discussion of the now defunct Physicians' & Dentists' Business Bureau.

No further official actions were taken and the meeting was adjourned.

-Is Hygeia in Your Office-

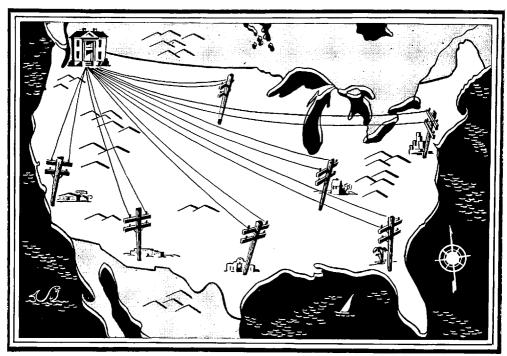
Reverend Mr. Thompson: "How do you do. Mrs. Smith? I hear your husband is ill."

Mrs. Smith: "Yes, I'm sorry to say that he is." Reverend: "Is he critical?"

Mrs. Smith: "Critical? He's worse than critical; he's downright abusive!"



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They Shall Not Die In Peace!

At last the old man is at the end of the road, a hopeless invalid from the wear and tear of living and the infirmities of age. He is a walking museum of pathology, a burden to himself and his family, unable to eat or sleep normally or even enjoy his pension. Every morning he has an impulse to cut his throat if his bowels fail to move. Specialists on arthritis and allergy have failed him, and the over-willing surgeon who operated his hernia (and piles as an encore) has added to his troubles. Now when he pushes in the rupture the piles come down and when he pushes up his piles his rupture comes out. He knows he is dying: so does his family, but family and friends seem determined that he shall not die in peace!

Then comes the long expected and inevitable end. The patient is in a coma. No one expects him to recover but everybody tries to wake him up. The fire department is summoned to lend a hand with the pulmotor. He is rushed to the hospital in an ambulance, where under the care of three eighthour shift young ladies he awaits the arrival of the specialists. An interne writes a history that means nothing. His bedroom is turned into a torture chamber while all the mechanical aids to diagnosis and treatment are put to work-basal metabolism. electrocardiograph, X-rays, spinal puncture, nasal tube, oxygen tent, coramine, adrenalin, cortalex. He is rolled and thumped and needled by the laboratory girls, his nose and ears are probed, light flashed in his eyes. He is cystoscoped and transfused. In short, this man, known to be dying, is subjected to handling that a well man could not stand-all because he must have everything that modern science can give. Then, of course, he dies.

How times have changed! In the old days this patient would have been comforted, cheered, and sustained by the family doctor and the priest. The inevitable end would have been faced with equanimity and the old man's memory preserved, perhaps by a crayon enlargement of his tintype. The family doctor, friend, and comforter is out of date. No one values the old time doctor of song and story except to transport patients to specialists selected by the neighbors.

Then, as now, the undertaker, of course, obliged with a funeral at which some of the neighbors were present to make sure that the old man was really dead, and the rest to enjoy the family suffering.

There were no firemen equipped with pulmotors, no specialists dependent upon laboratory technicians for diagnosis and druggists for treatment, no hospitalization, no *impractical* nurses with a college education and a labor union complex to do the job of "baby-sitting on a dying man." Indeed, the patient maintained his human dignity to the last and *Died In Peace!*

 Medical scientific progress reviewed by a Texas colleague.

-Is Hygeia in Your Office?-

Applications for Membership

Leo F. Sulkosky, Puyallup. Donald H. Robinson. Charles M. McGill. William Burrows, Puyallup Edward F. McCabe, Puyallup.

Application for Courtesy Membership

Robert G. Bond.

-ls Hygeia in Your Office?-

ALLENMORE ADDING NINE HOLES TO COURSE

Allenmore golf course will open another nine holes to play early next summer. According to Sam Allen, the new nine was originally planned as the back nine of the Cedar street layout and will be so used on its completion. The new construction will give Tacoma an outstanding 27-hole course which has already won the favor of duffers and low-handicappers alike. While it is not too difficult for the pay as you go players, the many open tournaments staged in the past years have shown that the course is a real challenge even to the professionals.

—Is Hygeia in Your Office?—

"Doc," said the old mountaineer, leading a gangling youth into the presence of the village medico, "I want you to fix up my son-in-law. I shot him in the laig yesterday and lamed him up a mite."

"Tut, tut," clucked the doctor disapprovingly. "Shame on you for shootnig your son-in-law."

