

*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XIX—No. 5

TACOMA, WASHINGTON

JANUARY, 1949



# Pierce County Medical Society

1948-1949

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## Programs

Medical Arts Auditorium

8:15 p. m.

January 11

"Therapy in Female Reproductive  
 Endocrinology"

Dr. Carl G. Heller

\* \* \*

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.

☆ ☆

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Happy

New Year

## ***The President's Page . . .***

An elderly man consulted a physician on account of a bowel dysfunction. An early carcinoma of the recto-sigmoid was found, and surgical treatment was recommended. The patient elected to receive the ministrations of a drugless healer.

A smallpox epidemic of limited proportion occurred in a community. Under existing laws, the health authorities were empowered to prohibit children who had not been vaccinated from attending school. They had not enough authority to make vaccination mandatory. A seven-year-old girl was kept home by her wealthy parents because "they did not believe in vaccination." The girl got smallpox and died.

A pregnant woman, first seen at three and one-half months and found to be healthy at that time, was advised to return for prenatal examinations at regular stated intervals. A flat fee covering prenatal care and delivery was arranged which was mutually satisfactory. After one such visit when no abnormalities were found, the patient did not again present herself until she had a convulsion at eight months. She survived, but the baby did not.

A man was found to have gallstones which were producing repeated severe biliary colics. His financial resources were such that he could not possibly pay for private hospitalization, even if there were no physicians' fees involved. It was recommended that he enter the County Hospital and be operated upon. He refused because he "had heard that that place was no good." He is still frequently disabled by these colics.

Much, if not most, of the material presented to the public concerning real and presumed faults in the distribution of medical care is reduced to the simple common denominator of dollar cost to the patient. Those who advocate compulsory universal health insurance plans usually concentrate on the economic approach in their arguments. Dollars are important to both the patients and the physicians, but they are far from the whole story.

There are two other facets which are just as distinct: the patient's personal attitudes and the many features of medical care that are strictly professional matters.

In discussion with others, we should insist that these angles be given their actual relative importance with the purely economic side.

HAPPY NEW YEAR!

Your President wishes to take this opportunity to wish each member a very Happy New Year.

HOMER W. HUMISTON.

## *A Message to the Medical Profession*

For thirty-five years we have consistently co-operated 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.

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## ***Editorially Speaking . . .***

At the recent Interim Session of the A. M. A. House of Delegates at St. Louis it was voted to assess, during 1949, each member of every county medical society \$25.00. The money, which will come from 140,000 members, should amount to \$3,500,000 and will be used to oppose and if possible to defeat legislation favoring federal medicine. This propaganda effort must of necessity take two general lines of activity, educational and political.

The educational campaign will concern itself with both a positive and a negative phase. The positive activity is planned to be an intensive nation-wide campaign which will advertise the important services of the medical profession and their widespread accomplishments in medical care, health protection and scientific research. Special emphasis will be placed on the recent rapid growth and advantages of plans for voluntary medical and surgical care insurance available throughout the United States. The negative educational activity will be to tell the public the many undesirable and pernicious results of government controlled medicine in those countries where such policies were or are in force.

The political line of endeavor will seek to influence legislation by state and national lobbies and where possible, by the education of legislators to a better appreciation of the doctors' problems and points of view.

This is obviously only a suggestive program but it cannot be too far out of line. If the primary object of the campaign is to give the public a more intelligent appreciation of the medical profession, the effort is decidedly worth while. If a primary object is to construct effective medical non-cooperation with national legislation for a government controlled medical care program, the effort is probably futile or worse.

Among doctors generally there was too great reliance and faith that a so called friendly administration would take over January 2 and if a legislative decision could be postponed until that date a continuation of the status of present medical practice would be assured. We guessed wrong, and in view of the situation in which medicine finds itself A. M. A. cooperation rather than non-cooperation with the formation in the immediate future of a government medical program should give to organized medicine a larger measure of control than is now anticipated. That course of political action is worthy of medical consideration.

LEWIS HOPKINS.

## For Your Information These Amendments Should Be Fully and Carefully Read

The following amendment to Chapter I, Section 5, of the By-Laws of the Washington State Medical Association was adopted by the House of Delegates on October 6, 1948:

**Section 5. Delegates and County Society Officers—Selection.** The delegates and alternates to the House of Delegates of this Association and county society officers shall be selected by the component societies at their respective annual meetings, which shall be held during the month of December, for one year terms, which run from the meeting at which they were elected to the next ensuing annual meeting of the component society. The secretary of a component society must give the active members of the society at least ten days written notice of the time and place of the holding of an annual meeting at which officers and delegates will be elected. Within ten days after the holding of an annual meeting and its resulting elections the secretary of the component society shall certify the results of the election to the Secretary-Treasurer of this Association.

If a delegate or his alternate elected by a component society dies, resigns, ceases to be a member in good standing of the society, becomes disabled, or for any other reason cannot assume the duties of his office, or will be absent from the session of the House of Delegates, the president of the component society may appoint another active member to serve in his stead during the balance of the term or during the disability or absence, as circumstances may call for. As soon as practicable after the appointment, the president of the component society shall notify the Secretary-Treasurer of this Association of his action.

In compliance with this amendment, certain changes in the Constitution and By-Laws of the Pierce County Medical Society are mandatory. A committee of the Trustees of the Pierce County Medical Society proposes the following amendments for the consideration of the membership.

To replace Article IV, Section 2, of the Constitution, the following is proposed:

### ARTICLE IV—OFFICERS

**Section 2. Election and Tenure.** The voting members of the Society at the annual meeting of the Society shall elect by such method or procedure as the By-Laws may provide, the following officers to serve a one-year term: President-Elect, Vice President, Secretary-Treasurer, and seven Trustees. Each of these officers shall assume office at the close of the annual meeting at which they were elected and shall hold office until the corresponding period one year hence or until his successor assumes office. The President-Elect shall serve as such until the close of the meeting one year following the assumption of his office as President-Elect, at

which time he automatically becomes President, and shall serve as such until the corresponding period one year thereafter, or until his successor assumes office.

To replace Article V, Section 3, of the Constitution, the following is proposed:

### ARTICLE V

#### DELEGATES AND ALTERNATES, ETC.

**Section 3. Vacancy During Elected Term—How Filled.** If a delegate or his alternate dies, resigns, ceases to be a member in good standing of the society, becomes disabled, or for any other reason cannot assume the duties of his office, or will be absent from the session of the House of Delegates, the President may appoint another active member to serve in his stead during the balance of the term or during the disability or absence, as circumstances may call for. As soon as practicable after the appointment, the President shall notify the Secretary-Treasurer of the Washington State Medical Association of his action.

To replace Article VI of the Constitution, the following is proposed:

### ARTICLE VI—MEETINGS

This Society shall meet at such times and places as may be provided in the By-Laws, provided that there be held annually a meeting on the second Tuesday in December, which shall be designated as the Annual Meeting, at which time the Society shall elect officers for the ensuing year, and delegates and alternate delegates to the Washington State Medical Association, and at the close of which meeting the President and officers for the ensuing year shall be installed.

To replace Section 1 of Chapter I of the By-Laws, the following is proposed:

### CHAPTER I—MEMBERSHIP

**Section 1. Classes of Members.** (a) A candidate for membership must present a written application endorsed by two or more of the voting members of the Society, stating his age, school of graduation, place or places in which he has practiced and the date he was licensed to practice in this state. A passport-size photograph shall accompany each application. No application shall be received before the applicant has complied with the laws of this state regulating the practice of medicine and surgery. The application shall be read at a regular meeting of the Society and be referred to the Board of Trustees, who shall inquire into the professional and personal qualifications of the applicant. If the Board of Trustees favorably recommends the applicant he shall be recommended for membership. Three-fourths of the voting members present at the meeting shall be necessary to elect a candidate to membership. Those who have recommended the applicant may at any time before election withdraw their endorsement. If the endorsement is not withdrawn, the applicant's name shall be voted upon whether the recommendation is favorable or unfavorable. A candidate presenting

with his application a transfer card or its equivalent from a component medical society of this or any other state within six months after its issuance may be admitted to membership (any to which he is eligible) on three-fourths vote of the voting members present.

To replace Chapter I, Section 3, Paragraph 1, of the By-Laws, the following is proposed:

#### CHAPTER I—MEMBERSHIP

Section 3. *Dues and Special Assessments.* 1. The annual dues of this Society are due January 1, annually, from each member, excepting those specifically exempted. The annual dues shall be \$50.00.

To replace Chapter I, Section 3, Paragraph 2, the following is proposed:

#### CHAPTER I—MEMBERSHIP

Section 3. *Dues and Special Assessments.* 2. If a member fails to pay his annual dues before April 15th he shall automatically stand suspended from membership, without action on the part of the Society. He likewise may be reinstated if the dues are paid on or before December 31 of the same year. A member a year in arrears in his dues shall be automatically permanently dropped from membership and can only regain membership by making application as a new member. Physicians elected to membership before July 1st shall pay the full annual dues. Those elected to membership after July 1st shall pay one-half the annual dues for the current year. Dues shall not be levied against honorary or courtesy members. A transfer member from a component society of the Washington State Medical Association is not liable for dues to this Association or to the Washington State Medical Association for the year of his election to membership in this society; but a transfer member from a component society of some other state or territorial medical association or society is liable for dues the same as any newly-elected member of the Society.

To replace Chapter I, Section 3, Paragraph 3, the following is proposed:

It is proposed that this paragraph be rescinded and removed from the By-Laws. This paragraph is as follows:

#### CHAPTER I—MEMBERSHIP

Section 3. *Dues and Special Assessments.* 3. Ten dollars of each membership fee from members in the city of Tacoma shall be applied to the Library Fund and five dollars of each membership fee for those practicing outside the city of Tacoma shall be applied to the Library Fund.

Chapter I, Section 3, Paragraph 4:

It is proposed that the phrase, "practicing in the city of Tacoma" be deleted. The paragraph before revision reads as follows:

"4. The membership dues of all active members practicing in the city of Tacoma shall vary from the amount specified in Paragraph I as follows:"

Chapter I, Section 3, Paragraph 4. (b):

It is proposed that this paragraph be deleted. The paragraph reads as follows:

"4. (b) Library funds shall not be applied from dues of those practicing in the city of Tacoma lower in amount than \$25.00."

To replace Chapter III, Section 1, the following is proposed:

#### CHAPTER III—MEETINGS

Section 1. *Regular Meetings.* Regular meetings of the Society shall be held on the second Tuesday of each month except June, July and August at such time and place as the Board of Trustees and the Society itself shall designate. The regular meeting in December shall be known as the Annual Meeting, and at that meeting the Society shall elect members to succeed officers whose terms of office expire at that meeting.

It is proposed to replace Chapter III, Section 3, with the following:

#### CHAPTER III—MEETINGS

Section 3. *Quorum.* A majority of those present and voting shall constitute a quorum for the dispatch of business at a meeting of the Society.

To replace Chapter IV, Section 1, of the By-Laws, the following is proposed:

#### CHAPTER IV—ELECTION OF OFFICERS AND DELEGATES, ETC.

Section 1. At the regular meeting in October, there shall be presented as a special order of business the election of members of the Nominating Committees.

To replace Chapter IV, Section 2, the following is proposed:

#### CHAPTER IV—ELECTION

Section 2. The President shall call for nominations from the floor for candidates to serve on the Nominating Committees, and the membership shall proceed to ballot.

To replace Chapter IV, Section 4, the following is proposed:

#### CHAPTER IV—ELECTION

Section 4. The chairman of each of these Nominating Committees will promptly call together his committee and they shall proceed to select at least one nominee for each of the officers and delegates and alternate delegates to the Washington State Medical Association. Each committee shall submit its report at the regular meeting in November.

To replace Chapter IV, Section 5, the following is proposed:

#### CHAPTER IV—ELECTION

Section 5. At the regular meeting in December the Secretary shall announce all nominations then effective and the membership shall proceed by ballot to the election of officers.

(Continued on Page Eight)

To replace Chapter IV, Section 6, the following is proposed:

#### CHAPTER IV—ELECTION

Section 6. Voting members, not less than seven in number, may nominate a member or members for any elective office (to which qualified) of the Society; such nominations shall be in writing and signed by the members making them and shall be filed with the Secretary not later than the opening of the regular meeting in December.

It is proposed to add Section 7 to Chapter IV:

Section 7. The Secretary shall give the active members of the Society at least ten days written notice of the time and place of the holding of the annual meeting at which officers and delegates will be elected. Within ten days after the holding of an annual meeting and its resulting elections, the Secretary shall certify the results of the election to the Secretary-Treasurer of the Washington State Medical Association.

\* \* \*

The making of amendments to the Constitution and By-Laws of the Pierce County Medical Society is a function of the membership. The above proposals other than those which are mandatory constitute the recommendations of a committee of the Board of Trustees. If any member desires to propose any changes other than those published above, please furnish the suggested changes in writing to the Secretary at or before the meeting

in January. The purpose of this request is to enable the Society to print for distribution to the membership the Constitution and By-Laws with all currently desirable amendments included.

## To the Doctors in Pierce County

The Department of Pathology, of the University of Washington Medical School, is engaged in a research program to evaluate various proposed biologic tests for cancer and to improve, if possible, upon any which show promise of clinical application. The laboratory work done at the medical school will form the keystone of a projected nation-wide program.

I ask the participation of the Pierce County Medical Society by assisting us in obtaining blood specimens from patients known to have cancer. We would like 15 to 20 cc of blood taken as for a Wassermann test, and certain basic identifying data. The necessary tubes, mailing containers, and so forth are available at the City County Health Center. Supplies will be mailed to you by calling Health Department, Broadway 3141.

The interest and cooperation of members of the Medical Society in this research problem will be appreciated.

Jess B. Spielholz, M. D.,  
Head Cancer Control Section,  
State Department of Health.



## ...to relieve the strain of CHRONIC IRREGULARITY

**W**HEN aberrations of the menses suggest that normal function has overstepped the bounds of physiologic limits—the physician is often confronted with a condition which proves highly distressing to the patient.

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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

The January meeting of the Women's Auxiliary will be held on Friday, January 14, at 2 o'clock in the Medical Arts Auditorium. There will be a short business meeting and program. Mrs. Scott Jones will show Kodachrome pictures of Hawaii.

\* \* \*

The Nurses' Home of the Tacoma General Hospital, gay with the prettiest of Christmas decorations, was the scene of the tea given by the wives of the doctors of the city to the student nurses of the two Tacoma hospitals. Approximately one hundred and fifty girls were served during the afternoon and over fifty women came to greet them. A number of the girls from St. Joseph's Hospital walked to the tea, enjoying the brief vacation from their duties on that crisp, sunny afternoon. They all made a pretty picture in their starched colorful uniforms as they stood about the rooms chatting, drinking tea, and munching on the prettily decorated cakes and Christmas mints. By special arrangement, Mr. Richards from the Turner Richards Studio took a number of pictures of the girls grouped around the room.

Mrs. J. M. Mattson as chairman of arrangements and Mrs. J. L. Vadheim as chairman of the tea, with their corps of workers, were highly commended by those who attended. The joint committees included Mesdames Nelson, Scheckner, Willard, Hosie, Fargher, Gullikson and Judd. Mesdames Jones and Herrmann poured during the first hour and Mesdames McNerthey and Rademaker the last.

Those who were present during the afternoon agreed that the tea was so successful and so thoroughly enjoyed by all that it should be an annual affair and that it should be an affair that the student nurses will look forward to each year with great anticipation.

\* \* \*

The November workers at the Blood Bank were Mrs. Frank James, Mrs. Inga Johnson, Mrs. T. A. Smeall, Mrs. S. R. Lantiere, Mrs. S. F. Herrmann.

## OFFICERS FOR 1948-1949

President.....	Mrs. S. F. Herrmann
Vice President.....	Mrs. E. R. Anderson
Second Vice President.....	Mrs. John R. Campbell
Corresponding Secretary.....	Mrs. H. L. Maier
Recording Secretary.....	Mrs. F. J. Schwind
Treasurer.....	Mrs. R. W. Florence
President-Elect.....	Mrs. Ross Wright

## CHAIRMEN

Membership.....	Mrs. S. R. Lantiere
Program.....	Mrs. A. Ehrlich
Legislative.....	Mrs. G. A. Delaney
Telephone.....	Mrs. S. S. Thordarsen
Social.....	Mrs. James Vadheim
Publicity.....	Mrs. Scott Jones
Hygeia.....	Mrs. Ross Wright
Public Relations.....	Mrs. James Mattson

Mrs. F. J. Schwind, Mrs. James Vadheim, Mrs. John Campbell and Mrs. Scott Jones twice.

\* \* \*

Just in time for Christmas is the new baby girl born to the Murray Johnsons on December 20.

\* \* \*

It's another boy for Nancy and Dr. Drucker. He arrived on December 13.

\* \* \*

Dr. and Emma Bonica are now living at 44 Summit Road. The telephone number is Proctor 7164.

\* \* \*

On Friday, December 10, Mrs. S. F. Herrmann had a luncheon to introduce Mrs. Bonica to her new neighbors.

\* \* \*

Pearl Baskin and her husband, Dr. L. S. Baskin and children, Mike and Nancy, left on the 17th for a vacation in Hawaii.

\* \* \*

With regret we report the death of Blanche Murphy on November 29. We extend our sympathy to Dr. Murphy and his son and daughter.

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## Hospital Costs

Increasing costs of hospitalization cannot help but decrease the number of private patients. Some of the larger hospitals state it costs them \$14.00 to hospitalize a patient one day. Mayor Curley is reported as stating that the cost to the city per day for a patient at the Boston City Hospital is \$11.00. Can anything be done to slow down or stop this continuing increase in hospital costs?

Jonathan Forman, M. D., erudite editor of *The Ohio State Medical Journal*, stated: . . . "As they stand, however, the modern hospitals are the only factories in which mass production has increased rather than lessened the cost . . . There are many completely equipped offices of physicians where thorough examinations can be made for one-third to one-half the cost of similar studies in hospitals. What seems to be needed is some efficiency engineering . . ."

"I often wonder what would happen if the Austin engineers or other similar experts in factory design and machine location were called in to lay out our hospitals with the idea of making a factory for the care and treatment of the sick, instead of a memorial to the Architect or Benefactor. I suspect that hospital building and operating cost would be cut in half . . ."

When a business finds its overhead exceeds its income, it takes steps to reduce expenses. Undoubtedly hospital administrators are doing all they can to economize but the medical staff, both

resident and visiting, must co-operate. Is penicillin, streptomycin or heparin always discontinued immediately if it is no longer needed? A patient recently discharged from a local hospital was charged over \$700 for pharmaceutical preparations alone! Is every laboratory and X-ray examination which is ordered vital to the diagnosis?

During the depression days in the early thirties, when the order was posted that the visiting staff had to okay all X-ray requisitions, requests for these examinations promptly dropped 50 per cent or more.

This matter is of deep and immediate significance to practising physicians and specialists. Unless steps are taken to reduce costs of hospitalization many of our patients will find it necessary to enter charity wards.

---

"Why don't you like girls?"

"They're too biased."

"Biased?"

"Yes, bias this, and bias that, until I'm broke."

---

One of the prominent nose and throat specialists who endorsed a cigarette by saying it never irritated his throat—was absolutely honest—because he never smokes.

---

We have just found out the difference between "amnesia" and "magnesia"—the difference is that the person with "magnesia" knows where he's going.



## Mountain View's Funeral Home

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\$100 complete, including  
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"So you and your neighbor are not on speaking terms."

"No, he sent me a can of oil to use on my lawnmower when I started to cut the grass at 6 in the morning."

"Sent it back and told him to use it on his wife when she started singing at 11 o'clock at night."

There was a girl known to her intimates as "Bacon"—somebody was always trying to bring her home!

Lawyer: Then you say this man was drunk?  
Witness: I do not. I simply said he sat in his car for three hours in front of excavation waiting for the light to turn green.

"So you deceived your husband," said the Judge gravely.

"On the contrary, your honor, he deceived me. He was going out of town, and he didn't."

The witty young wife of a university professor remarked during her first pregnancy. "I'm quite modern, you know—heir-conditioned, so to speak."

*Soft.. Fluffy*  
**MUROZA-CLEANED  
PILLOWS**  
*- assure better sleep!*



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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!

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## The Hospitals . . .

### Washington Minor Hospital

Mrs. Henrietta Button, former director of the Washington Minor Hospital, has started south to San Francisco on the first lap of an extended trip around the world. On January 15, Dr. and Mrs. Button will board the S. S. Polk bound for Honolulu and thence to continue their journey around the world.

Mrs. Elsie Palmer, floor supervisor at the Washington Minor Hospital, was called to Kansas City by the sudden death of her mother. Mrs. Palmer went by plane as far as Denver, accompanied by her brother.

The annual Christmas Party for the staff of the Hospital was held at the home of Mrs. Louise Anderson. An exchange of gifts was made and a delicious lunch was served to the guests by the hostess.

### Tacoma General Hospital

The regular meeting of the Tacoma General Hospital Medical Staff was held on December 7th in Jackson Hall. Dr. Read announced that the staff meetings soon would be set up to follow the plan suggested by the American College of Surgeons.

Dr. Bonica analyzed the statistics from July 1, 1947, to July 1, 1948, of the Department of Anesthesia.

The program for the January meeting will be a discussion of Obstetrics, with Dr. Hoscic in charge.

Several ministers representing the Jewish, Catholic and Protestant faiths have been invited to address the student nurse group. The minister has presented briefly the basic doctrines in his religion. He has explained what the nurse in the hospital is expected to do in filling the religious needs of the sick or dying patient. The nurses feel that they have derived a great deal of benefit from the lectures and the ensuing discussion periods.

The Christmas Spirit descended early on Jackson Hall. Bob Heath created a beautiful snow scene in one of the mirrored recesses. Mrs. Evans did her part in making the lobby gay with sparkling ornaments on exceptionally attractive and unusual trees.

The Medical Auxiliary gave a lovely holiday tea for the students of both St. Joseph's and Tacoma General School of Nursing. "Winter Wonderland," the annual Christmas dance, was an enjoyable affair. Several of the doctors and their wives were patrons and patronesses. Saturday noon found

the neophyte nurses with bags packed for a two-week vacation to get them ready for the New Year's study and the new experience of ward duty.

Several members of the staff have left for holiday jaunts. The destination of Miss Kraemer was Montana. She flew there to spend Christmas with her relatives. Miss Johansson started for the east with Miss Larson, of the Clinical Laboratory. She left Miss Larson at Coeur d'Alene, Idaho, and continued on to Jamestown, North Dakota. Miss Jewett met Miss Fox, former T. G. Educational Director, at Portland. They journeyed southward together to visit with Miss Jewett's brother at Long Beach, and with Miss Lehman, former T. G. Director of Nurses, at Huntington Park.

Dr. and Mrs. Degner are visiting relatives in the middlewest during the Christmas season. In January they will go to the east coast where the doctor will be a resident physician in a Massachusetts hospital.