"Wal, doc," replied the mountaineer, "he warn't my son-in-law when I shot him!"

-Is Hygeia in Your Office?-

In a tight-fisted congregation, the hat was passed around one Sunday and returned absolutely empty. The pastor cast his eyes heavenward and said reverently, "I thank Thee, oh Lord, that I got my hat back."

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NATIONAL TRENDS

Developments in health services for the American people are within the scope of the State and County Medical Societies, the Council on Medical Service, American Medical Association, emphasizes.

Essential services listed as requisite for these Societies to supply to medicine in combination with community leadership are:

- 1. Basic records consisting of accurate evaluation of medical personnel and facilities of the community for ready reference. Such information may refute claims of inadequacy by those advocating nationalization.
- 2. Councils on health problems within the community by active and informed members of the profession collaborating with responsible lay groups.
- 3. Comprehensive study of local professional relationships with the public conforming to the resolution on National Health Policy proposed by the New Jersey Society and adopted in Atlantic City, 1947.
- 4. Rural Health Care study with purpose of better medical distribution.
- 5. Professional relationships between physicians as distinguished from public relations.

Good professional relationship is basically established by avoiding among members:

1. Inertia, 2. reaction, 3. cliques, 4. discord, 5. provincialism, 6. smugness, 7. defeatism.

Which in turn will effect a good medical society with seven characteristics such as:

1. Enterprise, 2. progress, 3. friendship, 4. harmony, 5. vision, 6. leadership, 7. courage.

Our own Pierce County and Washington State Societies have a wide selection from which we may choose for improvement in the health care of our citizens as it is outlined by the American Medical Association Council.

ROSS D. WRIGHT, M. D.

-ls Hygeia in Your Office-

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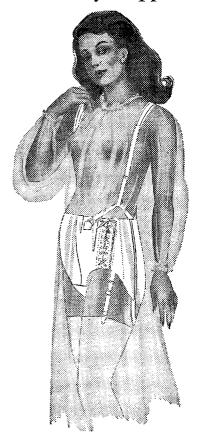
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Pierce County Medical Bureau

A pleasant surprise is in store for those who have not yet inspected the remodelled Doctors' Hospital. This is now a modern 65-bed institution. In spite of the acute shortages and excessive demand, the hospital has been able to secure the necessary equipment to modernize the laboratory, X-ray, surgery and other departments. The rooms and wards are furnished with new modern tables and beds throughout.

The third floor, on which the surgeries are located, is now being used primarily for surgical cases, while the second floor is largely devoted to medical patients.

With the completion of the remodelling of the hospital, the Board of Trustees has fulfilled the expressed desire of the Pierce County Medical Bureau members.

The Tacoma Brace shop has recently moved and now occupies the last available ground floor space in the hospital. Previously, the business office has been enlarged to include the floor space next to the brace shop.

Mr. Harry House has returned, after several

months' vacation, to his position as business manager of the bureau. We are all glad to see him once again in his familiar surroundings. Welcome back, Harry!

GLENN G. McBRIDE, M. D.

-Is Hygeia in Your Office?-

Few Tuberculosis Vets Admitted to Hospital

Veterans with tuberculosis constituted the smallest group of veteran-patients admitted to VA and non-VA hospitals during 1946, according to a release from the Veterans Administration.

The greatest number of admissions, the VA reports, were general medical and surgical patients—381,619, or 83.19 per cent of the 458.749 patient admissions.

Neuropsychiatric patients accounted for 53,981 admission, or 11.77 per cent.

Tuberculosis patients numbered 19,609, or 4.27 per cent.

-Bulletin of Nat'l Tuberculosis Assn.

-ls Hygeia in Your Office?-

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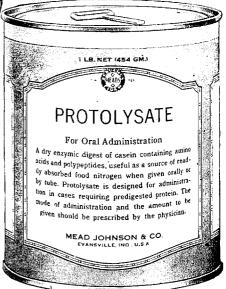
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A psychological and alcoholic education through trained lay staff members is of vital importance. Also, in many instances, introduction into group therapy, such as Alcoholics Anonymous, is recommended and can be arranged by staff members. A program of rehabilitation is constantly carried on.

No psychiatric treatment is attempted. Should psychiatric examinations be indicated, you may have your choice of physicians.

All routine laboratory work, such as daily urinalysis, blood count, etc., is done in our laboratory. For extensive laboratory studies we use the facilities of the Tacoma Medical Laboratories.

It is our wish to cooperate with the family physician during treatment and to assist him with any follow-up work he considers necessary to insure continued sobriety.

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