### Pierce County Hospital

Dr. D. M. Green, Associate Professor of Medicine and Director of the graduate program, University of Washington Medical School, addressed the staff of the Pierce County Hospital at the regular monthly meeting of the staff November 26th. He outlined a tentative proposal for an approved program of residency training on a rotating service, to be definitely a broad and intensive training for general practice. This is to be a three-year residency after a one-year rotating internship elsewhere. His talk was followed by a period of questions and answers and general discussion. The general practice residency, as proposed by the Graduate Medical Education Department of the University of Washington Medical School can not get under way until July of 1951. The first senior class will graduate in June, 1950, and will complete one year general internship a year later.

The proposal has met with a favorable response on the part of the Executive Committee of the staff of the Pierce County Hospital and a majority of the visiting and house staffs. Much remains to be accomplished in planning organization and planned expansion before this development can be realized. There are several anticipated improvements expected in the coming year that will contribute to the advancement of better and broader medical care in this institution. The old building is scheduled for demolition early in the spring of 1949. A modest building replacement is essential as well as a landscaping of the grounds. A toning up of the quality of the medical practice and the first steps toward the essential reorganization and affiliation with the university is merely a matter consequent upon agreement; also the

(Continued on Page Fourteen)

financing of planned alterations and enlargements.

However, much depends upon the events of the next few months. The imminent threat or actual advent of Federal Compulsory Health Insurance enactment could of itself halt or nullify any realization of these desired changes. Initiative 172, if the provisions of the law as written are to be enforced, will practically empty the County Hospital of patients, since all divisions of welfare, that is, general relief, blind pension, aid to dependent children, as well as old age assistance cases requiring medical care, have the privilege of free choice of licensed practitioner of any or all kinds, who is privileged to send such patient to the hospital of his choice. A very difficult problem arises in the further maintenance of King and Pierce County Hospitals after the heavy drain upon the welfare funds begins in January. This is a matter with which the legislature must deal. The provisions of the Act, as it now stands, may seriously limit the patient load in both institutions and thereby impair seriously the medical teaching program in the former and stop any maturing of plans for teaching in the latter.

A third uncertain factor is the recommendation of the Interim Legislative Council report to the Legislature, that the county hospitals of the state be transferred from the State Department of Social Security to the State Department of Health. There will be opposition to this, especially regarding the governing and financing of the two standardized county hospitals in King and Pierce County. The decision on the matter, insofar as the State Legislature is concerned, may be expected by the middle of March. Meanwhile, some experience in the operating of No. 172 will have been gained. Either simultaneously with this or later in the spring the Federal Compulsory Health Insurance Act will probably be law, and the dose of olricini will have to be swallowed, ad nauseam and ad infinitum.

## Minutes of Regular Meeting December 14, 1948

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on December 14, 1948, with Dr. H. W. Humiston presiding. Minutes of the previous meeting were read and approved.

The application of Dr. Gordon Parrott was read and voted upon and he was elected to membership.

Applications for membership of Dr. Wilfred R. Olson and Dr. Ralph E. Schopfer were given their first reading and referred to the Board of Trustees for consideration.

Dr. Humiston gave a review of the Trustees' meeting which had preceded the general meeting.

He made an announcement regarding changes in the Constitution and By-Laws to conform with the State Constitution and By-Laws and requested that anyone having ideas regarding sections needing change communicate with the President or

Secretary, so that they could be considered at the present time.

Dr. Humiston read a communication from the Pacific Lutheran College, in which they stated that Dr. Turner, Dean of the University of Washington School of Medicine would be at a meeting in the Student Union Building on January 4, 1949, and invited members of the society to attend that meeting.

A report was made of the request of the public health nursing service of the Metropolitan Life Insurance Company for approval of their emergency standing orders for nurses. These had been approved by the Board of Trustees and a letter from Dr. Frank Maddison, Chairman of the Public Health Committee, in which he urged that for their own protection nurses should not do any diagnosing or treatment except as an emergency measure was incorporated in the reply sent to the Metropolitan Life Insurance Company.

Dr. R. H. Williams, of the Department of Medicine, University of Washington Medical School, was introduced by Dr. Humiston.

Dr. Williams gave a talk on "The Modern Concept of Pyelonephritis." He stressed that the chief prerequisite for the development of pyelonephritis was obstruction. Stagnation allowed the infection to develop and proceed. He emphasized that chemotherapy and antibiotics could not produce a permanent cure unless stones, tumors and other forms of obstruction were removed.

He gave a discussion and showed slides of some interesting rabbit experiments, in which one ureter was partially ligated, followed by injection of colon bacilli. He showed various stages of the process affecting the tubules, the parenchyma and the capsule, which could be followed by abscess and fibrosis, with an ultimate end result of a small, scarred kidney.

In the treatment of the acute stage of infection Dr. Williams mentioned that urotropin and mendeic acid were very ineffective but in speaking of the sulfonamides he felt that sulfadiazine was better than sulfathiazole while the triple sulfonamides were perhaps better than the two previously mentioned, the use of sulfathalidine being most effective in bacillus coli infections and very helpful when colon complications existed.

The new drug NU 445 is all right in some cases, especially against proteus infection.

In infections caused by the staphylococcus aureus penicillin was recommended. Dr. Williams felt that streptomycin and dihydro-streptomycin should be used only after other forms of treatment had proved ineffective. He stated that there was a rapid rate of resistance "buildup" and to be effective doses must be given over a short period of time.

In the discussion which followed Drs. Dille, H. A. Anderson and Drucker discussed the paper and asked questions regarding treatment.

The paper was then closed by Dr. Williams.

Dr. Frank Rigos discussed the coming chest X-ray program and stated that in the county and city the mobile unit, which was purchased by Christmas

seal funds, had X-rayed approximately 48,000 people.

Dr. Miles Parrott, who is the medical society's representative on the committee organizing the Public Health Chest X-ray Survey, gave a report of the organization and plans of that committee.

Dr. Humiston stated that Dr. J. W. Bowen, Dr. William Rosenblatt and himself had attended a meeting in Portland on December 11 and 12, regarding medical care plans. He called on Dr. Bowen, who gave a brief discussion of his impressions of that meeting. He stated that the public relations man from the Teamsters' Union emphasized the need for more care for the worker, that the teamsters were against any form of socialized medicine and that they would prefer to work out their own plans on a prepaid basis.

In discussing the United Mine Workers' Health and Welfare Fund, he stated that the present objective of this fund was to care for the backlog of sick and injured miners, widows of miners, the chronically sick miner and furnish medical care for the mine worker. He stated that the fund is beginning to function on a rather limited basis at the present time and will gradually increase its scope as time goes on.

Dr. Rosenblatt discussed the prepaid medical care plan as it is now being used in the state of Montana. He stated that it was primarily for those people under \$5,000 a year income and those suffering from prolonged illness. He said that the doctors in Montana have accepted a fee schedule as set up by the Blue Cross and Blue Shield in that area, and that they are selling the plan by all means—by newspaper, radio and personal contact. It was noted that this plan is an indemnity type of plan and really not a full coverage plan.

Dr. Chris Reynolds, who attended the Interim Session of the A. M. A., held in St. Louis November 30 to December 3, gave a report on that meeting. He gave a brief description of the general setup of the meeting and the St. Louis Municipal Auditorium in which it was held.

He stated that the television exhibit, which was sponsored by the Squibb Company, and its programs, televised from the various hospitals in St. Louis to the convention floor, was most unique and very informative.

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He mentioned some of the outstanding lectures which were given at the meeting. Dr. Irvin H. Page, of Cleveland, spoke on Present Day Studies of the Treatment of Hypertension. He stressed that a careful study of the disease and how fast it was going should be a great factor in deciding the treatment which would have to be followed. He suggested that general measures on the part of the doctor to get these people to avoid over-fatigue, takes more bed rest and to develop an attitude of serenity about their condition were highly effective. He felt that a low-calory diet, so that the patient remained about ten pounds under the ideal weight and in some cases a diet low in protein and salt were quite beneficial.

In conclusion Dr. Page stated that in most cases of hypertension we were really dealing with multiple diseases and would have to use multiple measures in treatment.

Another excellent presentation was given by Dr. Howard Rusk, New York University Department of Rehabilitation and Physical Medicine, and his associates, on Poliomyelitis. These presentations included talks on diagnosis and demonstrations and talks on all phases of treatment.

The meeting of the Fourth National Conference of County Medical Society Officers, the so-called "grass roots" conference, was divided into two panels. The first panel was a discussion of The Doctor and National Preparedness, at which Brigadier General Armstrong and Rear Admiral Boone, of the Army and Navy Medical Departments, respectively, Dr. Norvin Kiefer, of the United States Public Health Service, and Dr. Meiling, of the Council on National Emergency Medical Service, discussed the inter-relationship and the necessity for co-operation of the civilian medical man and the doctors in the Army services.

The second panel was a discussion of The Public, the Doctor and Socialized Medicine. This topic was presented by Dr. Maurice Friedman, Washington, D. C., and Dr. Louis H. Bauer, Secretary of the World Medical Association. Dr. Friedman pointed out many fallacies in the statistics as listed in the Ewing Report and urged that we should fight socialized medicine and should explain to our patients that the people will not be given something for nothing, regardless of how rosy the program sounds.

Dr. Bauer spoke of the results of the European experience and pointed out that wherever any form of compulsory health insurance, which is really one form of socialized medicine, was started it kept growing and growing until the net result was complete socialization. He emphasized that the new wave of propoganda now under way was merely another attempt to undermine the doctor-patient relationship and to ultimately destroy private medical practice.

There being no further business, the meeting was adjourned.

## PERSONALS . . .

Les Baskin and his family are spending the holidays in Hawaii. Les said it was either that or a boat and he felt sure the trip involved less work. Too bad his energy is lagging and that he doesn't enjoy hours of boat work as do Tracey Duerfeldt and Ross Wright.

\* \* \*

Al Sames, Steve Sanderson and Frank Rigos attended the North American Radiological Society meeting at San Francisco. They reported a pleasant and profitable time.

\* \* \*

We understand there have been recent appointments of Phil Kyle and Arnold Herrmann as honorary members of the detective division of the Tacoma Police Department. After confirming the same we are giving this information to the Society members who should now exercise added discretion when tempted to take advantage of the second floor pinball machines.

\* \* \*

It may be of interest to note some of the replies to the questionnaire on hobbies sent to our members. Some were rather startling and ranged from "who wants to know" to an offer to buy some horses from a riding enthusiast. Philately attracts Avery, Havlina, Murray, Tait and Skinner. Ceramics takes the spare time of May and Plum. Woodcarving is attractive to Carte, Duerfeldt, Heaton, Hull, Kohl and Trimble. One member revealed that his hobby was judging bulls. However, he was probably giving the end product of such a pursuit.

\* \* \*

Dr. Raymond B. Allen, president of the University of Washington has been appointed by Secretary Forrestal as a member of the Armed Forces Medical Advisory Committee.

\* \* \*

John Bonica has bought himself a house. A case of good judgment when compared to the building programs of Sames and Ritchie.

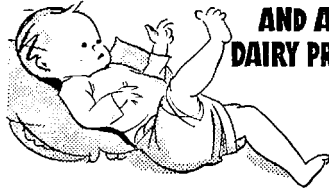
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**Applications**

Wilfred R. Olson, Northern Pacific Hospital; pre-medical education, Central Y.M.C.A. College, Chicago; medical education, University of Illinois School of Medicine, Chicago, 1944; internship, Providence Hospital, Seattle; married and lives at 2119 North Prospect Street.

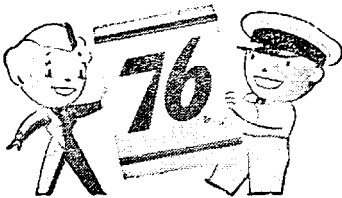
Ralph E. Schopfer, Tacoma General Hospital; pre-medical education, Syracuse University, Syracuse, New York; medical education, Syracuse University College of Medicine, 1945; internship, Rochester General Hospital, Rochester, New York; married and lives at 218 South I Street.

Judge: As I understand the case, you and your husband had an altercation and you were kicked in the ensuing rumpus.

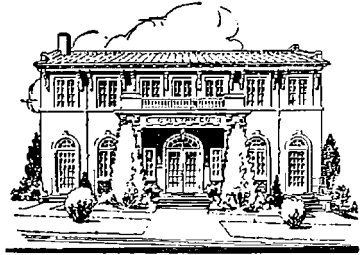
Mandy: No, suh, judge. Ah was kicked in da stummick.

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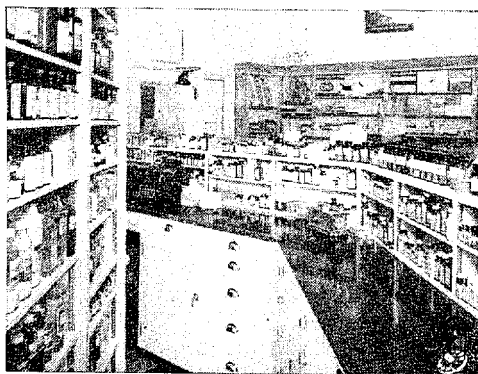
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**Communicable Diseases**

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period November 21, 1948, to December 20, 1948, inclusive:

Chancroid .....	1
Chickenpox .....	30
Diphtheria .....	3
German Measles .....	2
Gonorrhoea .....	31
Lymphogranuloma Venereum .....	1
Measles .....	15
Mumps .....	134
Poliomyelitis .....	4
Ringworm .....	2
Scarlet Fever .....	25
Syphilis .....	8
Tuberculosis .....	12
Whooping Cough .....	1

The neighborhood skinfint paid his monthly call to our office the other day. In a way, we actually hate to see him drop in. His pet grievance seems to be paying doctors' fees. Time and again

he has told us that two dollars for "a lot of words and a sack of pills" is too much to pay. Some day we shall be forced to drop our bed-side manner and tell him the story of the Dowager and the hat designer, to-wit:

An opulent and corpulent member of New York's Four Hundred dashed hurriedly into a famous Manhattan hat shop, demanding an exclusive hat for a gala party she was to attend that very day. Due to her station in life and several million dollars, the salon was thrown into irreparable chaos. It became immediately evident that this acute emergency was clearly a case for Maurice, modiste without peer. So this artist was hastily summoned before the great lady, and Maurice truly lived up to his reputation. Plucking a length of silk ribbon he skilfully turned it about milady's freshly laundered head and in few magic moments had created a masterpiece of millinery perfection. The squeals of delight could be heard clear over to Brooklyn.

Then the small matter of cost reared its ugly head and the Dowager was calmly informed that the item sold for \$100. Enchantment turned to amazement and, even as you and I, our lady exclaimed, "What, one hundred dollars for several yards of ribbon? Preposterous!"

Whereby, casually unravelling the turban Maurice deposited the ribbon in the customer's hands stating, "Madame, the cloth itself is free."

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Frazer\* states that the ordinary mode of effecting the cure is to split a young ash sapling longitudinally for a few feet and pass the child, naked, either three times or three times three through the fissure at sunrise. In the West of England, it is said the passage must be "against the sun." As soon as the ceremony is performed, the tree is bound tightly up and the fissure plastered over with mud or clay. The belief is that just as the cleft in the tree will be healed, so the child's body will be healed, but that if the rift in the tree remains open, the deformity in the child will remain, too, and if the tree were to die, the death of the child would surely follow.

\*Frazer, J. G.: *The Golden Bough*, vol. 1, New York, Macmillan & Co., 1923



It is ironical that the practice of attempting to cure rickets by holding the child in the cleft of an ash tree was associated with the rising of the sun, the light of which we now know is in itself one of Nature's specifics.

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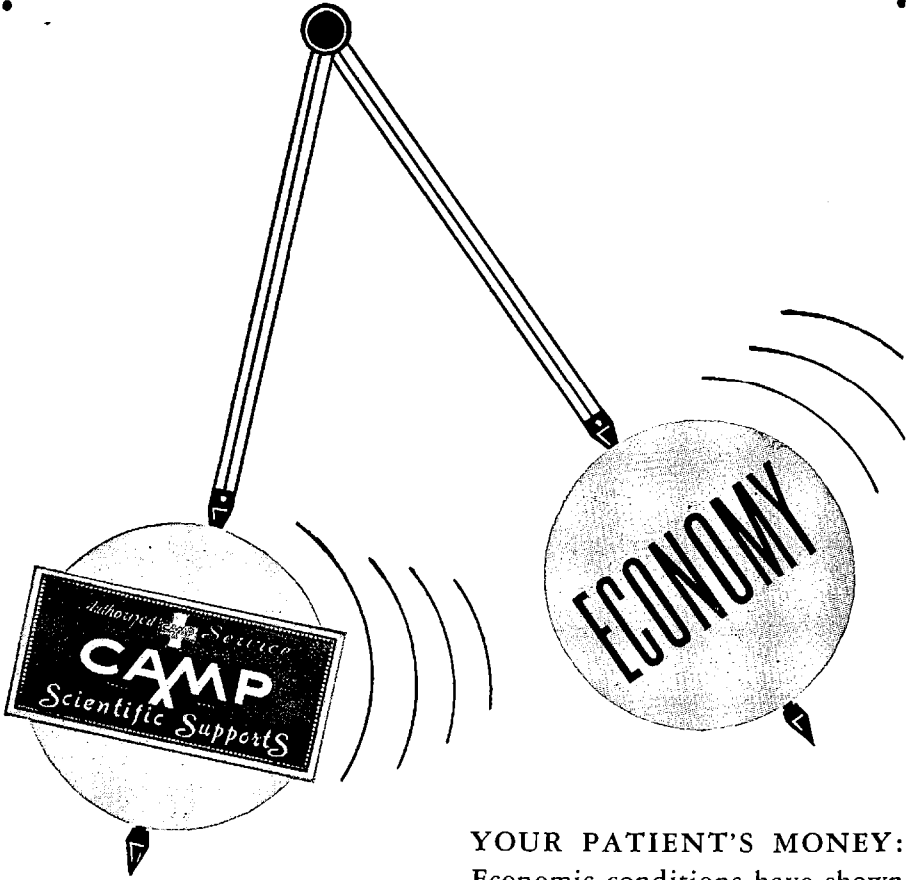
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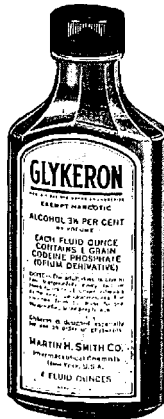
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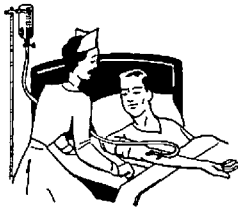
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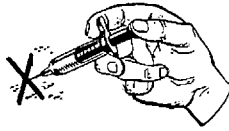
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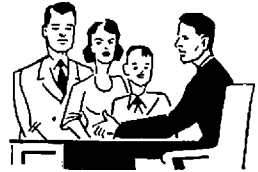
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\*New England Journal of Medicine  
293:331-333—Aug. 26, 1948

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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XIX—No. 6

TACOMA, WASHINGTON

FEBRUARY, 1949



# Pierce County Medical Society

1948-1949

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 President-Elect.....E. C. Yoder  
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# Program

February 8, 1949

8:15 p. m.

Medical Arts Auditorium

"The Painful Shoulder"

J. W. Miller, M. D.

Dr. Miller is a graduate of the University of Michigan Medical School, class of 1939; had his internship, residency and orthopedic training there from 1939 to 1945; since that time has been associated with the Mason Clinic in Seattle. He previously had the rank of instructor in orthopedic surgery at the University of Michigan Medical School and now holds a similar position at the University of Washington Medical School.

\* \* \*

See page 9 for information concerning the annual medical society-auxiliary dinner.

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## ***The President's Page . . .***

### **MASS CHEST X-RAY SURVEY**

The Pierce County Medical Society is taking an active part in the mass X-ray survey. Your Vice President, Dr. Miles Parrott, has given considerable time as a member of the committee in charge. Dr. Frank Rigos has done likewise as chairman of the professional services committee. Others have also given much of their time.

Any person who has an abnormal 14x17 chest film will be recalled for an interview. This interview will be done by persons in the employ of the Pierce County Medical Society. The interviewers will have two objectives. First of all, the patient will be urged, in his own interest, to return to his doctor, if he has one; and, if not, he will be aided in the selection of a physician. The second objective will be to endeavor to get from these patients with abnormal chest films, information which may help us answer some of the following questions regarding the distribution of medical care in our community:

1. To what extent has the quality of care been affected by the economic factor?
2. What percentage of patients follow the recommendations of their physicians?
3. Of those who do not, what is the relative importance of the economic factor; and what other reasons are advanced?
4. What are the reasons why persons with symptoms do not seek any medical care?

The University of Washington will prepare the questionnaire to be used and will make a statistical analysis of the material. It is anticipated that there will be over a thousand persons thus interviewed, and it is believed that the statistical approach should lead to some sound conclusions.

HOMER W. HUMISTON.

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## ***Editorially Speaking . . .***

There is an old adage which says, "Do not cross a bridge until you come to it" but that is not good advice in our present political situation. It looks now that in spite of all the efforts the A.M.A. will or can put forth during the next few months, some type of government sponsored and controlled medical care plan ranging between that of Senator Taft and of Senators Wagner and Murray will become law.

Whatever may be devised it is a self-evident fact that in order to function the program must be implemented by doctors. That puts a most important decision directly up to each one of us and the time left for making up our minds is limited, measured by the time required for congressional action. All authorities agree that the determining factor in medical public relations is the individual doctor, you and me, and before a government plan for medical care becomes law it is the right and duty of every doctor to influence public relations to the limit of his ability.

After it becomes a law, what then? On that score there is far-reaching division of opinion. For many months a medical organization has solicited a nation-wide membership of those doctors pledged to non-cooperation with any government controlled plan for medical care and for funds to implement that opposition. A medical society in southern California goes a step farther and asks for a notarized, personal pledge of non-cooperation; to separate, as they say, the sheep from the goats.

Each one of us may not be required by his medical society to answer yes or no but we will be asked by our patients for a definite commitment. If we say we will not cooperate and are asked why, we have a wide-open door to explain that point of view. If our professional reasons overbalance what the patient thinks are his financial interests we will keep the patient, and vice versa.

If we say we will cooperate we will be following the action of the A.M.A. delegates at the November Interim Session at St. Louis. At this meeting the delegates disapproved a resolution asking medical men to refuse to cooperate with the Government if Federal Medicine becomes a reality.

Within our own local society there are widely differing opinions which the Bulletin will be glad to publish if you will take the time to put into writing your point of view. The more you think of this problem the more you will appreciate its importance to you now and in the years to come.

LEWIS HOPKINS.



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## Minutes of Regular Meeting January 11, 1949

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on January 11, 1949, Dr. H. W. Humiston presiding. Minutes of the previous meeting were read and approved.

Announcement of the proceedings of the two special meetings of the Board of Trustees was given to the membership.

Communications were read from Dr. Turner, Dean of the University of Washington Medical School, in which he invited all members and their families to the open house of the medical school on January 21 and 22 and from Mr. Jensen, of the Civilian Personnel Department at McChord Field, announcing vacancies for a civilian doctor and dentist to help out at McChord Field.

Applications of Dr. Wilfred R. Olson and Dr. Ralph E. Schopfer were read and voted upon and they were elected to membership.

The application of Dr. Robert Bond was given first reading and was referred to the Board of Trustees.

Announcement was made regarding the amendments to the Constitution and By-Laws and it was moved by Dr. Hopkins and seconded by Dr. Link that the Secretary read the amendments by title only, as they were printed in the Bulletin in January. The motion carried and the reading by title followed.

Dr. Parrott moved and Dr. Murphy seconded that a letter be sent to the manager of the Medical Arts Building giving approval of the medical society for the placement of a portable X-ray machine in the Medical Arts Building during the February chest X-ray campaign. The motion was carried.

Dr. Jess Read gave a report of the meeting of the House of Delegates of the Washington State Medical Association, which was held in Seattle on January 9. The House of Delegates approved an increase in the legislative appropriation for tuberculosis hospitals in the state: the \$25.00 A. M. A. assessment to be used in the form of public relations and education was approved by the House of Delegates and a resolution was passed assessing each active member of the State Association \$25.00, the assessment to be paid by January 31, 1949; the House of Delegates moved to advise the State Medical Bureau to enter into a contract with the State Department of Social Security to care for recipients under Initiative 172 on a per capita fee basis but included a 30-day cancellation clause; the Medical Disciplinary Act was approved in principle; the House of Delegates took no stand on the Hospital Licensing Act; the Board of Health Act was approved; the Nurses' Licensing Act was disapproved; no stand was taken on the A. F. of L.

Sickness Disability program; the House of Delegates recommended that a physician be appointed to the Board of Regents of the University of Washington, since the university now operates a medical school; a motion directed the Physicians' Service Corporation to study a plan whereby disability payments and medical care should be given in one contract and it was suggested that the name be changed to one less medical in nature; on the Medical Examiner Law no definite stand was taken but a resolution to abolish the office of coroner was accepted; a resolution requesting various county societies to make a study of the method now practiced for handling emergency calls was passed, directing the county societies to make such a study in an attempt to eliminate adverse criticism; no action was taken on the proposition of an over all fee schedule; it was approved by the House of Delegates that the House should have a yearly Interim Session.

An announcement was made regarding the meeting of the officers of the Pierce County Medical Society with the legislators from this county.

A dinner meeting was held at the University-Union club and thirteen of the fifteen Pierce County lawmakers were present for the dinner and meeting. It was felt that this was a worth while public relations activity.

A discussion of Initiative 172 was entered into and it was pointed out that on December 27, 1948, the Board of Trustees had approved in principle the idea of the State Medical Bureau accepting a contract for medical care of recipients. It was also pointed out that at the meeting of January 6 the Trustees had reversed themselves and recommended to the delegates to the state society to vote against accepting such a contract. This was due primarily to the fact that it was felt that a state contract could not be obtained at the present time. Following considerable discussion Dr. Duerfeldt moved and Dr. Jones seconded the motion that the Pierce County Medical Society approve in principle the action of the House of Delegates to accept a contract with the State Social Security Department to furnish medical care under Initiative 172. The motion was passed without a dissenting vote.

In the discussion of hospitalization for recipients of 172 a resolution which had been adopted by the Executive Committee of the present staff of the Pierce County Hospital was read. The resolution was as follows:

Resolved that the Executive Committee recommend that the present members of the organized staff of the Pierce County Hospital become the "regular staff" and shall be privileged to care for patients with private patient status and shall also have the responsibility of furnishing care for patients hospitalized in the Pierce County Hospital who do not have private patient status.

Furthermore, that a "courtesy staff" be added to the staff organization, the members of which

(Continued on Page Eight)

shall have only the privilege of caring for any patients who have private patient status.

Furthermore, the administrative responsibilities properly belonging to the staff shall be executed by the regular staff.

In discussing the resolution it was felt by some that the hospital should remain a closed staff, as it would assist in establishing it as a teaching hospital. However, the majority felt that if a courtesy staff was set up as suggested in the resolution it would interfere with the use of the hospital as a teaching institution. After considerable discussion, which was entered into by Drs. Murphy, Duerfeldt, James Mattson, Grenley, Hurst, Hopkins and Burton Brown, Dr. Murphy moved and Dr. Havlina seconded that we endorse the resolution of the Executive Committee and recommend to the Board of Trustees of the Pierce County Hospital that the resolution be adopted by them. The motion was passed without a dissenting vote.

Dr. Arnold Herrmann made an announcement regarding the joint meeting with the Auxiliary, to be held February 17 at the Top of the Ocean.

Dr. Burton Brown announced that it would be at least February 1 before the Pierce County Hospital could be converted from its present setup to handle patients under Initiative 172.

Dr. Humiston then introduced Dr. Carl Heller, of the University of Oregon Medical School, who

gave a talk on "Therapy in Female Endocrinology." Dr. Heller pointed out that the anterior pituitary produces three hormones which affect the ovary. One of these is the follicle stimulating hormone, or FSH, the interstitial cell stimulating hormone, or ICSH and luteotropin, or LH. He stated that the action of FSH and ICSH on the ovary caused the follicle to produce estrogen and that subsequently the action of ICSH and luteotropin caused the formation of the corpus luteum and the production of progesterone. He stated that of these five hormones only one, estrogen, was a drug in the ordinary sense of the word. He listed a number of products on the market which are sold as drugs, representing the anterior pituitary hormones, and that as of today very little effect can be expected from any of these anterior pituitary like drugs. In speaking of the estrogens he felt that the superior drug in this field was stilbestrol, that it cost less and was quite effective even when taken orally. Dr. Heller mentioned the use of estrogens in carcinoma of the breast and osteoporosis when it was used in combination with the amino acids or proteins and in the menopause. He stated that progesterone could be used as a supplement to the estrogens in amenorrhoea. Dr. Heller also mentioned the fact that there was no proof that the estrogens are a cause of cancer.

There being no further business, the meeting was adjourned.

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**E. J. POLE, Secretary**

# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

February 17th is the date set for the annual joint meeting of Pierce County Medical Society and the Auxiliary. Please reserve that date.

\* \* \*

At a business meeting January 14th it was voted to have dessert luncheons in homes in February to raise money for two scholarships for nurses.

\* \* \*

Kay Wright reported sale of 127 Hygeias. We again went on record as sponsors for Cancer Control booths.

\* \* \*

New members of our Auxiliary are Mrs. J. B. Jarvis, Mrs. Charles Arnold, Mrs. Leon Diamond and Mrs. E. W. Naess.

\* \* \*

Volunteer workers for Blood Bank in December were Rose Wilson, Gladys Delaney, Elsie Wolf, Helen Bennett, Jeannie Schwind and Janet Moosey.

\* \* \*

Jeannie Schwind heads our honor roll as she donates her time regularly, taking Monday morning the third week of each month. Muriel Nelson has promised to take Monday afternoons of the third week.

\* \* \*

Helen Bell and Alma Whitacre are en route to South America for a three-month trip. Dr. Bell and Helen made this trip twenty years ago.

\* \* \*

A baby boy arrived at the Norton residence. January 12th was the date of his arrival and Dr. and Lorrie have named him James.

\* \* \*

Florence Gullikson is reported on the invalid list having fractured her skull while ice skating.

\* \* \*

The Baskin family have returned from their vacation in Hawaii. Pearl reports that the family went swimming every day.

A contract is like pregnancy. It is more easily begun than terminated.

### OFFICERS FOR 1948-1949

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Social.....	Mrs. James Vadheim
Publicity.....	Mrs. Scott Jones
Hygeia.....	Mrs. Ross Wright
Public Relations.....	Mrs. James Mattson

## The Medical Society-Auxiliary Dinner

Doctors of Pierce County and their wives will gather in semi-formal attire at the Top of the Ocean on the evening of Thursday, February 17th for the annual joint meeting of the medical society and the auxiliary. It promises to be even a bigger event than last year, at which time over 150 couples turned out.

Festivities start at 6:30 with the customary cocktails. Dinner, by popular request, will consist of a groaning, well laden smorgasbord. This will be served from 8:00 until 8:45 to be followed by dancing and entertainment.

Some top-notch professional entertainers are being imported for the evening to insure an outstanding floor show. During the show a drawing will be held for numerous door prizes.

Tickets may be secured from members of the committee which consists of Drs. A. J. Herrmann, F. Rigos, R. Brooke and E. R. Anderson.

"Will your people be surprised when you graduate?"

"No, they've been expecting it for several years."

Ah, for those good old days when Uncle Sam lived within his income—and without most of ours.—Barclay Braden.

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Wide variance in character, personality traits and physical condition of patients make specific time limitations in which treatment can be accomplished impossible. The minimum time requirement is from seven to nine days. In a certain percentage of cases, return visits to the hospital for further treatment are deemed essential for permanent results. In such instances no additional charge is made.

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.

J. ROBERT BROOKE, M. D., *Medical Director*

CHARLES GRIFFITH, *Supervisor*

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## Reporting V. D. Cases

The knowledge of the incidence of communicable disease is an important factor in the control of each specific disease.

In recent months, the reported incidence of venereal disease, particularly gonorrhoea, has been lower than might ordinarily be expected and occasionally the question is asked, "Are doctors reporting their cases of V. D.?" The intent of this article is to serve as a reminder to report all V. D. cases.

During the war when the physicians left in the community were very busy, a large proportion of the V. L. cases were referred to the Health Department V. D. Clinic for diagnosis and treatment. The Health Department, having knowledge of the case, was in a position to conduct an interview through which sex contacts were made known and examined for venereal disease. The results of this case-finding program through the interviewing of cases and the examination of sex contacts were very satisfactory.

Now that the war is over and the physicians have returned, it is presumed that most gonorrhoea cases are taken care of by private physicians because very few cases show up at the Health Department Clinic. Possibly the incidence of gonorrhoea has gone down.

In order to be sure that we have a true picture of the situation, we are encouraging physicians to report venereal cases showing up in their private practice. The regulation provides that you may withhold the name and report the case by number instead. We also want to encourage you to interview your V. D. cases for sex contacts so they might come in for examination as well.

It is always well to keep in mind that a person may acquire syphilis at the same time he acquires gonorrhoea but evidence of syphilitic infection may not show up until later. So the suggested routine is to have all gonorrhoea patients return at monthly intervals for a period of three months for taking blood for a serological test for syphilis at each return monthly visit.

Of particular importance is a problem which has arisen at our nearby Army installations. The Army physicians are finding increased numbers of new cases of syphilis in soldiers who in civilian attire have been treated by a private physician for gonorrhoea and then failed to return to this physician for serologic follow-up. Any case failing to return for this check-up must be reported both to protect the infected individual and others in the community.

The laboratory, V. D. investigation, and clinic services of the Tacoma-Pierce County Health Department are available to all physicians. We are particularly anxious to know the extent of the problem by having all cases reported.

Prepared by: Charles Larson, M. D., Medical Advisor, Citizens' Armed Forces Committee; C. R. Fargher, M. D., Director of Public Health.

## UMW Health Project Is Now in Operation

The health and hospitalization project of the United Mine Workers Welfare and Retirement Fund is now in operating order, John L. Lewis, UMW president, reported today.

Ten area offices have been set up, each in charge of a full-time physician. This project supplements the pensions, disability and death benefits, and financial aid to widows, orphans and dependent children of bituminous coal miners.

Under the project the welfare and retirement fund would provide a prepaid form of hospital service and medical attention in all the twenty-four coal districts of the union. A separate fund is operated for the anthracite miners.

Dr. Warren F. Draper, former Deputy Surgeon General of the United States Public Health Service, executive medical officer of the fund, said that the area medical administrators in collaboration with physicians and hospitals "will work out simple and satisfactory agreements for providing medical and hospital care to eligible members and their dependents."

For the present, activities will be directed to the hospitalization of miners who are already receiving disability benefits and pensions. These men, because they are not working, are not able to obtain services through the existing wage check-off system.

Later the expense of medical and hospital services will be borne entirely by the UMW Welfare and Retirement Fund.

## Medical Education

The AMA and the Association of American Colleges have granted full approval to the Chicago Medical School, bringing the number of medical schools in Chicago to five and the number of the United States to 71.

A joint statement said: "The Chicago Medical School now offers an educational program that meets the standards for an approved medical school . . . Therefore, the school is now included on the list of approved medical colleges and hospitals of the A.M.A. and is admitted to membership in the A.A.M.C."

This action applies to all students now enrolled in the regular four year course at the school. It does not affect previous graduates of the school or students who completed their regular four year course in June, 1948, and who are required to take an internship before receiving the degree of doctor of medicine.

Dr. John J. Sheinin, who was graduated from Northwestern University Medical School in 1932, is dean of the school.

## SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS ?

**V**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.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

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## The Hospitals . . .

### Tacoma General Hospital

The regular meeting of the Tacoma General Hospital Medical Staff was held on January 4th, with an interesting program on Obstetrics and Gynecology. Dr. Fay Nace read a paper on the uses and indications of intra-vaginal penicillin. This was discussed by Dr. Link. Dr. Scott Jones outlined the indications for Caesarean sections. His paper was discussed by Drs. Schultz, David Johnson and Joseph Hansen. Mr. George Brown of the Pierce County Welfare Department discussed Initiative No. 172. The aspects of the measure were widely discussed by various members of the staff.

\* \* \*

The Pathological Department now offers the surgeon greater service in the examination of tissues. Dr. Larson or one of the resident pathologists is in the operating room each morning to examine the specimens from major or tumor surgery. His report is given to the surgeon in as short a time as possible. Thus the doctor is able to carry out his operative procedure in the best way for the particular condition with which he is dealing.

\* \* \*

Miss Robertson, Acting Director of Nursing Service, is vacationing in Southern California.

\* \* \*

Several of the internists are planning to attend the short course in Diabetes Mellitus at the University of Oregon Medical School on January 31, February 1 and 2.

\* \* \*

The fifty-six "probies" are enjoying their first experience on the wards. During the next six months many members of the staff will become acquainted with these students as they lecture to them in Medicine and Surgery.

### St. Joseph's Hospital

The last two regular staff meetings at St. Joseph's Hospital have been of unusual interest. The one on 20 December 1949 featured a program by Dr. Johnson, Field Representative of the American College of Surgeons, who talked on how a hospital is rated by the American College of Surgeons and how to improve the hospital rating. He illustrated these points with specific cases drawn from his years of experience and presented the Board of Governors with an official rating chart such as he himself uses. This was a very timely program since the Board of Governors led by Dr. Murray Johnson is endeavoring to get St. Joseph's Hospital accredited for a three year Surgical Residency in addition to the approved Pathology Residency and General Residency they already have.

\* \* \*

On 17 January 1949 Doctors O'Leary, Glassy and Fay Nace presented a very outstanding and

unusual program on "The Medico-Legal Aspects of Post Mortem Caesarian Section." They illustrated this talk with the first hand knowledge Dr. O'Leary obtained recently with such a case at St. Joseph's Hospital. Since the literature yields only two series of such cases, one of fifty-two and the other of thirty-one, it was considered most fortunate to be able to have a case of such unusual interest to present at the staff meeting.

\* \* \*

It also gives us great pleasure to report that at the December meeting the new clinical laboratory facilities, now all moved and remodelled on the first floor, held an open house with Mr. Van Dell acting as genial host. This part of the meeting was enthusiastically participated in by all the staff doctors in attendance who praised both the improvement in the laboratory and Mr. Van Dell's hospitality. In fact some suggested that it should become an annual event.

\* \* \*

The dinners, served by the hospital, which preceded the staff meetings, were up to the usual high standard of excellence.

\* \* \*

It is reliably reported that after all regular staff meetings the internes hold a special session in the internes' quarters which is attended by many of the staff doctors who complain afterward that the internes somehow always come out financially ahead.

\* \* \*

During the Christmas season many gifts of candy, flowers, fruit, etc., were received by the Sisters, Nurses and Internes. They have requested me to extend their thanks and gratitude to all the generous donors who helped to make the Christmas Season a happy one even in the hospital.

\* \* \*

Congratulations are in order for Dr. Norbut, who just passed the Washington State Medical Board at the January exams. He further states that notwithstanding his frontline overseas duty and his experience with the National Board exams that the days just spent passing these exams were the roughest of his entire life. It is rumored that the rest of the internes are considering throwing a party to celebrate Dr. Norbut's survival.

\* \* \*

The Student Nurses report fine success with their candy and bake sales the proceeds of which went to fill Christmas baskets for certain needy families that the nurses as a group have been helping to care for.

\* \* \*

Dr. and Mrs. Madiera spent the Christmas holidays with her family in Oakland, California. A wonderful time was had in spite of the fact that the roads were so bad with snow and ice that they had to leave their car in Oakland and fly back.

Office Manager: "You were twenty minutes minutes late again. Don't you know what time we start work in this office?"

Office Boy: "No, sir, they're always working when I get here."

The Telephone Company put its new employe to work as collector of coins in pay phones. For two weeks after he got the job, he failed to appear at the office. Then one day he walked in nonchalantly and said he lost his key to the coin boxes.

"Where have you been?" stormed the manager. "The cashier has been holding your salary for you."

"What!" exclaimed the amazed neophyte, "do I get a salary, too!"

Young man (seated on bus): "Excuse me, madam, but you are standing on my feet."

Old Lady (frankly): "Yes. I kind of hoped you'd prefer to stand on them."

Breathes there a man with soul so dead,  
Who never once has turned his head

And in a sotto voice has said:  
"Humman, not bad."



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## Medical Sit-Down Strike

By Brigadier General E. M. Llewellyn

For the first time in the history of our country there exists an unofficial, but none the less real, medical sit-down strike. This mass refusal to serve, on the part of medical men, applies only to service with the military forces of the United States. Unquestionably, it is the result of misuse and, in some cases, the mistreatment of medical men who did serve their country during World War II.

Many men left the armed services after the war with a feeling of bitterness. In some cases this bitterness was deep rooted, much deeper than the typical GI gripe that covered any phase of military service from induction practices to discharge SNAFU's. Bitterness on the part of some veterans resulted from policy, in other cases, it resulted from service under individuals who grouped in one category could be listed under the military-civilian term of SOB.

Of the two causes, military policy is the easiest to correct, for the human factor will remain and can be figured accurately on any slide rule held up against the average group of men in service. Military policy on the other hand can be reviewed by those in authority and decisions can be made which will correct failures of the past.

Back of the present medical sit-down strike is the solid conviction on the part of medical men that there is large room for improvement in the use of doctors in uniform. There is also the firm belief that their badly needed talents were gravely misused during World War II, thus limiting their service to our country in its time of greatest need.

With this contention, the average "civilian soldier" is in complete agreement. Waste, in the regular services, of men, money, and materials, particularly in time of war, has too often been excused and whitewashed under the general heading of "preparation for unknown needs." Operating on this premise, medical men by the hundreds were held in reserve, many times in large replacement pools, while civilian communities, in the rear, overworked the few doctors left at home.

"Glasses as your eye  
physician prescribes them"

Contact Lenses — Artificial Eyes

**Columbian Optical Co.**

Ground Floor, Medical Arts Bldg.

Phone MAin 8212

Of course, this war waste of medical talent is now history; but misuse of medical ability is a continuing reality.

In dealing with this problem the "civilian soldier" realizes that when another war strikes, with its threat of atomic casualties, it is more than likely that doctors and nurses for the civilian population will be in far greater need than during the last war. We are faced, therefore, with a need for a solution of medical problems which may soon exist. And so, with the mistakes of World War II fresh in mind, let us resolve differences and solve problems.

When volunteers fail to volunteer, the military mind begins to think in terms of a draft. Under similar circumstances the civilian mind turns to salesmanship. The draft, if used, will supply medical services for military needs . . . no question about that; but resentments will increase to the detriment of both the medical and military professions, unless problems which build a need for the draft are attacked at their roots and eliminated. To sell the desirability of military service to a doctor today requires salesmanship, and salesmanship is made easy when the product is good. Medical service in the Army today does not have much to offer a first class physician.

The reasons why medical men dislike military service are painfully apparent to most MD's. No doctor with any pride, wants battalion service where he is limited to issue of CC pills and painting with iodine. Medical men want to improve their training through practice, wide, general practice and high type skilled practice. In many cases this freedom to practice is denied MD's while they serve in the forces and yet their talents are badly needed at all times. Medical men want the armed services to recognize, classify and make the proper use of this talent. On military duty they want only the physicians required to perform the job at hand. Doctors feel that Army red tape and administrative detail can be handled by others. If this policy was adopted by the military, physicians would be kept busy when on military assignments, doing the work they were trained to do, and they would be exercising the talent they have spent years to develop.

A second real complaint on the part of the medical men with military policy requires another major decision on the highest policy level. At the present time, military service is limited to those MD's who meet age-in-grade and physical requirements. Doctors argue, and the argument seems sound, that if a physician is fit to serve in a civilian hospital, he is fit to serve in a military hospital. The armed services, on the other hand, say that flat feet, eyesight, heart, kidney ailments and stomach ulcers must also be considered. When pinned down for a good reason, a long line of mumbo-jumbo ends with reference to possible combat service. The fact that only a small fraction of the doctors who don uniforms ever hear shells

(Continued on Page Seventeen)

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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.**  
 955 BROADWAY, TACOMA, WASHINGTON

(Continued from Page Fifteen)

fired in anger, doesn't seem to phase the military mind.

Because military and medical men differ on these and other minor points, there is a real shortage of doctors in the regular service, and the National Guard finds it next to impossible to interest medical men in their part time training program.

Demands of medical "sit-down strikers" seem to be, "first clean house and then we'll talk business."

As a citizen soldier, I am violently opposed to the present medical sit-down strike. I am also violently opposed to top military thinking which refuses to correct obvious mistakes in procurement and use of medical talent.

In trying to resolve this issue, we must remember that in time of war somebody must shoot and be shot at. All of us, it follows, cannot carry on in time of war, doing the things we did in time of peace and doing them in just the very same way. In other words, we cannot create a specially privileged group in the armed services, even if it would be a very talented special privilege group.

On the other hand, if we are to build a military machine capable of supporting our international commitments, we must eliminate waste or face inevitable bankruptcy. Therefore, to take intelligent men and train them medically for years, then place them in uniform and limit the use of valuable medical knowledge is asinine. To refuse the services of "limited service" medical people in time of peace and to accept their services in time of war is foolish. To draft three doctors for military service, when two would do, is also dangerous in the face of civilian home needs during times of peace or war. These problems must be resolved.

To send medical men to operate hospitals on islands in the Aleutians, one for the Army, another for the Navy, with manpower, supplies, buildings and equipment duplicated, will never build respect nor support for military leadership in the minds of civilian soldiers, who at heart are civilian always in their thinking. But these duplications did exist in time of war, and the memory of their existence still rankles in the minds of the wartime soldier and peacetime taxpayer. In the minds of some medical men, this "poor planning" stands for talent wasted, a crime greater than the waste of dollars involved.

The National Guard needs medical men. It needs men who are willing to make personal sacrifices now to keep America strong.

The Guard today is working to eliminate waste in National Defense. It is working hard to correct policy decisions of the past which cause frictions of the present. Should it become necessary to use the Congress of the United States to get action on some matters, the Guard will take that step.

In turn, the National Guard invites the medical profession to get back on the National Defense band-wagon. The principle of the sit-down strike

when applied to military defense of our country is unthinkable. This is no time for the medical profession to say in effect—play it our way or we won't play. Such an attitude is childish and dangerous.

Teamwork was the Eisenhower combination that gave the Allies victory in Europe. Working together, our people can crack wide open the hide-bound theories of outmoded military conceptions, present day military practices included.

## Water, Water Everywhere But Not a Drop

Have you ever been, to be concise  
A victim of your own device?

I had a case of marked retention  
Whose water-line was in ascension  
And who began to give me grief  
As he requested state relief  
He needed lots of help.

Contentions rise in this regard  
As does the tide if you retard  
The natural flow of micturition  
You need no special erudition  
To know such men want help.

I ran the water at the tap  
First hot then cold to aid that chap  
I ran it fast, then somewhat slow  
But naught of this would make him flow  
It really was no help.

A water-bag upon his pubis  
The nurse had said she always knew this  
To do the job in every case  
But not the slightest sign or trace  
Of anything like help.

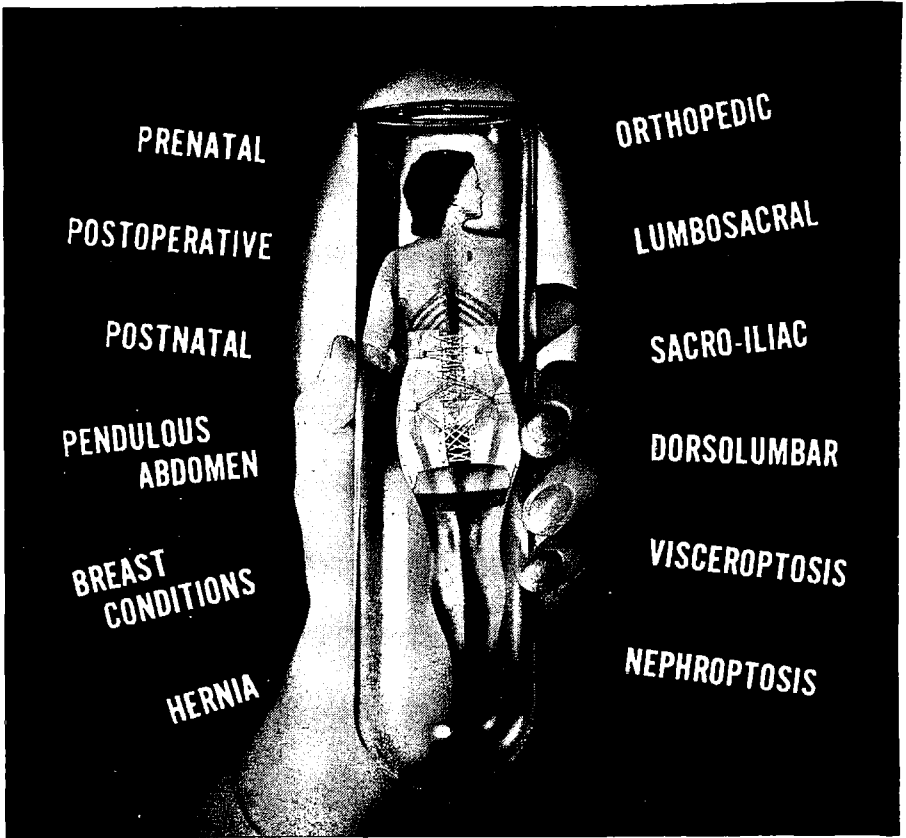
I heard if you would gargle water  
It tends to settle this disorder  
I gargled, sputtered, almost choked  
But nary drop did this evoke  
It wasn't any help.

Whistling has a certain vogue  
I tried some on this self-same rogue  
I whistled long with main and might  
Until my dentures lost their bite  
But it still didn't help.

No method known did I eschew  
I did all things I knew to do  
But when I stopped he didn't flow  
IT WAS I WHO FINALLY HAD TO GO.

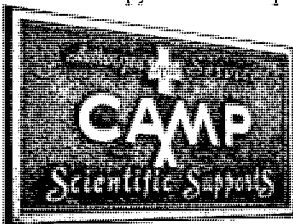
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J. H. Werk, M. D.,  
Port Jefferson, N. Y.



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## My Lament

By

WEARY O' WAITING

This is a rhyme in grumpety key  
Expressing the feeling of many like me,  
Who anticipate gladly a "Blessed Event,"  
Precious bundle of joy said to be heaven sent.

But patience is gone—and the reason I'm grumpy  
I'm just plain "durn" tired of being so lumpy.  
Maternity gowns, a grotesque re-creation  
That illusively covers (?) the new generation.

For after six months, my lady in waiting  
Finds nothing will flatter, when anticipating.  
A cotton lined barrel, much better would be  
Than a frock that is labeled for "Maternity."

Sure, there is a price—all women must pay  
For treasures worth while, at least that's what they  
say.  
But it's kinda tough paying each day and each  
night,  
For something that should be so lovely and bright.

The Doctor is cheerful—"you're doing just fine."  
Psychology?—"nuts"—it's the same threadbare  
line,  
"Keep busy, keep active, go out and have fun."  
That's what they will tell you—but how under  
the sun  
Can that be a pleasure when "what" you get into  
Makes you look like a fat man from far away  
Shinto.

Oh! hasten the day when I can relax  
And find comfort again in a trim pair of slacks.  
Can bend and can stretch with no huff and no puff.  
By golly, I guess I have made this sound tough.

Well, it's really just that, I've been thru this before.  
And the child that I have I really adore.  
That's why it's a privilege to "face it again."  
So don't mind too much if I "beef" now and then.  
For indeed I am blest, this burden to bear.  
There is nothing so dear as a child in your care.

You love them and teach them to do what is right  
And how you're repaid—little arms clasp you tight.  
"I love you so Mommie"—Ah! wonderful phrase,  
Those words I will cherish the rest of my days.

Guess Doctor was right and I am doing fine  
(If only that "Stork" could for once be on time.)  
It's this weighting and waiting that's getting me  
down,  
But if you'll look close, there's a smile 'neath the  
frown.

I'm so thankful for nurses, a Doctor that's swell,  
Who smiles at my troubles, he knowing full well  
We'll all pull together, wear a brave happy face,  
And successfully close a "Maternity Chase."  
T. G. H., 304 Bed 1.

## In Memoriam

ALBERT W. BRIDGE, M. D.  
1879-1948

When Dr. Bridge passed away last month the profession lost one of its most colorful and able members. Coming to Pierce County forty-two years ago he pioneered in prepaid medical care and always in an able and successful manner. That he had vision and imagination was proven by his extensive professional interests. He also had peculiar eccentricities of minor importance which caused criticism from some of his fellow practitioners. His long experience in the field of traumatic surgery gave him ability and his constant straightforward dealings established his reputation for honesty. He had many characteristics worthy of emulation.

L. A. H.

## Communicable Diseases

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period December 21, 1948, to January 20, 1949, inclusive:

Chickenpox .....	38
German Measles .....	10
Gonorrhea .....	16
Impetigo .....	4
Measles .....	26
Mumps .....	93
Poliomylitis .....	3
Ringworm .....	1
Scarlet Fever .....	42
Syphilis .....	12
Tuberculosis .....	27
Typhoid Fever .....	1
Whooping Cough .....	1

FOR SALE—Fischer Quartz 300+ cold ultra violet lamp, automatic timer, practically new, \$225, cost \$300. K. J. Andrisek, G.A. 1039, 4122 South Thompson.

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## Why Worry!

There are only two things to worry about:

Either you are well, or you are sick.

If you are well, then there is nothing to worry about.

But if you are sick there are two things to worry about:

Either you will get well, or you will die.

If you get well there is nothing to worry about.

If you die there are only two things to worry about:

Either you will go to Heaven or Hell.

If you go to Heaven, there is nothing to worry about.

But if you go to Hell, you'll be so damn busy shaking hands with old friends, you won't have time to worry.

The young husband came home from the office. "What's the matter dear?" he asked his young wife. "You look upset."

"Oh, it's been a dreadful day," his wife said. "First the baby cut his first tooth, then he took his first step, and then he fell and knocked out his tooth."

"Well, then what happened?" asked the young pop.

"Then, darling," cried the young wife unhappily, "then he said his first word!"

A friend asked Rastus if he had voted yet. "Yassah, I've voted.—How did ah vote? Well boss, it was dis way. Ah meets a Democrat on the street and he gibs me 'leben dollahs to vote his ticket—den ah meets a Republican and he gibs me seben dollahs to vote his ticket, so ah voted for the Republican because—day is de least corruptest."

A meddling old woman accused one of the contractor's workmen of having reverted to drink because "with her own eyes" she had seen his wheelbarrow standing outside the tavern.

The accused man made no verbal defense but that evening he placed his wheelbarrow outside her door and left it there all night.

"Which has more legs," asked the little boy, "a cow, or no cow?"

Puzzled, the fond parent did not know, but ventured the guess that a cow had more legs.

"No cow has eight legs," replied the young hopeful.

Sign in a restaurant: "Our silver is not medicine. Don't take it after meals."

Thrift is a wonderful virtue—Especially in an ancestor!

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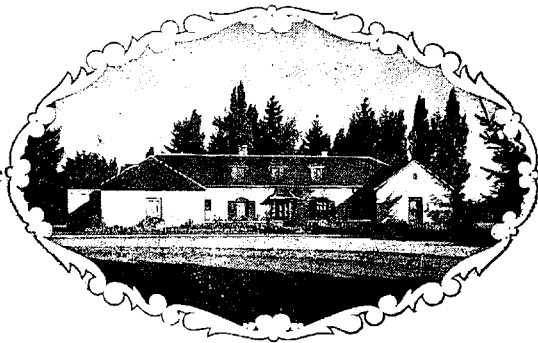
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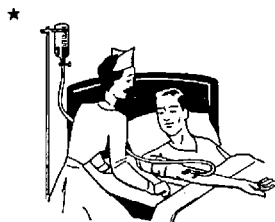
"When Moments Count"

**MAin 0524**

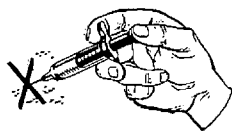
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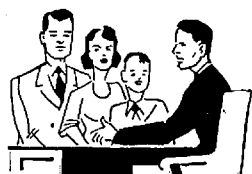
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\*New England Journal of Medicine  
293:331-333—Aug. 26, 1948

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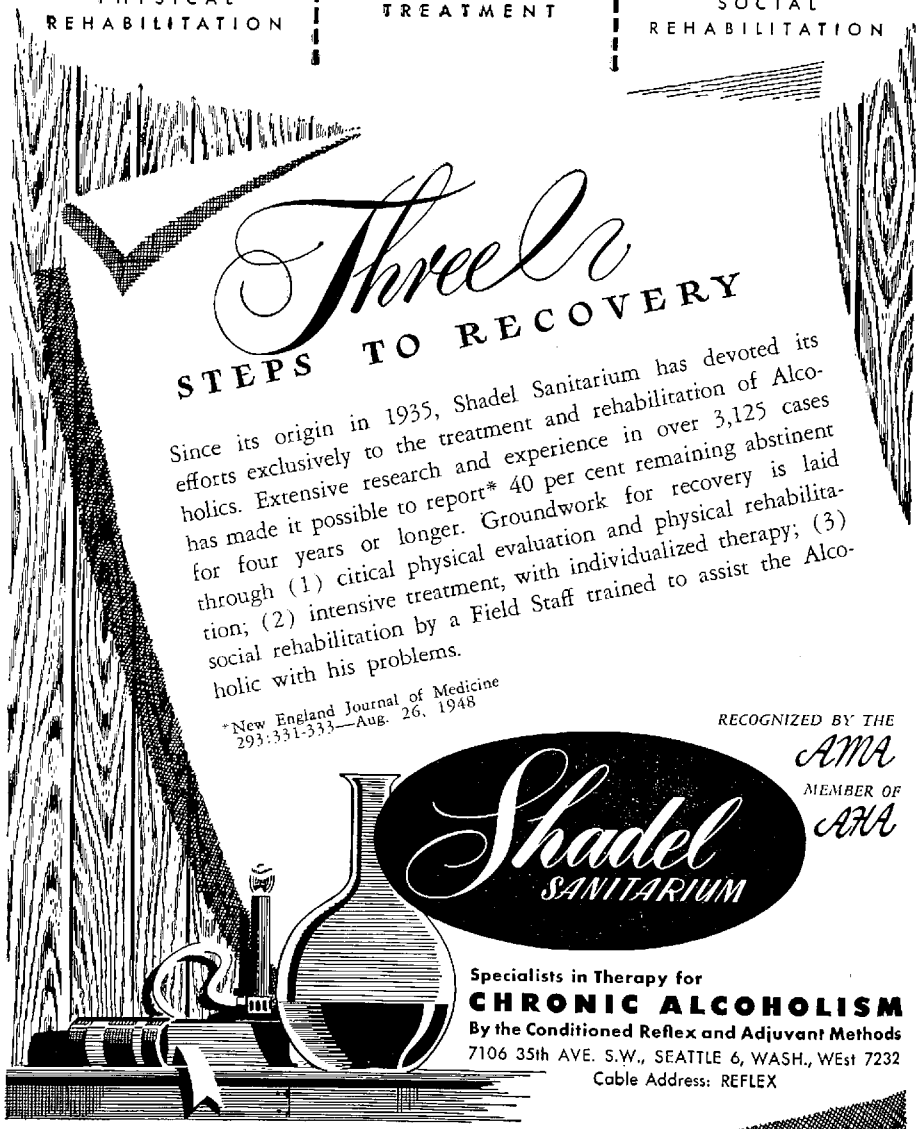
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# GLYKERON

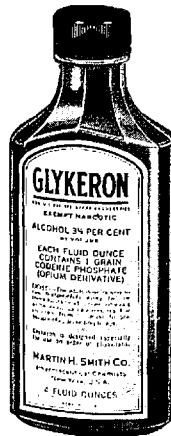
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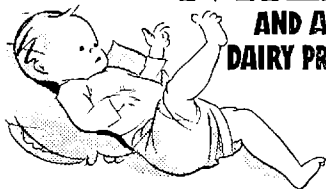
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Pre-medical education, College of Puget Sound; medical training, University of Louisville School of Medicine, 1943; interned at Springfield City Hospital, Springfield, Ohio; married and lives at 521 North Yakima Avenue.

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"Doctor," he said most respectfully, "did I understand you to say that a good poker player could successfully handle any sort of executive job?"

"That's exactly what I said," was the confident reply.

"Tell me, Doctor," asked the little man, "what would a good poker player want with a job?"

She: And after we are married, will you give me an allowance?

He: Assuredly, dear.

She: A liberal one? So that I may buy anything I like?

He: Of course, darling. You may spend my money just as fast as I make it. Any other question?

She: Yes. How fast can you make it?

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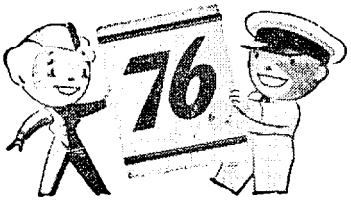
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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XIX—No. 7

TACOMA, WASHINGTON

MARCH, 1949



# Pierce County Medical Society

1948-1949

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# Program

March 8, 1949

8:15 p. m.

Medical Arts Auditorium

## The Treatment of Varicose Veins—

Henry N. Harkins, M. D.

Professor of Surgery, University of  
 Washington Medical School

## The Surgical Treatment for Carcinoma of the Intrathoracic and Abdominal Esophagus—

K. Alvin Merendino

Associate Professor of Surgery, Uni-  
 versity of Washington Medical School

## The Surgical Treatment of Elephantiasis—

Donald F. McDonald

Assistant Professor of Surgery (Urol-  
 ogy) University of Washington Medi-  
 cal School



## ***The President's Page . . .***

In proposing legislation to the Congress, many bills start with a statement of the problem to be solved and the objectives to be attained. Then follows the substance of the bill which contains the proponent's solution to the problem. It is possible for a bill to be drawn with very lofty objectives which no one can disagree with. There is apparently no requirement that the rest of the bill be consistent with the preamble. "TITLE I—DECLARATION OF PURPOSE" of S5, THE WAGNER-MURRAY BILL is reprinted here for your information:

### **"FINDINGS AND DECLARATIONS"**

"Sec. 101. The Congress hereby finds and declares that—

(a) good health is essential to the security and progress of the Nation and the promotion of the general welfare;

(b) ill health is a major cause of human suffering, family breakdown, economic loss, destitution, and dependency;

(c) the health of the Nation is a national concern; its preservation demands the fullest cooperation of individuals and governments, local, State, and Federal, in conjunction with voluntary and non-professional organizations, and calls for utilization of the Nation's resources to provide the needed health facilities and personnel;

(d) there are serious inadequacies in the availability of health services to the people of the United States; impeding the preservation and improvement of the health, vigor, and security of the American people;

(e) the development of adequate health service is essential to maintain and improve the efficiency, security, and well-being of the American people, to promote maximum employment production, and free competition in private enterprise, and to increase progressively the standard of living, welfare, and happiness of all the people of the Nation;

(f) it is the policy of the United States to take such steps and to utilize such of its resources as are necessary toward making adequate health services available to all our people regardless of residence, race, creed, color, or economic status;

(g) as a measure of common defense and national security, it is essential to establish a national health program to encourage the development of more adequate local health services and facilities throughout the Nation;

(h) to promote the general welfare of the people of the United States, the Congress hereby establishes a national health program (1) to aid and foster health and medical progress throughout the Nation; (2) to prevent sickness, disability, and premature death; (3) to promote personal relationships between physicians and patients; (4) to stimulate scientific advancement, research, and professional education in medical and related fields; (5) to promote the more effective coordination among general practitioners, specialists, nurses, hospitals, and other persons furnishing health services; (6) to enable patients to have more effective free choice in selecting their physicians; (7) to provide adequate health services consistent with the highest standards of quality; and (8) to be administered locally in accordance with American ideals of democracy and individual freedom and in conjunction with other preventive, diagnostic, and curative services, public and private, in a manner designed to preserve the customary freedom and responsibility of professional persons in the exercise of professional judgment as to the care of a patient."

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## ***Editorially Speaking . . .***

### **PUBLIC RELATIONS**

For several months two topics have been discussed in every medical journal and county bulletin in the nation. These articles concern various phases of efforts to influence pending Federal medical legislation and the improving of our so called Public Relations.

Because our Society and hospital staff meetings are concerned with scientific medical problems exclusively, state and county journals should bring some phases of medical economics to the attention of their readers.

Considering the subject of Public Relations, there is in the making an intensive nationwide effort to impress on every physician the hitherto unappreciated political importance of having friendly patients. The goal is, "every patient a friendly booster" and because implementing that program is a large undertaking, there is behind the effort a capable and experienced organization, to be financed, at least in part, by the recent assessment.

For this movement to take hold and be effective requires a large amount of continuous, thoughtful, purposeful effort. It is essentially a personal responsibility and is a portion of the foundation for successful political influence.

All doctors are friends with the majority of their patients but we must be friends with the minority as well. For every patient to be a friend is now one of medicine's goals. To accomplish this end, no fixed rules can be laid down and followed. Each doctor has his own peculiar personality and his own manner of practice. His speech and actions are his own but intentional friendliness knows no limits of professional application or of patient appreciation. No one can question that our spheres of political influence need to be strengthened and extended. These statements may sound to some of you too elementary and simple but we believe they correctly interpret an essential factor in the program of those we have chosen to advise and direct the medical profession during the present months.

Our individual responsibility is to make full use of our opportunities and in our patient contacts to extend our points of view as far as possible.

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## The Old Fear of New Ideas

Shirley Basch in Survey Graphic

Americans a century ago were fiercely divided on the question of tax-supported education for all children. No punches were pulled. The opponents had nine main arguments and in flowing oratory they presented them.

History seems to be running the film over again today, this time on national health insurance. The strange thing is that the arguments are exactly the same as those of a hundred years ago. The quotations in the column to the left, with one exception, are from the Philadelphia National Gazette, 1830.

### Universal Education National Health Insurance

#### 1. Only those who can pay have a right to it.

The "peasant" must labor during those hours of the day which his wealthy neighbor can give to the abstract culture of his mind; otherwise the earth would not yield enough for the subsistence of all. Languor, decay, poverty, discontent would soon be visible among all classes.

The assumption that people have a "right" to health is as false as the notion that everyone is entitled to freedom from want. Nothing could be more viciously destructive of initiative, effort and progress. Health is a privilege, not a right. (Edward J. Stieglitz, M. D., in "A Future for Preventive Medicine," 1945.)

#### 2. The idea is foreign to our country.

Some of the writers about universal public instruction and discipline seem to forget the constitution of modern society and declaim as if our communities could receive institutions . . . like those of Sparta . . . No government, no statesman, no philanthropist can furnish what is incompatible with . . . civil society.

We need look no further for evidence that this legislation embodies proposals which find no roots in the soil of free America . . . The system here proposed is alien to the deepest instincts of the American people. (National Physicians' Committee in "Compulsion the Key to Collectivism," 1946.)

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#### 3. It should be left to private enterprise.

Education generally, to be effective, must be left to the enterprise and competition of individuals . . . The whole business of teaching school should be thrown open to private enterprise and free competition, just like . . . running a shoe factory. (Zachary Montgomery in "The School Question," 1866.)

The broad purpose is nothing else than the shifting of responsibility from its three-fold traditional base—the individual, the medical profession and the local community—to the Federal Government and the states. (The Nation's Business, 1940.)

#### 4. Government must not concern itself with it.

It is an old and sound remark that government cannot provide for the necessities of the people; that it is they who maintain the government, and not the latter the people.

That the protection of the health of the citizen is a natural function of government is debatable. The best government is that which governs least, and all history persuades us that freedom is smothered by increasing government paternalism. (L. S. Goin, M. D., California Medical Society.)

#### 5. Political bureaucracy will be rampant.

In this country, nothing could prevent (public education) from becoming a political job, if a government concern.

Shall patients and doctors retain their freedom of judgment, or shall this freedom be surrendered to a federal bureaucracy? (H. H. Shoulders, M. D., 1946 presidential address to American Medical Association.)

#### 6. Requiring people to pay for its support is dangerous.

Authority—that is, the State, is to force the more eligibly situated citizens to contribute a part . . . of their means for the accommodation of the rest, and this is equivalent to the idea of an actual, compulsory partition of their substance.

Compulsion is the key to Collectivism . . . The Wagner-Murray-Dingell proposals . . . would introduce a compulsory tax to pay for a compulsory service . . . directly affecting the most vital and most sacred function of each individual citizen. (National Physicians' Committee, 1946.)

#### 7. It is "Agrarianism"—or "Socialism."

The scheme of Universal Equal Education at the expense of the State is virtually Agrarianism. It would be a compulsory application of the means of the richer for the direct use of the poorer classes.

Frauds like compulsory health insurance . . . anticipate . . . State medical service for everybody. That is Socialism, as unadulterated as if it came from the sanctified pen of Karl Marx. (The Nation's Business, 1940.)

#### 8. It will destroy initiative and ambition.

One of the chief excitements to industry among the working classes is the hope of earning the

means of educating their children respectably and liberally; that incentive would be removed, and the scheme of State and equal education be thus a premium for comparative idleness, to be taken out of the pockets of the laborious and conscientious.

Ambition is destroyed . . . when all the provisions of socialized medicine are put into effect . . . The proposed bill . . . makes it possible for the Government to take . . . earnings . . . of conscientious moral workmen . . . and give them to the lazy, shiftless, immoral individuals for sickness which they may have largely brought on themselves by riotous, immoral living. (Edward H. Ochsner, M. D., Chicago Medical Society, 1946.)

9. *It will lower standards.*

Universal Equal Education is impossible . . . unless the standard of education be greatly lowered and narrowed.

Compulsory insurance . . . would inevitably result in a serious—even criminal—deterioration in . . . medical care. (National Physicians' Committee, 1946.)

—Jackson County, Mo., Medical Bulletin.

## The General Practitioner

Before any physician can be a competent specialist, he should be a good doctor and should be well acquainted with all of the diseases of the human body. It, therefore, might be well to urge that the specialty boards require that each applicant have at least three years' experience in general practice before specializing, and that hospitals reserve a major portion of their resident training positions for men with such experience. The specialty training program then could be lessened, because out of his own experiences the physician would have acquired unusual training that especially fitted him for any type of medical practice.

The general practitioner is a vital part of our system of medical care. He should not be denied the proper use of available hospital facilities. There are certain intricate procedures that must be limited to specialists in that field, and the competent general practitioner will recognize his limitations. Our present system of medical care is very complicated, and no one can cover the whole field. The specialist and the general practitioner are equally necessary.—Cleon A. Nafe, M. D., in Journal of Indiana State Medical Association.

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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

The March meeting will be held on Tuesday, March 8th, at Jackson Hall, Tacoma General Hospital. There will be a business meeting at 2 o'clock. At 2:30 the Mental Hygiene Group will present Dr. Gert Heilbrunn of Seattle as speaker for the afternoon. The nurses from St. Joseph's Hospital will furnish music for the occasion. The meeting will be followed by a tea hour under the chairmanship of Mrs. Philip Kyle. The general chairman for the meeting will be Mrs. Everett Nelson.

Volunteer workers for Blood Bank in January were Helen Vandenberg, Jeannie Schwind, Oleva Jones, Elsie Wolf, Ruth Johnson, Lorraine Kunz and Edith Link.

Medical Auxiliary aided in the Chest X-Ray program by supplying 24 volunteer workers for the unit working in the Medical Arts Building.

Barbara and Joey Lasby welcomed a baby sister, Michele Agnes, on January 19th.

Gudnie Howe and Doctor vacationed in California in January. They first visited daughter Betty (Mrs. Pete Wanger), at Burlingame. Then they resorted at Deep Well, Palm Springs and experienced hail and snow storms on the desert.

Ruth Light reported a very happy vacation in California.

Merle and Dr. Herrmann left on February 18th for a two weeks stay in San Francisco.

Our thanks and congratulations to Jean Vadheim for she not only raised the required money for the nurses' scholarships but also filled our depleted coffers.

Two hundred thirty doctors and wives spent a very enjoyable evening at the "Top of the Ocean" February 17. The well laden plates bore mute testimony to the popularity of the smorgasbord. Our congratulations and thanks to the men's committee, consisting of Doctors Arnold Herrmann, Frank Rigos, R. Brooks and E. R. Anderson for their very successful party.

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**PERSONALS . . .**

We understand Dr. Ross Wright is preparing a paper on "Pruritis Ani." Although the subject is kin to many etiologies it resolves itself eventually down to one common factor—you always get it in the end—anyway.

\* \* \*

Dr. John Verhalen writes from Palm Village, California, that he continues to miss the happy days spent in Tacoma with its friendly professional spirit. John will be welcomed any time he sees fit to return.

\* \* \*

Perhaps you were told over the phone a few days ago that a local automobile firm expected two new cars the next day and would be glad to give you immediate delivery. You may have been temporarily stunned but hope you weren't too impressed with your importance. They used the classified section of the telephone directory and missed no one.

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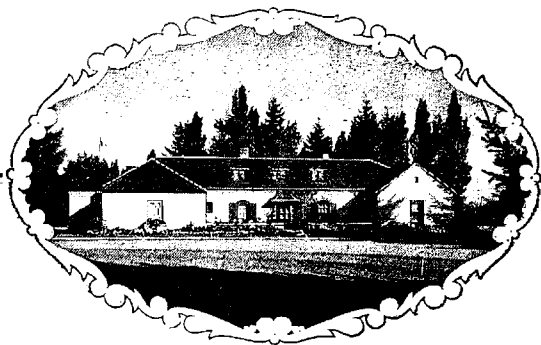


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## See Thyself . . .

By Donald A. Dukelow, M.D., M.S.  
*Health Director, Community Chest and  
 Council of Hennepin County, Minn.*

As an interlude in a series of articles discussing health services, let us step aside and look at the person who dispenses those health services with the critical view that he uses in studying his patients. Let us look at the physician as an individual and a family man, rather than as a public servant. In fact, let us, as physicians recognize for a change that we are of the same flesh and blood, suffer the same illnesses and find pain as unbearable as do our patients.

During the war when a significant portion of our colleagues were ministering to the medical needs of our military forces, a heavy burden fell on those who were left at home. Many men who were about to retire stayed in the harness for additional years. Some returned from retirement, particularly in smaller communities, to help out during the emergency. Everybody's work was increased almost beyond the limits of physical and mental endurance. With the return of those in the armed forces, it was thought there would be a chance to let up. But the increased demand for medical service and the fact that many of the young men are continuing on in school, left all of us imbued with a strong sense of responsibility to the community.

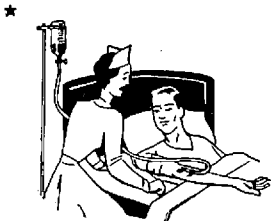
Things are now becoming somewhat stabilized. It is time now for us to remember that we are not only physicians to those who are ill, but we are obliged to lend part of our minds to think through the problems of better community living, the social aspects of medical practice, the training of our successors, and the protection of the better parts of our way of practice. We also should spend some time in protecting ourselves physically from those degenerative diseases that are inevitable, but with some care can be postponed. Review your list of friends, your associates in medicine, your classmates. How many of them have come to an untimely death because they strained themselves beyond all reason in trying to keep up with the Joneses socially, and trying to outdo their associates professionally? How many of them would be alive today if they had taken to heart, themselves, the advices they so freely gave to incipient coronary cases, to their hypertensive patients, or for that matter, practically everybody over forty-five or fifty?

By and large doctors get very little fun out of life. Their early adult years are spent in the most arduous kinds of study and their study period, a period of dependency, lasts twice as long as the comparable period for most other professions. They then go into the long period of building up a practice. Many physicians now practicing got their start in the depression; as things developed, followings increased and the income from practice became reasonable. Doctors hesitated to take time off or to slow their pace for fear they might miss an opportunity to be of service, or more bluntly, the chance to make another dollar. In my acquaintance there are a great many physicians who spend so little time with their families that they are hardly acquainted with their own children. Now, while there is hope, would be a good time to look toward the future and plan a pace of living that not only would allow an enjoyment of children and home life, but possibly even the enjoyment of grandchildren.

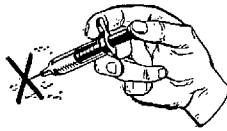
The immediate answer that many of you have on the tip of your tongue is, "There is a shortage of doctors; if I don't do this job, who'll do it?" Obviously that is no answer. Broken health resulting from overwork will more completely remove you from providing the service you feel you must give, than if you should take a small fraction of that time to help fit the profession more closely to the community needs.

Perhaps you resolve that, after all, you are working pretty hard. Some change would be helpful. So you pack up your fishing kit, or put your golf clubs on your shoulder, or maybe oil up your gun, and go out for several hours or days of violent exercise, possibly in a hot sun, or maybe shivering on a cold lake, and expect the fatigue of this kind of a change to do you some good. Yes, even physicians make errors of this kind against which they might lecture their patients severely. Most Doctors can do strenuous exercise of this character if they train for it and build up gradually, but too much middle age recreation is merely unnecessary and thoughtless abuse.

Out of this I wish to leave one thought that might make you as useful a citizen as you are a physician. Spend enough time with your family to get acquainted, to understand the problems of your children and to help them learn the attitudes that are necessary for successful living in the complicated world they will inherit. Spend a bit of your valuable time putting some of your experience to the benefit of your community so that the community will be a better place in which to live and medical practice in the future will be as attractive to new-comers as it was when you started medical school. Remember that it is important to enjoy life and that a change of pace may allow you to live long enough to play with the third generation.



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\*New England Journal of Medicine  
293:351-353—Aug. 26, 1948

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## The Hospitals . . .

### St. Joseph's Hospital

The regular staff meeting of the St. Joseph's Hospital Staff Doctors was held on February 21, 1949. Dr. George Rickles, Dr. Myron C. Kass and Staff presented a most timely program on Psychotherapy, both Brief and Prolonged with a Series of Case Reports to illustrate each type. This helps the other staff Doctors who refer cases to psychiatrists to be able to more intelligently answer the questions of their patients in regard to the type and length of treatment and the possibilities of temporary and permanent results. The program also helped to clear away a great deal of the fog of confusion that so often surrounds psychiatric cases and gave us all a much clearer picture of how the referring doctor can help both the referred patient and the psychiatrist in obtaining satisfactory results.

\* \* \*

The St. Joseph's Hospital School of Nursing Glee Club entertained the Doctors at the regular staff meeting with the following selections: "Kentucky Babe," "My Hero," "Silver Lining," "All the Things You Are," "Song of the Blue Danube."

These were very well received and the Director, Mr. Hajella, Sister Marie Geraldine, and all the nurses should be very proud of such a fine musical organization. The doctors have requested that they perform again in the near future.

\* \* \*

Dr. Will McNerthney was a patient at St. Joseph's Hospital for several days, but we are happy to report that he is up and about again and we know that with all the good wishes of his fellow Doctors and loyal patients he will soon be entirely well again.

\* \* \*

Mrs. Bader, wife of Dr. Bud Bader of Western Clinic was a patient in St. Joseph's Hospital where she underwent major surgery, but is now reported to be convalescing satisfactorily at home. We all wish her a speedy recovery.

\* \* \*

The Student Nurses' Valentine's Day Dance at Normanna Hall was highlighted by several comedy skits done by the orchestra in hill billy costumes and using pantomime to go along with the records played in the manner of the original "Three Make Believes" who started at Lake Forest College, Illinois, and wound up in the movies in Hollywood.

\* \* \*

It is noted with considerable pride and satisfaction that Dr. Hinton D. Jonez' Research Work in Multiple Sclerosis at St. Joseph's Hospital has received national recognition this week when Congressman Thor C. Tollefson of Tacoma introduced a bill into Congress to set up a "Federal Institute for Research in Multiple Sclerosis" similar to those for cancer, poliomyelitis and heart disease.

### Pierce County Hospital

In meeting the demands for the care of welfare patients under Initiative No. 172, the Pierce County Hospital is confronted with seemingly constant difficulties and problems. It is to be hoped that within a few more weeks we will be over the "shake down" period, and that the present many irksome demands upon the hospital, which are difficult or impossible to promptly and adequately meet, may be more satisfactorily met. Also, that the equally aggravating (to the doctors of the new courtesy staff) delays regarding admissions and scheduling of operations may be better adjusted. Increasing experience and better familiarity with details on the part of doctors, hospital personnel, the patients and the public should bring an easement in the situation.

A certain degree of patience and forbearance is necessary, due to the following unfavorable situations:

There are not nearly enough surplus beds in the County Hospital to accommodate the increased welfare patient load under even ideal observances. If there were even a 25 per cent bed vacancy, this vacancy does not necessarily affect the general bed availability, because so many of these vacant beds are scattered in special wards, such as in the obstetric, pediatric, psychiatric, contagious disease and clean surgery wards. At present, there is always an embarrassing overflow of general beds into the corridors on all floors.

As long as Pierce County is without a separate chronic unit, the acutes and chronics must be received in the same wards at random, placing them wherever there may be an available bed, thus unavoidably causing confusion and poor segregation with regard to certain categories of diagnosis and preventing any successful attempts at systematic placing, as well as causing much dissatisfaction to the both the resident staff and the visiting staff. The present difficulties in scheduling operations are due to: (a) The sudden greatly increased demand for the use of the operating rooms. (b) Insufficient operating rooms and space. (c) Insufficient number of surgery nurses for 168-hour weekly duty. (d) A rigid budget, which does not allow for additions to the pay roll, except in dire emergencies, and by special appropriation, which is exceedingly difficult to obtain.

To reduce over-hospitalization and consequent wastage of time, effort and materials, the profession at large is asked to observe the following considerations:

(1) Not to send patients into the hospital for admission during the night hours, as a convenience to avoid a night home call or to avoid a call into the suburbs. The house staff is under instructions to refuse admission when they are reasonably cer-

(Continued on Page Fifteen)

The new minister was talking to the oldest inhabitant.

"I be 97 years old, sir, and I haven't an enemy in the world," said the aged one.

"That is a beautiful thought," said the clergyman approvingly.

"Yes, sir," was the answer. "I'm thankful to say that I've outlived them all."

Rastus and Eliza were out roller skating when Liza suddenly fell. Immediately she flopped over and came to her feet again with remarkable agility. "Did you all see how quick Ah recovered mah equilibrium?" she asked.

"Ah shore did," answered Rastus. "And almost afore I noticed it was uncovered."

Visitor at asylum: "Do you have to keep the women inmates separated from the men?"

Attendant: "Sure. The people here ain't so crazy as you think."

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(Continued from Page Thirteen)

tain that hospitalization in any given case is not indicated, especially when there is a serious shortage of beds. Due consideration will be given, of course, to any extenuating circumstances.

(2) Not to prescribe beyond reasonable limitation either medication or laboratory procedures, especially on the basis of an over-the-phone diagnosis, of a patient not yet seen by the referring doctor. (This has happened in several instances).

(3) Please remember that the hospitalization period should be kept at a reasonable minimum, and that consultation is readily available to this end. The administration and the chiefs of the service of the regular staff reserves the right to ask for consultation of any case where it may expedite diagnosis, treatment or undelayed discharge from the hospital. A fairly rapid over-turn in bed occupancy is going to be necessary if enough beds are to be available to meet the legitimate demands under the provisions of Section 15 of the Senior Citizens Act.

(4) The determination of surgical and obstetrical rating of new courtesy staff members is made by the Surgical Committee of the Staff, the Executive Committee concurring, and the Board of Trustees ratifying. Efforts are being made to be fair and equitable in these listings according to the ability and training of the applicants. They may not necessarily conform to the ratings in other local hospitals. The internes and residents of the Pierce County Hospital are still accorded the privilege of first assistantship at all operations, whether welfare or marginal cases.

(5) Upon discharging the patient, the attending doctor to a welfare case is to prescribe what medicine may be necessary. These prescriptions are to be filled outside the hospital. Strict attention to this detail is essential, especially in diabetics using insulin. The rules do not allow the hospital to supply patients with drugs for future use when discharged from the hospital.

(6) All rules regarding written orders (no verbal orders to nurses) as progress notes, consultation notes, histories and physicals, and operative records, remain in full force and effect. Your friendly cooperation in all these matters will be very much appreciated.

There are two main classes of patients under Initiative No. 172 in this hospital, namely, the welfare recipients and the marginal (medically indigent) cases. The welfare cases have private patient status. The use of the term "welfare" rather than that of "private" is suggested, as a matter of perhaps more proper usage. The marginal cases, whose care is not paid for by the welfare, and under this Act is the great forgotten class, will continue to be cared for by the regular visiting and house staffs.

The privilege of using any or all cases in the hospital for teaching purposes is granted by the Board of Trustees.

The success or failure of the hospitalization portion of medical care in this county under Initiative No. 172 will depend very largely upon the spirit shown and the cooperation given by every member of the Pierce County Medical Society. May we appeal to your generosity, fairness and honesty, to the end that we will be able to render satisfactory service to you and your patients, insofar as it is possible under the varying circumstances, which do and may continue to beset us.

## Tacoma General Hospital

The monthly meeting of the Tacoma General Hospital Staff was held on February 1st in Jackson Hall. The first topic for discussion was the Emergency Room service at this hospital. Dr. Deming then gave a paper on the methods of diagnosis and treatment of amebiasis which was discussed in turn by Dr. H. Anderson. A representative from the Harrower Laboratories showed a medical film on Gastroscopy.

Several members of the hospital personnel attended a meeting of the Washington State Hospital Association held on February 7. The delegates profited much by a paper on "Medical Records and the Point Rating System of the American College of Surgeons" given by Mrs. Helen Myers, R. R. L., Tacoma General Hospital Medical Record Librarian. Some important excerpts from her paper are given here.

She quotes Dr. Lucius W. Johnson, an A. C. S. inspector: "I expect to find disclosed in the Medical Record Department the character of the hospital; the ethical and professional standards of the staff, the effectiveness of the administration, the relations of the staff members toward one another and toward their obligations to the hospital. The mute evidence contained in the records often gives a

(Continued on Page Seventeen)

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(Continued from Page Fifteen)

more lurid picture of conditions in the institution than does the information gained from all other sources."

She continues, "In order that the Medical Record may more nearly approach its objective of 85 points in the American College of Surgeons point rating system, it is not only desirable, it is mandatory that first, an active and progressive form of systematic education, adequately supervised, be undertaken through medical staff meetings, medical schools, etc., in order that members of the medical staff, internes, externes and hospital personnel responsible for any portion of the medical record are made cognizant of, and kept fully informed as to their responsibility for careful and detailed accounting; second, that an active Medical Committee, fully instructed as to their duties and responsibilities, be appointed, to be composed of doctors who, by their meticulous attention to detail on their own records, have demonstrated their interest in the improvement of the medical record as it now exists; and third, that a complete medical audit be regularly conducted and closely adhered to by all. We may suppose that if the story of the care and treatment of the patient is of sufficiently high standard, the care and treatment will be equally good and the hospital has satisfactorily justified its existence in the community."

Mrs. Myers concludes, "If your medical records have attained and maintain a rating close to the maximum number of points, you may feel sure that they are and will be used in group study, for research, and for teaching purposes, because your medical staff will be glad to avail themselves of records they have been required to keep to a high standard, as a source of invaluable information in the advance of medical science for the benefit of those who are now lying ill and for those who in some future time may be in desperate need of things that only doctors and hospitals can supply."

A post-graduate course in Diabetes and Nutrition held recently at the University of Oregon Medical School was attended by Drs. David Johnson, Moosey, Quevli, Skinner and Vandenberg. Mrs. Schluss, dietitian, and Miss Forsberg, medical clinical instructor, also were present. Leading instructors for this course were Dr. Palmer of Seattle, the Holcombs, of Portland, and Dr. Arthur Colwell, of Northwestern University.

Dizzy Gob: "I came to see my friend. How's he getting along?"

Nurse: "Oh, he's getting along just fine. Did you wish to see him? He's convalescing now."

Dizzy Gob: "That's all right—don't bother him. I'll just sit down and wait until he's through."

## Army Seeks Civilian Doctors For Panama

Permanent appointments, in the Civil Service, for physicians now exist in the Panama Canal Medical Service, Major General Raymond W. Bliss, the Army Surgeon General, reported recently.

Salaries range from \$5,599 to \$7,794, with free transportation to the Canal Zone provided for physicians, their families and household goods. Return transportation is provided upon completion of a minimum of one year's service. In addition doctors who receive appointments get two months paid vacation (including time lost by illness) and reduced fares on Panama Canal passenger vessels.

Physicians who desire experience in a tropical country under standard American living conditions may avail themselves of an unusual opportunity for broad general and tropical medical training in Central America.

Requirements for positions paying \$5,599 to \$6,540 are: Graduation from an approved medical school; license to practice medicine in a State; ability to pass a standard physical examination; completion of one year internship in a hospital approved by the American Medical Association.

Requirements for positions paying \$6,540 to \$7,794 are the same except that a minimum of three years of post-internship experience is required.

Medical officers accepted under the program will serve as physicians in out-patient treatment centers maintained by the Health Department of The Panama Canal in populous areas of the Canal Zone. All centers, whether large or small, are adequately staffed by graduate nurses and pharmacists, the Surgeon General said.

Physicians who are interested in a position as medical officer in the Panama Canal Zone should communicate with Chief of Office, The Panama Canal, Washington, D. C. Applications also may be submitted to the U. S. Civil Service Commission, Washington, D. C.

## Pablum as a Vehicle for Initial Egg Feedings

Not infrequently babies resist the first feeding of egg. The mixing of Pablum or Pabena with soft-boiled egg when this important food is offered to the infant for the first time may overcome this initial resistance. After the soft-boiled egg is opened and the contents are placed in a cup, stir from 1 to 3 level tablespoons of Pablum or Pabena, depending on the consistency desired. This makes a uniform mixture.

For literature and professional samples of Pablum and Pabena, write Mead Johnson & Company, Evansville 21, Indiana.



**The rooster's legs  
are straight.**

**The boy's are not.**

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Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

One of the surest and easiest means of routinely administering vitamin D (and vitamin A) to children is MEAD'S OLEUM PERCOMORPHUM WITH OTHER FISH-LIVER OILS AND VIOSTEROL. Supplied in 10-cc. and 50-cc. bottles. Also supplied in bottles of 50 and 250 capsules. Council Accepted. All Mead Products Are Council Accepted. MEAD JOHNSON & COMPANY, EVANSVILLE 21, INDIANA, U. S. A.

## Letter to the Editor

Lewis Hopkins, M. D., Editor  
 Bulletin of Pierce County Medical Society  
 Medical Arts Building  
 Tacoma, Washington

Dear Doctor:

In the main I have enjoyed and appreciated the logic and fairness demonstrated in your editorials, also your willingness to consider the points of view of others. Because of your invitation I should like to submit my reactions concerning Federal Medicine.

First, I am definitely opposed to regimentation, regardless of what power enforces it, therefore I am opposed to Federal Medicine which will do just that to both the patient and the physician.

Secondly, I am apprehensive of the results which will follow the disruption of proper doctor-patient relationship when scientific medical practice is supervised by unscientific government officials or scientifically trained politicians.

Therefore, I believe that members of the medical profession should unite to do all possible to serve all who need service, and to educate all classes of people to the value of scientific medical care. This service must be rendered in such a way that all who need it may have it and so they will be so well satisfied that they will not be interested in looking elsewhere for it.

We have a wonderful government of the people, by the people, and for the people. We will have only ourselves to blame if we do not keep it that way.

In a democracy such as ours the inherent rights of all are protected. It is only natural, however, that in all things, excepting an individual's conviction concerning his relationship to the Almighty, the will of the majority should establish social and economic policies. I believe that the medical profession should use every fair means possible to educate that majority to believe that the principles of free enterprise applied to the practice of medicine, will be best for the health and economics of all.

To do this educating, I am in favor of uniting our minds and our money voluntarily. I am in favor of contributing, but I am not in favor of the undemocratic method of assessing any member, and particularly members who have the right to, and may believe in Federal Medicine. To assess them, on penalty of expulsion from their medical society, to support a plan to which they are opposed is certainly not my understanding of the American way. I hope that there were not many doctors whose convictions were against free medical practice. Be that as it may, compulsory assessment practiced in our medical organizations will cer-

tainly give our enemies plenty of ammunition with which to smear our methods.

Now comes the \$64.00 question. If Federal Medicine becomes a fact should doctors pledge themselves to non-cooperation?

Federal Medicine can only come by an act of our government. If we, the people, have elected a government which institutes Federal Medicine in any form, we must remember that that government represents the will of the majority. It then becomes the duty of every minority group whether doctors or others to cooperate until the majority can again become educated to another way of thinking.

We, of the medical profession, are among the first to condemn any individual, or group which threatens non-cooperation with our government. Let us always demonstrate that we can remain real, democratic Americans even if we happen to fall into a minority class for a while. Even though Federal Medicine did catch most of us asleep at our desks, I believe that it would be our duty as citizens to cooperate until the day when the "deluded" majority will again see things according to our way of thinking.

Sincerely,

Lawrence E. C. Joers, M. D.

## Convention in Portland in June

The Tenth Annual Spring Post Graduate Convention in Ophthalmology and Otolaryngology will be held in Portland, June 19-24, 1949. Another fine program has been arranged by the Oregon Academy and the University of Oregon Medical School. We are particularly fortunate in having four outstanding men in their respective fields as guest speakers.

Dr. Lawrence R. Boies, Professor of Otolaryngology at University of Minnesota Medical School, Minneapolis.

Dr. Leland Hunnicutt, Associate Clinical Professor of Otolaryngology at University of Southern California, Los Angeles.

Dr. James H. Allen, Professor of Ophthalmology at Iowa State University School of Medicine, Iowa City.

Dr. Edmund B. Spaeth, Professor of Ophthalmology at Graduate School of Medicine, University of Pennsylvania, Philadelphia.

There will be lectures, clinical demonstrations and ward rounds.

Preliminary programs will be out about May 1st and you may secure yours, and further information, from Dr. David D. DeWese, Secretary, 1216 S. W. Yamhill Street, Portland 5, Oregon.

Important: In order to make the course more personal and practical we will be forced to limit registration to 125.

## *A Message to the Medical Profession*

For thirty-five years we have consistently co-operated 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.

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## Doctor Recruiting Urged

A special medical advisory committee tonight urged James Forrestal, Secretary of Defense, to start a countrywide drive to recruit nearly 4,000 doctors and dentists for the armed forces by December.

It asserted that medical students who completed their courses during the last war, while others were in uniform, were under "moral obligation to serve" now.

The committee, set up to advise Mr. Forrestal on the medical needs of the armed forces, termed the shortage of doctors and dentists "critical."

It asked the Secretary to begin a recruiting drive immediately "directed mainly toward approximately 15,000 young men who were deferred from service (in World War II) in order to complete their professional training."

The committee estimated that by July 30 the armed forces would be short 1,600 physicians and 1,160 dentists. By December, it said, the shortage would be about 2,200 doctors and 1,400 dentists.

## Doctors Have Said:—

Judaeus—A. D. 845-940: "Ask thy reward when the sickness is at its height, for being cured the patient will surely forget what thou didst for him."

Ambrose Pare—1510-1590: "Mere knowledge without experience does not give the surgeon self-confidence."

Jerome Carden—1501-1576: "Do not talk to other people of yourself, your children, or your wife."

Sir William Osler—1849-1919: "Not to take authority when he could take facts, not to guess when he could know, not to think that a man must take physic because he is sick." "A physician needs culture as well as learning."

Walking along a street a man was attracted by frightened screams from a house. He ran to investigate and found a frantic mother whose small boy had swallowed a quarter. Seizing the child by the heels, he held him up, gave him a few shakes and the coin dropped to the floor. The grateful mother was lost in admiration.

"You certainly knew how to get it out of him," she said. "Are you a doctor?"

"No, madam, I'm from the Internal Revenue Dept."

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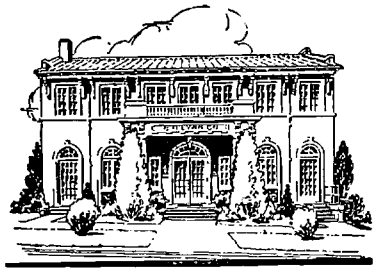
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A psychological and alcoholic education through trained lay staff members is of vital importance. Also, in many instances, introduction into group therapy, such as Alcoholics Anonymous, is recommended and can be arranged by staff members. A program 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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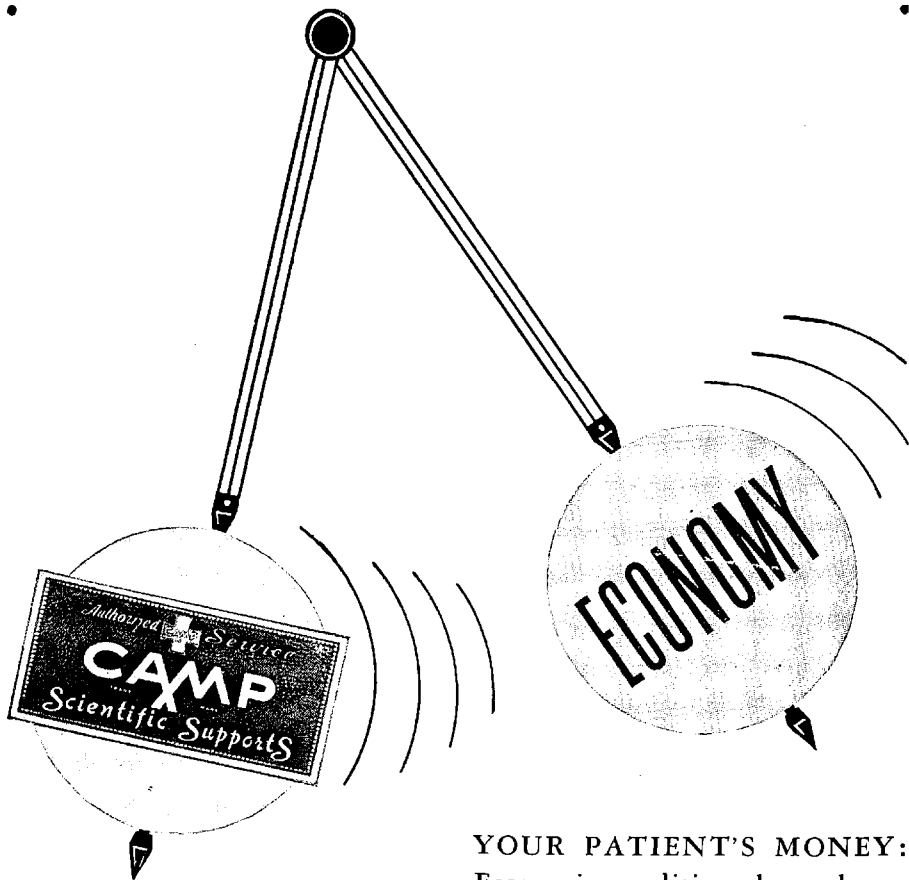
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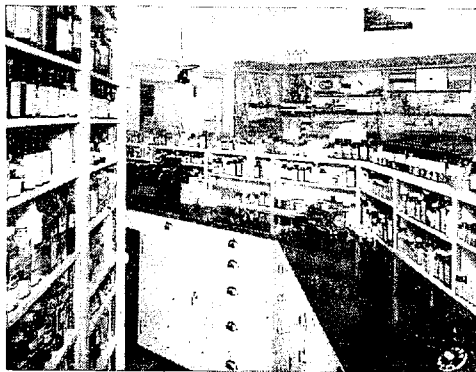
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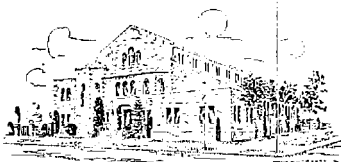
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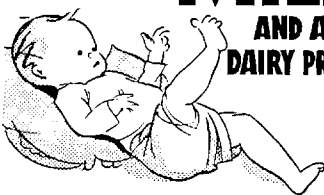
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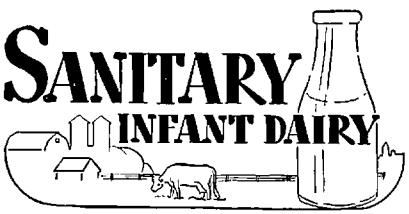
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"Misguided patriots, lacking in the solid comprehension of the true meaning of democracy, aim their poisonous barbs at institutions of higher education and mistakenly believe that communistic or other subversive propaganda is being ground out by the colleges and universities," Dr. Clothier declared.

"Here and there it is doubtless true that a teacher has fallen short of his high duty in this respect, but nothing could be more absurd than to charge our institutions, as institutions, of such subversive action. Absurd or not, however, the colleges face a very real danger in this menace. We must jealously guard this priceless gift of academic freedom and we must look appraisingly, even suspiciously, at every seemingly innocuous maneuver to take it from us."

"Democracy does not exist," Dr. Clothier pointed out, "nor will it continue to exist because of any constitution, set of laws or other legal or governmental structures. Democracy exists and will continue to exist in the measure in which, given such democratic structure, the people themselves are not aimless, passive, unthinking enjoyers of freedom but are purposeful, dynamic, responsible, and resourceful defenders of the faith."

"We must remember too," he continued, "that popular education is not in itself a guarantee that a nation will be democratic. The high literacy rate of the German people during the Hitler regime provides a sufficient proof of that and honestly compels us to admit that right here in our own country there are customs and practices which make us uneasy in contemplating whether we yet fully understand democracy or have achieved it. The attitude of our American people toward public affairs is only too well demonstrated in the recent presidential election in which a mere 47,000,000 citizens—barely more than 50 per cent

of the potential number—voted, and yet the secret ballot is the cornerstone upon which freedom and democracy are built.

### American Academy of General Practice

The first annual meeting of the American Academy of General Practice will be held March 7, 8, and 9, 1949, at the Netherlands Plaza Hotel in Cincinnati, Ohio.

The Congress of Delegates will meet at 10:00 a. m., Sunday, March 6, 1949, preceding the Assembly, and again on Tuesday afternoon, March 8. Scientific papers will be presented on Monday and Tuesday and on Wednesday morning. The presidents and secretaries of the constituent state chapters will meet at dinner on Monday evening, and a banquet will be held on Tuesday evening.

Members wishing to make reservations may write Chairman, Subcommittee on Hotels, American Academy of General Practice, Dixie Terminal Building, Cincinnati 2, Ohio.

### Communicable Diseases

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period January 21, 1949, to February 20, 1949, inclusive:

Chickenpox .....	81
German Measles .....	106
Gonorrhea .....	10
Impetigo .....	12
Measles .....	59
Meningitis-Meningococcus .....	1
Mumps .....	112
Poliomyelitis .....	1
Ringworm .....	2
Scarlet Fever .....	141
Syphilis .....	7
Tuberculosis .....	6
Vincent's Infection .....	2
Whooping Cough .....	1

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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XIX—No. 8

TACOMA, WASHINGTON

APRIL, 1949



# Pierce County Medical Society

1948-1949

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President-Elect.....	E. C. Yoder
Vice President.....	Miles Parrott
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# Program

April 12

## Medical Arts Auditorium

### Carcinoma of the curpus uteri--

Russell R. de Alvarez, M. D.

Dr. de Alvarez received his B. S. degree at the University of Michigan in 1931, M. D. in 1935 and M. S. in 1940 at the same institution. He interned at the University of Michigan Hospital and later was assistant resident, resident and instructor in obstetrics and gynecology at the same hospital. After serving as consulting obstetrician in the Department of Postgraduate Medicine, University of Michigan and for Michigan State Medical Society and Michigan Department of Health, he served as Lieutenant-Commander in the United States Navy until 1946. From 1946 to 1948 he was instructor in obstetrics and gynecology at the University of Oregon Medical School and associate attending gynecologist, University of Oregon Hospitals. Dr. de Alvarez is now professor and executive officer, Department of Obstetrics and Gynecology, University of Washington Medical School and obstetrician and gynecologist-in-chief at the King County Hospital. He is a diplomate of the American Board of Obstetrics and Gynecology, fellow of the American College of Surgeons and a member of the Central Association of Obstetricians and Gynecologists, Oregon Society of Obstetricians and Gynecologists, Washington State Society of Obstetrics and Gynecology and the Editorial Board of the Western Journal of Surgery, Obstetrics and Gynecology. Dr. de Alvarez is the author of several medical articles.

## ***The President's Page . . .***

You will each soon begin to receive some material from the National Education Campaign of the American Medical Association. The directors of this campaign describe an immediate objective and a long term objective. The first is the defeat of the compulsory health insurance program in Congress. The second is to put a permanent stop to the agitation for compulsory health insurance.

The proponents of Government Medicine have been very active in selling the program to the public. The campaign directors employed by the American Medical Association are emphatic in pointing out the necessity for active participation by most of the practicing physicians, if the public is really going to have real knowledge of both sides of this issue. Quite properly, it is assumed that if the public were really well informed, and could buy voluntary health insurance coverage, the pressure on Congress to defeat the proposition would be tremendous.

At the national, state, and county levels, there will be activity in this campaign to educate the public. The importance of individual physicians educating their patients and friends ranks very high in the plan of strategy. Any physician who does not devote a reasonable amount of time and effort now may be spending much more time and effort for the rest of his life filling out the forms for the Federal Bureau.

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## ***Editorially Speaking . . .***

The young doctor leaned back in his new office chair—in fact he put his feet on the desk and completely relaxed. He partially closed his eyes and allowed his thoughts to wander far from the Journal article he had been reading. A check for his modest income tax was in the mail and with a balance still in his checking account why shouldn't the day be bright? He had not been too long on the road of experience every doctor must travel but this day he had a feeling of special thankfulness that fate or fortune had been good to him. He looked at the diploma on the opposite wall, a small framed parchment that said all men should know he was entitled to certain rights and privileges. Why shouldn't that possession be reason for a little pride and self praise as he reviewed a small portion of the effort and self denial the diploma represented? Within himself he knew he was capable of doing good work because his training had been thorough and well directed. Teachers who had meant so much to him came vividly to his mind. They were rare men possessed, it seemed to him, of an inexhaustable store of wisdom and understanding. Certainly they lived their daily lives on a high plane of ability and service. Then his thoughts went far back in history and he saw some of the medically great pass in a long splendid procession of accomplishments. He remembered how against heavy odds of ignorance and prejudice they added bits of vital information to the slowly growing store of knowledge as to man's body and its functions. For the recent years he well knew how rapidly the circle of discovery continues to enlarge and that the discoveries are his to the limit of his ability to possess.

Pictures of his parents stood on his desk and he wondered if he could ever appreciate the great share they had had in bringing him where he was today. The years when he had taken so much and had given so little in return.

Maybe it was an added appreciation of the makings of a doctor but more likely it was a patient he heard coming into his reception room. Anyway his feet were again on the floor, he was smoothing out his office coat and something had been added as he readied himself to meet the patient in his best professional manner.

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## Minutes of Regular Meeting February 8, 1949

The regular meeting of the Pierce County Medical Society was held on February 8, 1949 in the Medical Arts Auditorium. In the absence of Dr. Humiston, Dr. Miles Parrott, Vice-President, presided. Minutes of the previous meeting were read and approved.

Dr. Wendell Peterson was introduced, who, in turn, introduced Dr. James Miller, an instructor at the University of Washington Medical School, who gave a paper on the subject of "The Painful Shoulder."

He stated that in youth the usual cause of painful shoulders is fracture or trauma only and that the problem of evaluation and diagnosis is primarily concerned with middle and late age patients.

In making a diagnosis he stressed the importance of a careful history, physical examination and the use of the x-ray.

Dr. Miller said that there are several conditions which can produce a painful shoulder joint. Among them he spoke of acute calcification of the supraspinatus tendon. He mentioned that in this condition there is no active motion in the shoulder due to intense pain. He stated that there is usually an old calcification in which some minor trauma has produced calcium ion mobilization, with the result of pain. The X-ray is very helpful in diagnosis. In the treatment Dr. Miller felt that X-ray therapy was the best, although needling and lavage of the area can be used and sometimes surgery is required. He emphasized the fact that the doctor should see the patient again to make sure that the full range of motion has been obtained.

Another condition which Dr. Miller mentioned is periarthritis of the shoulder, sometimes known as adhesive capsulitis. He stated that this may be brought about by either a minor or major trauma and that atrophy of the shoulder muscles may result. In the treatment he recommended a pendulum swing of the affected arm, with the patient bending forward, posterior flexion, wall climbing, internal rotation and physiotherapy. In severe cases the shoulder may have to be manipulated under anesthesia. These patients should be hospitalized.

so that in the followup treatment the doctor can be sure that the patient is exercising the joint ten to fifteen minutes out of each waking hour.

The third condition causing a painful shoulder is muscle tendon cuff tears. These usually occur in middle age or older patients who have a jerking type injury. They are painful and have a marked limitation of motion. In the examination the patient is unable to get the arm away from his body. The X-ray may be negative and if the X-ray is negative in this group of patients with a painful shoulder the proper diagnosis is a tendon cuff tear. Dr. Miller felt that the best treatment for this condition is an airplane splint for three to four weeks and then gradual mobilization, although there are those who feel that these tears should be repaired surgically.

Another condition which may develop is serratus anticus palsy. This condition may be present in all age groups and a diagnostic feature is winging of the scapula. To observe this the patient must be viewed from behind. The etiology may be from a toxic condition such as severe colds or from trauma to the ribs which injures the long thoracic nerve of Bell. Dr. Miller felt that the best treatment was a posterior figure of eight bandage, heavy doses of vitamin B, heat and massage. The patient will usually return to normal in from six to twelve months.

The paper was discussed by Drs. Peterson and Alison.

The application of Dr. Robert Bond was given its second reading and Dr. Bond was elected to membership.

Dr. Rigos made a report on the chest X-ray survey, in which he stated some 22,850 had been X-rayed up to Monday night, February 7.

Dr. Arnold Herrmann made an announcement regarding the meeting with the Woman's Auxiliary at the Top of the Ocean on February 17.

The amendments to the Constitution and By-laws of the society were then voted upon individually, as a motion made by Dr. Baskin and seconded by Dr. Rigos, which would have allowed voting by title only, did not carry.

The proposed amendment of Article IV, Section 2, of the Constitution, was adopted.

The proposed amendment of Article V, Section 3, of the Constitution, was regarded as too indefinite and was referred back to the committee for clarification.

The proposed amendment to Article VI, of the Constitution was adopted.

The proposed amendment of Section I, Chapter 1 of the By-laws was adopted.

The proposed amendment of Chapter I, Section 3, Paragraph 1, of the By-laws, was adopted.

The proposed amendment of Chapter I, Section 3; Paragraph 2, of the By-laws was approved.

The proposed amendment to Chapter I, Section 3; Paragraph 3, of the By-laws was adopted.

The proposed amendment to Chapter I, Section

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3; Paragraph 4, of the By-laws was adopted.  
 The proposed amendment of Chapter I, Section 3, Paragraph 4 (b) was adopted.  
 The proposed amendment to Chapter III, Section 1, of the By-laws was adopted.  
 The proposed amendment to Chapter III, Section 3, of the By-laws was disapproved.  
 The proposed amendment to Chapter IV, Section 1, of the By-laws was adopted.  
 The proposed amendment to Chapter IV, Section 2, of the By-laws, was adopted.  
 The proposed amendment to Chapter IV, Section 4, of the By-laws was approved.  
 The proposed amendment to Chapter IV, Section 5, of the By-laws was adopted.  
 The proposed amendment to Chapter IV, Section 6, of the By-laws was adopted.  
 The proposed amendment to Chapter IV by the addition of Section 7 was adopted.  
 There being no further business, the meeting was adjourned.

**Doctors Have Said:—**

"Should adversity befall a physician, open not thy mouth to condemn, for each hath his hour."  
 —Judaicus, 845-940  
 \* \* \*  
 "A remedy thoroughly tested is better than one recently invented."  
 —Ambrose Pare, 1510-1590  
 \* \* \*

"There's nothing really difficult if you only begin. There would be no coral islands if the first bug sat down and began to wonder how the job was to be done."  
 —John S. Billings, 1838-1913  
 \* \* \*

"Hilarity and good humour . . . a nature sloping towards the southern side, help enormously both in the study and in the practice of medicine."  
 —Sir William Osler, 1849-1919  
 \* \* \*

"Imperturbability means coolness and presence of mind under all circumstances. It is the quality which is most appreciated by the laity though it is apt to be misinterpreted as callousness. The first essential is to have your nerves well 'in hand."  
 —Sir William Osler, 1849-1919

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# WOMAN'S AUXILIARY

## *To The Pierce County Medical Society*

The April meeting will be held on Thursday, April 21st at two o'clock at the Annie Wright Seminary. This will be a Silver Tea given by doctors' and dentists' wives for the benefit of the Cancer Control Program.

Every member is urged to be present and to bring a guest. There will be three numbers by the Annie Wright Glee Club, directed by Karl Weiss.

Mr. Jess Smith, outstanding young pianist, will play the following selections "The Maiden and the Nightingale," Granadies, "Etude," Chopin, and "Punchinello," Rachmaninoff.

Mr. Joseph Blum of Seattle, Executive Director of the Washington Division of the American Cancer Society will speak briefly on "Cancer—A Foe that can be Beaten."

Mrs. Edwin Yoder is General Chairman for the Tea and Mrs. Ross Wright is the program chairman.

Blood Bank volunteers in February were Rose Monahan, Elsie Wolf, Muriel Nelson, Jeannie Schwind, Helen Vandenberg and Hilda Lantiere.

Two new members of the auxiliary are Mrs. Bader and Mrs. Carte.

There are 127 paid up subscriptions to Hygeia. Scholarship Fund is now \$386.50.

The March meeting under the chairmanship of Mrs. E. P. Nelson was very successful. 150 people attended the lecture "Psychiatry Today," by Gert Heilbrunn.

Following the lecture was a tea hour under the leadership of Mrs. Phil Kyle, Mrs. E. P. Nelson and Mrs. J. Vadheim poured and other assistants were Mrs. McBride, Mrs. Fargher and Mrs. Thordarson.

The flower arrangement by Mrs. W. H. Goering was very attractive.

On March 10th the nurse recruitment group under the chairmanship of Mrs. James Mattson entertained 300 girls interested in the nursing profession.

After a brief talk by Miss Glynn the girls saw

### OFFICERS FOR 1948-1949

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Vice President.....	Mrs. E. R. Anderson
Second Vice President.....	Mrs. John R. Campbell
Corresponding Secretary.....	Mrs. H. L. Maier
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Social.....	Mrs. James Vadheim
Publicity.....	Mrs. Scott Jones
Hygeia.....	Mrs. Ross Wright
Public Relations.....	Mrs. James Mattson

pictures and Kodachrome studies of student nurses at work and play.

Cakes and cookies were served by Mrs. Wahlberg, Mrs. Hsieh, Mrs. Reynolds and Mrs. Larson.

Congratulations are in order for a son, Roger John, to Barbara and Dr. Teats on March 9th and a son, Christopher William to Dr. and Mrs. Burroughs of Puyallup on March 12th.

Are your dues paid? If not send them now to Helen Florence.

Marjorie Nace, Edith Link and Oliva Jones plan to accompany their husbands to Vancouver, B.C., on April 1st.

Helen Bell sent greetings from Rio de Janeiro in February.

Rose and Dr. Griffin had a wonderful vacation, first two weeks in March. First to New York by air where they stayed five days. They saw the current plays and the high light of their stay was a dinner given by the Press Club in honor of General Marshall. Then by air to Cincinnati for a three-day Convention of the Academy of General Practitioners. There the visiting ladies were entertained very nicely by doctors' wives of Cincinnati. Then the Griffins flew to Pennsylvania for a three-day visit, then home by air.

A stenographer defines a wolf as a modern dry cleaner. He works fast and leaves no ring.

—o—

"What's worse than being a bachelor?"  
"Being a bachelor's son."

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## February Chest X-Ray Program

Tacoma has made history! It is the first to reach its goal of 100% of the five cities in which a fast tempo mass survey has been made. On March 3rd 73,736 miniature chest films had been taken, of this number 73,197 by the survey team and 539 by other agencies, thus reaching 105% of our goal.

However, that is only the first chapter of our program.

The four United States Public Health Service physicians who read those films have reported of that take 1508 show abnormal findings. To all those persons have gone a confidential letter asking them to return to headquarters for a 14x17 inch confirmatory film. The Retake Clinic processed 1438. Of the 70 who did not respond to our letter 35 went to their own physicians or to the chest clinic. The remaining 35 were reviewed by the Headquarters Medical Staff and 17 were definitely recommended to be followed up by the local Public Health Department.

From those findings we enter our third step—that of the Recall Clinic. In all other cities "finis" has been written at the completion of the second step. Here in Tacoma we are again taking a lead through the development of the Recall Clinic, an outgrowth of much thought and planning by the Pierce County Medical Society who are its sponsors. The abnormal findings of the confirmatory 14x17 inch film will be explained to the individual on appointment by a physician, and all assistance possible will be offered in getting that information to his own physician for further follow-up.

Both clinics have had the able help of the Red Cross Gray Ladies who have volunteered many hours. To them we are greatly indebted. A volunteer of the Red Cross Motor Corps has made it possible to deliver at the request of the patient the 14x17 inch film to his physician. Both clinics have been staffed by nurses lent to us for the duration of the program by the City Public Health Department. Their gracious and efficient manner has added much to our program.

We acknowledge sincere appreciation to the Medical Staff of the United States Public Health Service whose every effort has been untiring and cooperative.

The splendid public response to the entire program has been a great factor in its success. Both the Retake and Recall clinic figures evidence the interest of those concerned.

To the hundreds of volunteers who served as hostesses at our four permanent and six temporary downtown locations, we give a big vote of thanks. Without their valuable and courteous help this program could not have been carried out so successfully. These hostesses were members of the following clubs and organizations:

- Pierce County Medical Auxiliary
- Pierce County Dental Auxiliary
- Sigma Kappa Alumni
- Junior Women's Club

- First Christian Church Women's Council
- Catholic Women's Club
- Japanese Methodist Ladies
- St. Luke's Memorial Women's Council
- Women's Christian Temperance Union
- First Baptist Church Ladies Club
- First Methodist Church Ladies Club
- Alpha Phi Alumni
- Kappa Kappa Gamma Alumni
- Tacoma Day Nursery Board
- Pi Phi Alumni
- Gamma Phi Beta Alumni
- American Association of University Women
- Council of Jewish Women
- Tacoma Junior League
- Mary Ball Chapter D. A. R.
- McChord Field Officer's Wives' Club
- C. Z. Chapter P. E. O.
- Sea Scouts

We are proud of our job and justly so. I am sure, but what of our future? The Executive Committee of this program fully realizing the responsibility with which it has been charged has by committee action planned to meet monthly until all findings from the survey have been placed in the proper hands. This is the only means of protecting the gains of the survey. You as prominent citizens in Tacoma naturally share in our concern over the legacy left us by the survey and can evidence this by a continued interest in all civic health problems through voluntary support.

Elizabeth C. Whitman (Mrs. H. S.)  
 Program Director  
 February Chest X-Ray Program  
 of Tacoma, Inc.

## Communicable Diseases

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period February 21, 1949 to March 20, 1949, inclusive:

Chancroid .....	3
Conjunctivitis .....	4
Chickenpox .....	100
Diarrhea .....	2
German Measles .....	331
Gonorrhea .....	21
Influenza .....	7
Impetigo .....	19
Measles .....	85
Meningitis .....	5
Mumps .....	125
Poliomyelitis .....	1
Rheumatic Heart .....	4
Ringworm .....	4
Scarlet Fever .....	103
Septic Sore Throat .....	4
Syphilis .....	18
Typhoid .....	1
Tuberculosis .....	29
Virus Pneumonia .....	1
Whooping Cough .....	2

# ANNOUNCEMENT

---

Dr. J. Robert Brooke, Charles Griffith, Hazel Mackey and Staff will no longer operate Halco Sanitarium after March 31, 1949.

*Watch your bulletin for announcement of the opening of our new modern Sanitarium.*

We wish to thank the Pierce County Medical Society and its member physicians for their past support and cooperation.

With our modern Sanitarium we will be better able to serve you in the future.



# The Hospitals . . .

## Tacoma General Hospital

A meeting of the Tacoma General Hospital Medical Staff was held on March 1, in Jackson Hall. Dr. George Cole presented a paper discussing treatment for asthma and migraine. A film on the early diagnosis of cancer was shown. Several recommended changes in the by-laws of the medical staff were discussed. These changes are available in printed form for study by the staff.

A high-light in the lives of the members of the class of September, 1951, of the School of Nursing, was Sunday afternoon, March 27th. The fifty-one neophyte nurses received their caps and were formally admitted to the School of Nursing.

The annual convention of the Washington State Nurses Association will be held in Tacoma on April 6, 7, 8 and 9. Miss Robertson and Miss Schenk of the T. G. Nursing Staff are on the planning committee for this convocation. Miss Pearl McIver, president of the American Nurses Association will be one of the guest speakers at the meetings.

Recruiting has been almost completed for the year, and a large class of students is expected in September. Miss Kraemer, who is usually delegated to speak for the student nurse recruitment for Tacoma General has been invited to discuss nursing in many high schools in Western Washington.

## St. Joseph's Hospital

### STAFF MEETING

Dr. Lewis Hopkins gave an excellent review of the material in Oscar Ewing's report to the President entitled "The Nation's Health, A Ten Year Program." It was brought to the attention of the seventy-five Doctors present that the views presented belonged to Mr. Ewing and in no way reflected the official plans of the hospital or the personal opinions of Dr. Hopkins. However the reason for the presentation was to bring all the Staff up to date on what the Federal Government proposed in the way of complete medical and surgical coverage for all residents in the U.S.A. extending from the cradle to the grave. A lively discussion followed in which the following points were brought out: (1) The program stressed free choice of doctors and the doctors had a right to refuse cases. (2) The nation needs more doctors than are being graduated, hence Federal Aid to medical and nursing schools and students will soon be inevitable. (3) Costs to be borne by payroll deductions of one and one-half per cent of all wages and salaries up to \$4800 per year excepting those in agriculture, domestic service and the self employed. (4) The plan if enacted by Congress to have a three year transition period for setting up the administrative end before going into operation. (5) The need for the provision of adequate hospital

beds in all communities and the full use of those already available.

Following the above discussion the question of St. Joseph's Hospital opening fifty beds to patients under No. 172 was introduced and discussed pro and con with the suggestion being made by Dr. Humiston that a representative of the Board of Governors contact Dr. Brown at Pierce County Hospital in regard to using these beds only after all beds at County Hospital were filled in order not to increase the operating cost of the County Hospital. It was agreed by a majority of those present that this should be done.

### CLINICAL PATHOLOGICAL CONFERENCE

An interesting case of mesenteric thrombosis was presented by Doctors McColl and Berquist at the conference of 23 March. It is urged that all Staff Doctors pick up the case history one week in advance of the next meeting as it is a long and complicated one and will require study before the conference if all the points of interest are to be successfully brought to light.

### INTERNES

Dr. Regan has successfully recovered from a bout with the flu, proving that illness is no respecter of the position of persons attacked.

Mrs. Madeira is on a vacation trip to her family in San Francisco and vicinity. We all hope that she has had as many sunny days there as we have recently enjoyed here.

### PERSONALS

Dr. O'Connell has recently completed a trip with a patient to the Mayo Clinic and reports that he was able to witness many new things of medical interest in the Research Department there. Also that on the way home he stopped at his Alma Mater, Marquette, and was able to arrange for a residency in the near future.

It is reliably reported that our excellent Miss Good of the surgical nursing staff will leave us soon to embark on the sea of matrimony. Best wishes from all the staff are in order at this time.

Our Seattle correspondent informs us that Mrs. Hiram Lawrence, nee Catherine Corvari, formerly of the surgical nursing staff, is infanticipating. It is requested that all personal friends please confirm.

## General Practice Chapter Meeting

The Pierce County Chapter of the American Academy of General Practice held its bi-monthly meeting March 22 at 8:00 p. m. The program was as follows: Coronary Heart Disease, George S. Cole, M.D.; Report of the Refresher Course on Medical Therapeutics held at Portland, March 14th to 18th, Robert S. Lantieri, M.D., and Jos. L. Hansen, M.D.

Hillis F. Griffin reported his impressions of the Annual Academy meeting at Cincinnati which he attended on his recent plane trip to several east and mid-west cities

## Chest Physicians Annual Meeting

The Board of Examiners of the American College of Chest Physicians announces that the next oral and written examinations for Fellowship will be held in Atlantic City, June 2, 1949. Candidates for Fellowship in the College, who would like to take the examination, should contact the Executive Secretary, American College of Chest Physicians, 500

North Dearborn Street, Chicago 10, Illinois.

The Fifteenth Annual Meeting of the American College of Chest Physicians will be held at the Ambassador Hotel, Atlantic City, June 2 - 5, 1949. An interesting scientific program has been arranged for this meeting, and speakers from several other countries are scheduled to appear.

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## PERSONALS . . .

The State Board of Health have changed Quarantine rules requiring "warning" placards to be displayed only for meningitis, polio, scarlet fever and septic sore throat patients.

Dr. George Smith has retired as Director of Health in Tacoma Public Schools. This is a full time position. Anyone interested in considering this position may get full details from Howard R. Goold, Superintendent of Schools.

Two youths, recently arrested in Tacoma charged with stealing automobiles, demonstrated to police officials how it is done. Requiring only to get into the car, which they could do in short order, they were able, with a hair pin or two, to drive away with any make car except a Chevrolet. They usually avoided cars with locked doors unless there was sufficient time to work unseen.

Physical hobbies and avocations are the choice of most of our doctors according to a recent survey by Dr. Frank Rigos. Details next month.

The Medical Library is moving into space formerly occupied by the doctors cloak room and the Nurses Registry. This will give the library much badly needed space and allow the former library room to be converted into a conference and committee room. Also more details next month.

Dr. Charles P. Larson is the Tacoma member of the Washington State Executive Committee of the Cancer Society.

Our society has been invited to hold its May meeting at Madigan General Hospital at Fort Lewis. The scientific meeting will be preceded by a dinner at the hospital. Further particulars will appear in the May Bulletin.

The Detroit Medical News asks—"Do you know why they call them the Dark Ages?"

"Because there were more knights in those days."

A Post Graduate Course in Internal Medicine was held at King County Hospital March 14-18. Three men from Tacoma took part in the program: E. James Fairbourn, M.D., "Nutrition in Therapy;"

Treacy H. Duerfeldt, M.D., "Why Treat Asymptomatic Syphilis;" Frank R. Maddison, M.D., "Sterual Marrow Biopsies."

The following Tacoma men attended the course: Drs. J. B. Robertson, N. E. Magnussen, Burton Brown, E. J. Johnson, E. W. Wahlberg. They received an excellent course.

## The Ten Greatest Advances In Medicine

Literary historians and critics are fond of such exercises as selecting the ten greatest novels, the six greatest poems, or the five greatest short stories. Historians engage in similar discussions as to the greatest military leaders or administrators. It is an interesting and not entirely unprofitable occupation for it does bring before us the greatest intellectual monuments that man has created, and more important still, it gives a true perspective of progress. This last is particularly the case with scientific or social advances.

The subject of the greatest discoveries in medicine has been somewhat neglected and it might be well to name those which could well be considered the ten most significant in the history of medicine. Naturally such selections are a matter of opinion and there will be disagreements as to single selections, or the reader may wish to compile a list of his own.

The following is one list that contains ten developments, any one of which would be difficult to do without in modern medical practice:

1. The Hippocratic Code of medical ethics.
2. The use of the ligature in the control of hemorrhage.
3. The discovery of cinchona, the first important specific in therapy.
4. Smallpox vaccination, which has saved more lives, prevented more blindness, disfigurement, and human misery than any other one medical discovery.
5. Discovery of the bacterial origin of disease, the work of Pasteur and Koch.
6. The development of antiseptic and aseptic surgery (and obstetrics).
7. Discovery of the transmission of disease by insects or other animal vector.
8. Discovery of general and local anesthesia.
9. Diphtheria antitoxin.
10. The x-ray.

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## Notes from School of Medicine

Early in January the first portions of the new buildings for the Division of Health Sciences were sufficiently near completion to permit the schools of medicine, dentistry and nursing to begin to move into their new quarters. Units A B and C of the eight under construction are now functioning actively.

The dental school is conducting its clinical activities daily Monday through Friday. The new dental clinics are an impressive and inspiring sight. There is no doubt but that the dental clinics and the dental development throughout the new school represents the most carefully planned and the best that has been constructed to date. The dental school and clinics occupy the entire B unit with the exception of the upper floor which houses a portion of the clinical research laboratories for the School of Medicine.

Wing A which houses the library and auditorium is in active daily use. The library furnishings are now completely installed and all of the thirty thousand volumes collected for this library to date are located in this new unit. The small glass partitioned reading and conference rooms in the library are proving to be a very practical and popular development. Students seem to prefer them to the larger reading room for they can freely discuss problems without disturbing other library occupants. There are over five hundred current medical-dental-nursing periodicals on the shelves of the current periodical room which has been developed as a casual area. Open stacks are located on the main library floor so that students may browse through them. The closed stacks, micro film rooms, library work room, and seminar areas are on the floor directly below the main library area.

The Auditorium, located directly above the library is becoming a popular gathering place. Recently it has held meetings for the King County Medical Society, Seattle District Dental Society, North Pacific Society of Internal Medicine, Mendel Club of Seattle University, post graduate course in cancer for physicians, special courses for the school of fisheries. It is gradually being "booked up" for months ahead for school and associated professional group meetings. Complete installation of lighting and projection equipment will not be finished in the auditorium until late spring. Every effort is being made to have this a valuable teaching area from the audio-visual angle.

The administrative units for the schools of medicine and nursing now occupy their new quarters in Unit C with the dental administration adjoining in Unit B. On the upper floors of Units B and C the clinical research areas for the School of Medicine are being put into action. Temporarily the department of pathology is occupying a portion of the area that will eventually house biochemistry. Research activities in the department of medicine also occupy part of the future biochemistry area until more of the basic science units are completed

and permanent readjustments can be made late this summer. The second year medical and dental students are now receiving their instruction in pathology in the new laboratories in Unit C developed specifically for this function.

Basic plans are now moving forward rapidly on the completion of the curriculum for the first Senior Year which will begin on June 20, 1949. The year will be divided into four twelve week quarters, three of which will be spent between the medical school and affiliated hospitals in Seattle. The fourth quarter will be utilized as an extern quarter. One fourth of the class will be serving its externships each of the four quarters during the year. The externship itself is divided into four weeks assignment in general practice, four weeks in public health and four weeks in psychiatry.

It is planned that the four week period in general practice will be spent under the supervision of a general practitioner or a group conducting general practice. Physicians throughout the state will be selected to participate in this program as faculty clinical associates in general practice. Admittedly, we are interested in having the cooperation of physicians who feel that a responsibility of this type should be stimulating to themselves as well as a profitable training experience to the extern. We are desirous of having the extern become, in effect, the shadow of the physician to whom he is assigned for this four week period.

Four weeks of the externship will be spent in the city, county and state health departments under the supervision of the department of public health and preventive medicine. During this period we hope to have the extern gain considerable field experience and also become familiar with the various ways in which health departments may aid the physician in practice.

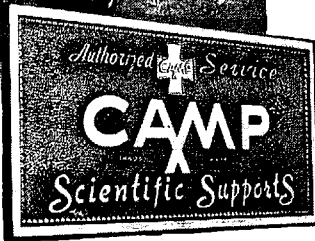
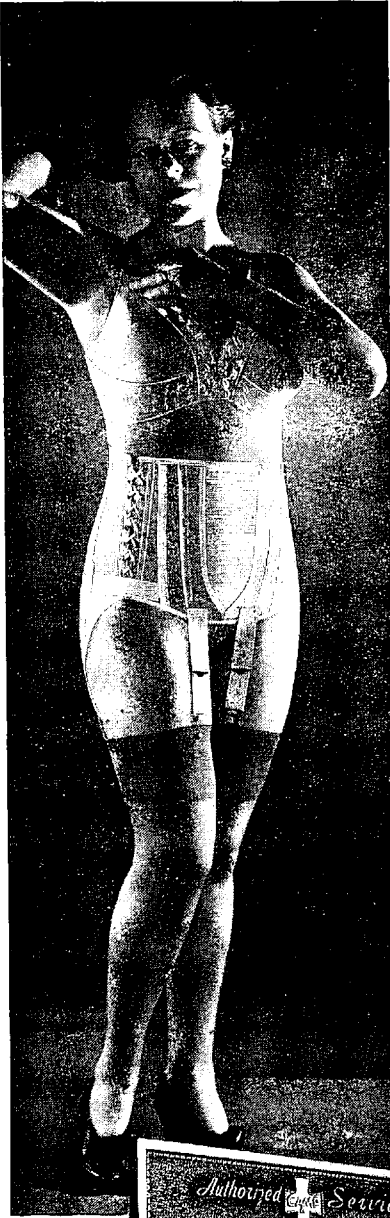
The remaining four weeks are to be spent as externs in one of the State Mental Hospitals. Students will be assigned to Western State, Northern State and Eastern State Hospitals. They will live in the institutions during the four week period and it is anticipated they will gain considerable insight into some of the major psychiatric disorders during this experience.

But more about the extern quarter in an early issue.

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## Cancer Films Available

The American Cancer Society has a listing of professional motion pictures related to cancer which are available to the medical profession. These films, many of which are in color with sound, are available upon a loan basis upon request. There are 47 titles covering cancer of the head and neck, cancer of the skin, cancer of the breast, cancer of the lung and esophagus, cancer of the stomach, cancer of the pancreas and biliary tract, cancer of the colon and rectum, cancer of the female genital tract, cancer of the genito-urinary tract, and radiation therapy.



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## Medical Profession Aided By Government

By Col. M. G. KEELER,  
Commanding Officer  
Madigan General Hospital

Medical men are now in the unique position of being able to "eat their cake and have it too," thanks to the United States Government. Our government discovered during the last War that there was an alarming shortage of doctors, and decided that something had to be done to encourage young men to enter the medical profession, instead of turning to time-and-a-half in Defense Plants. Research disclosed that too few were willing to starve through Medical Schools and Internships for a secure future in professional fields. They wanted to eat now as well as later.

The government turned the problem over to the man who was most concerned with the over-all medical care of the nation: The Surgeon General of the Army. Immediate war-time programs, such as the Army Specialist Training Program, were set up to keep future physicians and dentists in medical schools and insure the future medical care of the country. Most of these emergency measures ended with the cessation of hostilities, but the problem of encouraging men to enter Medicine remained.

The Surgeon General was authorized to continue this work as head of the largest governmental Medical agency. Congress approved his suggestion that Medical and Dental Officers in the Army draw an additional \$100 a month professional pay besides their base pay, rental and subsistence allowances, in recognition of the extended period of preparation for the medical profession.

Then the government, with the approval of the American Medical Association and the Council on Medical Education, authorized a continuing system of securing new doctors that has revolutionized the whole Medical System of the country. Known as "The Surgeon General's Plan," it makes the old system of starving through internships and residencies as outmoded as the buggy whip. Medical School graduates who formerly lived on token salary as interns in civilian hospitals now are eligible for commissions as First Lieutenants in the Army, with a salary of \$341 per month while they remain on their civilian internship! Marriage, formerly impossible to civilian interns, now raises the salary to \$417 a month. The system and salary is the same if the young doctor serves his internship in a military hospital.

Residents too have unlimited opportunity to complete their training for certification as a diplomate of one of the American Specialty Boards without financial worry. Army residencies as First Lieutenant or Captain in the Army Medical Corps are now open in Cardiology, Contagion and Tuberculosis, Dermatology and Syphilology, Internal Medicine, Pediatrics, Physical Medicine, Anesthesiology, Obstetrics and Gynecology, Ophthalmology,

General Surgery, Thoracic Surgery, Urology, Pathology, Psychiatry and Neurology, and Radiology. These residencies are open not only at the five Army General Hospitals which have been certified as teaching institutions by the AMA Council on Medical Education and Hospitals, but also in Gorgas General Hospital, Panama, and approved civilian teaching hospitals.

For the practicing physician or specialist who is interested in a career in the Army Medical Corps, a commission in any rank up to that of Colonel is available, depending on age and qualifications. These men receive the \$100 extra pay per month plus increased "longevity" pay every three years. Regular promotion to higher rank also means higher pay and allowances.

When Congress gave its support to The Surgeon General's Plan, it was concerned with two problems: securing medical men for the Army, and securing medical men for the Country as a whole. It is expected that many of the men who are paid as Army Medical Officers will, after training and short periods of military service, return to civilian life, supplying the public with much needed well trained men. In the meantime the Army secures their services temporarily but on a continuing basis, acting as a school to supply a continuing flow of medical men to fill civilian hospitals. It also provides a reserve of medical strength in case of national emergency.

Naturally it is also expected that many of these men will follow the example of many young doctors who entered the Army Medical Department during the War and decide to remain in the Service on a Regular Army basis. They had an opportunity to compare the life of a doctor in civilian life with that of a doctor in the Army. Steady income, coupled with early retirement and life-long income, looked good to many young doctors. They also liked the career program, the regular hours, the months vacation once a year with full pay, and low-cost living conditions.

## Spokane Surgical Society

The Spokane Surgical Society will hold their eleventh Annual Meeting on Saturday, April 9th, at the Davenport Hotel. The guest speaker will be James T. Priestly, M.D., Division of Surgery, Mayo Clinic, Rochester, Minnesota.

At the noon luncheon Dr. Priestly will speak on "Gastrojejunal Ulcer;" at 4:30 p. m. on "Surgery of the Bile Ducts;" and at the evening banquet his address will be "Some problems in Surgery of the Stomach and Duodenum."

An extremely interesting series of papers will be given by the Society members from 9:30 a. m. to 4:30 p. m. and following the banquet there will be Initiation of New Fellows and Installation of Officers. The present Society Officers are: Donald G. Corbett, M.D., President; James M. Nelson, M.D., President-Elect, and Fredrick L. Meeske, M.D., Executive Secretary-Treasurer.

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Question: What is AAPS?

Answer: The Association of American Physicians and Surgeons is a national medical association. It was founded December, 1943.

Question: What is its purpose?

Answer: To set up a front of non-participation against a government plan for medical service which is deemed inimical to the public good; to enter into the fields of medical economics, legislation and public relations.

Question: Will non-participation work?

Answer: Non-participation has been effective in New Zealand, Australia, British Columbia, Great Britain and in San Francisco.

Question: Is a stand of non-participation legal?

Answer: Yes. It is your constitutional right. Previous Wagner-Murray-Dingel Bills have stated specifically that "it is the right of every physician to participate or not participate as he elects."

Question: Must all physicians be enrolled to make it work?

Answer: No. A selected 25% of physicians could cripple the plan; 50% probably would make the plan unworkable; 70% would make the plan completely unworkable. Remember that the demand for medical service will be four time as great after

"free medical care" is made available. Join AAPS!

Question: Is non-participation a "strike"?

Answer: No. Every physician would continue private practice. We would simply not be a party to the government's plan. An unwelcome third party would merely be excluded.

Question: Could the officers of AAPS commit me to a stand I did not favor?

Answer: No. AAPS is a democratic organization, controlled by the vote of the membership.

Question: Why can't the AMA do this job?

Answer: The AMA is engaged in a good program for bettering public relations and fostering good will. A program of non-participation is inconsistent with this aim. By all means, support the AMA. Pay your \$25.00 assessment!

Question: Is AAPS an organization competing with AMA?

Answer: Definitely not. You must be a member of AMA to be eligible for membership.

Question: Why can't National Physicians' Committee do the job?

Answer: NPC is a committee of physicians who accept donations from physicians, dentists, insurance companies, drug companies and others to be used for the purpose of fighting "socialized medicine."

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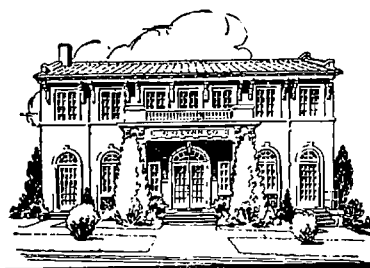
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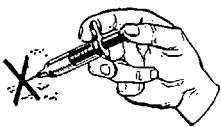
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\*New England Journal of Medicine  
293:331-333—Aug. 26, 1948

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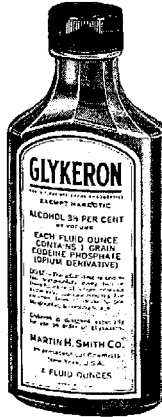
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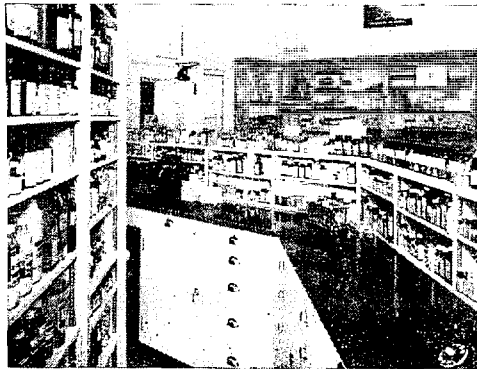
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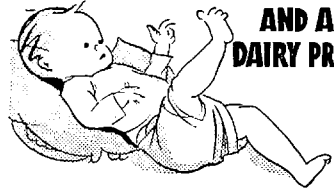
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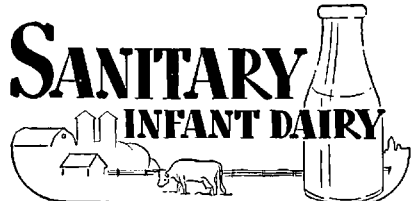


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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XIX—No. 9

TACOMA, WASHINGTON

MAY - 1949



# Pierce County Medical Society

1948-1949

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# Program

MAY 10

## Madigan General Hospital

## Joint Staff Conference

## Staff of Madigan General Hospital and Pierce County Medical Society

### 5:45 to 6:45 p. m.

Refreshments at the Officers' Club

### 6:45 to 7:45 p. m.

Dinner at the Officers' Mess

### 7:45

A Conference in the Red Cross Recreation Hall. Presentation of subjects offered by the Medical and Surgical Services

The next regular Society meeting will be held September 13th.



## ***The President's Page . . .***

It is my belief that much too much of the attack on compulsory health insurance is based on broad concepts of social philosophy which are of less than no interest to the average individual. I refer to such cliches as "something for nothing from the cradle to the grave," "beaurocratically controlled medical machine," "the open door to the socialistic state," "the end of private enterprise," etc.

If we would forget this approach and tell people what they may as individuals anticipate will happen to their own medical care it is possible to show a great many people the gamble that they will take with compulsory health insurance.

The following paragraphs outline an attack against this system which is irrefutable and brings the problem right to the individual if he will think about it at all:

It would be anticipated that each time that Congress met it would give considerable attention to any program which involved such a large portion of the federal budget. Since the main function that Congress could perform would necessarily be related to fiscal problems, this is the area where changes might be expected. With only one medical system in the country, any changes made or any changes which Congress might fail to make would affect everyone. This is a kind of backward application of Winston Churchill's famous description of social insurance, as a device for "bringing the magic of the averages to the rescue of the millions." It would assure the averages, but we should have to take our chances with each Congress on the rescue part.

Could you rely on Congress to alter this tremendous program when the need arose? In 1939 Congress established the rates of payment for survivors and that same table is used today to determine payments. The average primary benefit now is \$25.10 a month. I think most of you will agree that the cost of living is substantially higher today than it was in 1939.

Under compulsory health insurance you will have to rely on Congress to see that it is adequately financed. If the cost of good medical care goes up as much in the next ten years as the cost of living did in the decade '39 to '49 what assurance can you have that Congress will see that this budgeting problem is met in the interest of the individual patient? Congress did not add to the \$25.10 to fit the increased cost of living.

Recently the Pierce County Commissioners were served notice that they must cut \$45,000 a year from the operating costs of the tuberculosis sanitarium. There are 123 patients now in the sanitarium with more awaiting room. Is it your belief that this reduced budget was based on the best interests of the patients with tuberculosis or that it was made for purely budgetary reasons? Do you believe that the legislators who are responsible for this reduction informed themselves as to the number of people with contagious tuberculosis of the lungs who may now spread the disease in the State of Washington on account of this budget reduction?

Under a voluntary system of insurance if you do not like the service that you are getting you can change programs, change doctors or quit the program entirely. Under compulsory health insurance you will have whatever is the pleasure of the most recent Congress under the rules and regulations then in force.

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## ***Editorially Speaking . . .***

A group was returning from a trip to the Mountain when their car overturned and the injured were brought to the County Hospital. One of the party told me later of his hospital experience at that time and altho that was over twenty years ago I have always remembered a portion of his conversation.

He said, "There was something in the way the doctor worked that made me certain he knew what to do and how to do it and that he was interested in helping me." That was his introduction to Dr. Brown.

It would be difficult to find a more inclusive definition as to what constitutes a successful physician. To know what to do and how to do it when confronted with a medical or surgical problem is the all important end result of the arduous extended education required in college, medical school and hospital. This education is the foundation on which is built the doctor's experience during his practice and with the passing of years gradually develops into that most valuable possession known as professional judgment.

Fortunate is the doctor who possesses education, experience and judgment but invaluable to patient and community is the doctor who has the additional virtue of a sincere continuing interest to help those in trouble. When his work is found in a charity hospital his value is truly great. Such a man must first of all be unselfish and that is a hurdle which has stopped most of us and seems with every passing year to be growing higher and more difficult. Those doctors are few who are willing to give up social standing, leisure and financial gain in order to serve those in need. Most of us have our alibis of self justification but that doesn't change the situation.

In our community we have a County Hospital which has grown gradually in size and facilities but always at a slower pace than public demands and the need for service. Handicapped by political control and a too frequent lack of lay understanding it has been no small task to guide the activities of that institution to its present status. The personal interest of its Superintendent as far as was humanly possible, in the welfare of each patient, together with a large measure of aggressive effort for hospital improvements, has resulted in our having an accredited institution and is an outstanding record of civic service.

The physicians of Pierce County are proud of the high professional standing and outstanding accomplishments of Doctor Burton A. Brown and the many thousands of patients who have come under his care will continue to give him their sincere gratitude, compensation that is beyond price.

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**MINUTES OF REGULAR MEETING****March 8, 1949**

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on March 8, 1949. Dr. Homer Humiston presiding.

A resume of the actions taken at the preceding meeting of the Board of Trustees was given by Dr. Humiston.

Dr. Humiston announced that the May meeting of the society would be held at Madigan General Hospital at the invitation of the medical staff of that institution. Colonel Lighter, of Madigan General Hospital, was introduced and urged all to attend that meeting.

Dr. Cecil Fargher, City Health Department Director, stated that there had been five cases of meningococcal meningitis in the county since January 1. Two of the patients had died from the disease. He requested that we all be on the lookout for this condition, so that early treatment could be instituted.

Dr. Humiston then introduced Dr. Henry N. Harkins, Professor of Surgery, University of Washington Medical School, who spoke on "The Treatment of Varicose Veins."

Dr. Harkins emphasized that before any treatment is instituted we should rule out a recent milk leg or arteriovenous fistula and that in this last condition the stethoscope is an excellent diagnostic aid. He suggested that localization of the patent valves could be made by the Trendelenburg test or the Maharnier-Ochsner comparative tourniquet test but that the best method of localization was by palpation. In the treatment he suggested high ligation, stripping of the veins, sometimes excision and avulsion of clusters and finally injection of a sclerosing agent, which is always done postoperatively and never before or during the operation. He felt that the use of non-absorbable sutures and early ambulation combined with the previously mentioned methods would give the best results.

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Dr. K. Alvin Merendino, Associate Professor of Surgery, University of Washington Medical School, was introduced and gave a discussion of fifty cases of carcinoma of the esophagus as seen in a referral hospital. Of these fifty cases forty-five were male and five female. The average age was 62.9, with the youngest 29 and the oldest 83. The patient had an average weight loss of 17.4% of the normal weight. The complaints were dysphagia 100%, pain 72.9%, vomiting and regurgitation 27%, weakness 16%, cough on swallowing or cough with hemoptysis 14%, hemoptysis 10.5%. Hoarseness was the complaint of a lesser percentage of these patients.

He brought out a point that the delay from the onset of symptoms until the patient saw the doctor was an average of about 35 days, whereas the delay from the time the doctor first saw them until they were referred to the hospital for definitive treatment was an average of 108 days.

Dr. Merendino felt that carcinoma of the esophagus could be diagnosed from the history in about 80% of cases, that X-ray would make a positive diagnosis in approximately 76% of cases and a suggestive diagnosis in the remainder. Esophagoscopy with biopsy was positive in 92% of the cases.

The location of the carcinoma was in the upper third in 20% of the cases, middle third in 48% and lower third in 32%.

Complications were stravation and dehydration, present in approximately 58% of the cases. Perforation occurred in 8% of the cases. There were no complications in 22%.

Of these cases 14 were considered to be inoperable. These were diagnosed but not operated. Thirty cases came to surgery or to postmortem examination. Of these 30 cases 12 had the disease localized and had no complications. There were regional metastases in 3, distant metastases in 2, regional nodes and metastases in 5 and local invasion in 5.

In summary Dr. Merendino pleaded for an earlier diagnosis so that definitive surgery could be accomplished. He pointed out that if in these 50 cases as reviewed 12 had localized so-called curable lesions, and adding to these some of the others with regional nodes only he felt that 39% of this group had a possibility for cure.

Slides of various cases were then shown and explained.

Dr. Donald F. McDonald, Assistant Professor of Surgical Urology at the University of Washington Medical School, then read a paper on, "The Surgical Treatment of Elephantiasis." After reviewing the history of the treatment of this disease he then explained the treatment in which a scrotum to thigh anastomosis is made, similar to the first stage Thorek operation for undescended testes.

He gave the history and showed slides on two cases which had been so treated with good results.

Questions from the floor were then answered by Dr. McDonald.

There being no further business, the meeting was adjourned.

## DID YOU KNOW?

That the Medical Society of New Jersey, formed in 1766, is the oldest organization of its kind in the Western Hemisphere?

That Dr. Carl J. Hoffman, a graduate from the University of Oregon in 1907, who has practiced in Woodland, Cowlitz County, has been named by the State Medical Association as the Washington State Doctor of the Year?

That in Polk County, Iowa 27% of doctors of medicine in private practice are Diplomates of American Boards?

That Henry C. Lytton was a manager of a large Chicago clothing store until his death in March at the age of 102?

That the need for increased medical college training facilities in Texas and the Southwest is amply reflected in the more than 1100 applications received by the Southwestern Medical College for the 64 Freshman class openings?

That Japan, with an area less than Texas, now has 180 universities offering a four year course of study?

That in 1869 a French chemist using a chemical called olein and a fatty substance called margarine made a substance resembling butter which he called oleo-margarine?

That after functioning for 10 years, all activities of the National Physicians Committee ceased as of

April 1, and the national public relations program in its various phases will now be directed by the AMA?

That a fifth of American doctors are trained in the five medical schools in the Chicago area including the College of Medicine of the University of Illinois (largest Medical School in the world), Northwestern University Medical School (third largest in the nation), University of Chicago School of Medicine, Stritch School of Medicine of Loyola University, and Chicago Medical College?

That in the United States there is a ratio of one doctor for 730 population: In New York City, one doctor for 450 population and in the Borough of Manhattan, one M.D. for 220 population?

That the Army Medical Department is considering establishing and operating its own medical school to supply a career group of medical personnel committed to military medicine?

That the rabble rousing grand dragon of the Ku Klux Klan is Dr. Samuel Green, M.D., a 60 year old Atlanta, Georgia obstetrician?

Stern father (sarcastically): "Say, young man, it's past midnight. Do you think you can stay with my daughter all night?"

"Gosh!" exclaimed the innocent young man. "I'll have to telephone mother first."

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# WOMAN'S AUXILIARY

## To The Pierce County Medical Society

The May meeting will be held on Friday, May 13th at the home of Mrs. Charles Arnold, 1224 North Tacoma Avenue. The business meeting will begin at two o'clock. There will be election and installation of new officers and yearly reports of officers and chairmen of committees.

Following the business meeting there will be a brief program and tea.

The Silver Tea held at Annie Wright Seminary for the benefit of the Cancer Program on April 21st was well attended. Leona Yoder, general chairman for the tea, graciously welcomed the members of the Medical and Dental Auxiliaries and their guests.

The program arranged by Kay Wright was very well received and the table decorations by our artistic Claudina Turner were greatly admired by all present.

Blood bank volunteer workers in March were Merle Herrmann, Oleva Jones, Elsie Wolf, Jeannie Schwind, Ruth Light and Erna Thordarson.

To Ruth and Dr. Rickles a son was born on March 29th and a third son to Nancy and Dr. Peterson on March 1st also a son to Dr. and Mrs. William Burrows of Puyallup on March 12.

Marion Ludwig and Marjorie Cameron accompanied their husbands to the E.E.N.T. Medical Convention at Coronado, California the last week in March and first week in April.

Many delightful affairs were planned for the entertainment of the wives. There was a bus trip to scenic and historic spots of San Diego, a dinner at Tia Juana, a delightful cruise and visit to the Navy Yard, a dinner dance and a banquet.

In addition to all this the weather was perfect, so the Ludwig's spent three days more in Los Angeles.

### The Doctor Wears Three Faces

THE DOCTOR WEARS THREE FACES by Mary Bard, 254 pp., \$3.00, J. B. Lippincott Company, Philadelphia, 1949.

In writing this diverting account of her life as a doctor's wife Mary Bard (Mrs. Clyde Jensen, of Seattle) proves that not all the writing talent in her family belongs to her sister, Betty MacDonald, of "Egg and I" fame.

Doubtless all doctors' wives have a store of similar tales but it requires a real gift to be able to tell them with such gaiety and wit. With all its hilarity there is an underlying tone of seriousness in this book, a perception of the sadder aspects of the practice of medicine and a tender sympathy for that portion of a doctor's patients for whom he can do nothing.

Miss Bard has the priceless gift of not taking herself seriously and she accepts with the greatest good

### OFFICERS FOR 1948-1949

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humor the adjustments and rearrangements of plans that a doctor's wife must make.

### A TACOMA DOCTOR HONORED

It is pleasant to learn of honor having been bestowed where honor is due in the case of one of our members who has been too modest to mention it himself.

BLOODTRANSFUSION, by Gowen, Hardin and Alsvær (Saunders, 1949) is dedicated to Payton Rous and Joseph R. Turner, "whose basic studies vation of blood a reality." The technic described by Drs. Rous and Turner in an article entitled "The preservation of living red blood cells in vitro," published in the Journal of Experimental Medicine, is still in use today almost without modification.

This important book of 587 pages includes a historical section, one on the clinical use of blood and its derivatives, one on the immunology of blood and several on the technical aspects of its preservation and transfusion.

In a day when the blood bank is so important a part of the physician's armamentarium we are all proud of the recognition that has come to Dr. Turner for his part in the beginnings of what has resulted in an untold saving of life.

### American Medical Assn. Meeting

Members of the American Medical Association who are not fellows will be admitted to the general scientific and other meetings at the Atlantic City meeting June 6 to 10, as well as to the exhibits.

Official proceedings can not be taken part in, however.

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## PERSONALS . . .

Our worthy president gave the medical viewpoint of compulsory medical care before a large dinner meeting of the State Social Workers at the Towers, April 18th. The Administration's point of view was given by a Mr. Klunk, a Seattle attorney. Homer gave a well-prepared statement of the values of voluntary medical care and the dangers inherent in compulsory plans. Pre-meeting beliefs on both sides were strengthened. No converts were reported.

John Campbell has advanced in aviation to where he now has a private pilot's license. Mrs. Campbell is also taking flying lessons and when the time comes we are betting that John will be the co-pilot. In the meantime we can imagine plaintive voices at the airport singing "Father or Mother come home with us now."

We understand the Physicians 1964 Club had a recent successful meeting doing something. The nature of the big event due in 15 years is a closely guarded secret, despite the reportorial efforts of our nosey news gatherer.

Lewis Hoyer is no longer driving his 1935 Ford speed demon. He is so eager to demonstrate his new car that whenever possible he travels along a bus route picking up would-be bus patrons to show them the fine points of his Oldsmobile 6. Can you blame the boy?

Andy Anderson has been looking more and more worried of late. Be brave Andy your troubles will end in June—or will they? As a minor item of interest Andy passed his American Board of Internal Medicine a year ago and last month was advanced from an Associate to a Fellow of the American College of Physicians.

George Rickles recently celebrated at 8:30 a. m. at TGH. Guests at his party enjoyed the champagne and Phil Grenley's officiating. All had a good time except the guest of honor who considered the affair as a sub-total loss. May George continue to prosper as did John Verhalen who eventually had a complete ball team. The younger men who did not know John are referred to a recent book "They come cheaper by the dozen."

Faye Nace and Leon Thomas have taken their written examinations and about the middle of May will take their oral American Board examinations at Chicago.

We noticed bricklayers at work at Leo Hunt's home a few days after the acute chorea episode April 13th. He has much company contributing these days to the upkeep of Bricklayers Union, Local No. 1.

Drives for funds of a great variety of worthy causes both at home and abroad continue to bombard the doctors offices. In case you have not been contacted, solicited or touched so far this year and feel unhappy at the discrimination, the oversight will be cheerfully and quickly corrected by getting in touch with the Bulletin office.

Do you want the World? Someone won it and a hanging vase at the last Medical party. If these items are not claimed from Arnold Herrmann's

office before June 1st they will become the property of the Medical Library.

The Medical Staff program at Tacoma General Hospital on April 5th consisted of three case reports. They were instructive, interesting, well presented and more of the same are desired.

Following a ruling of the State Society our official year begins January 1, 1950. This means our present officers will hold their present lucrative positions until that date.

## CONFERENCE OF PRESIDENTS

Discussion of compulsory health plans, for medical care and for disability compensation, will highlight the Fifth Annual meeting of the Conference of Presidents and Other Officers of State Medical Associations to be held at Atlantic City on Sunday afternoon, June 5. The meeting will be held in the Rose Room of the Traymore Hotel, the day preceding the opening of the AMA general sessions, and it will be open to all physicians.

Cecil Palmer, English publisher, author, and journalist, will tell of the impact of socialized medicine on the British doctor and his patients. Palmer, now completing a tour of America, has been a brilliant spokesman for the British Society for Individual Freedom. An American viewpoint of the British health system will be given by W. Alan Richardson, editor of *Medical Economics*, now in England for a first hand study of all phases of the program.

With compulsory disability compensation programs operating in three states, and Washington and New York the latest to pass such laws, the Conference presents two speakers on this vital question. Edward H. O'Connor, managing director of the Insurance Economics Society of America, will discuss the legislation, and Dr. Bert S. Thomas, medical director of the California program, will tell of the medical implications of cash sickness compensation acts.

The AMA relationship to the state societies will be reviewed by Dr. George F. Lull, secretary of the AMA, and the problems facing the state association at the crossroads will be the subject of a talk by Dr. Clarence Northcutt, president of the Oklahoma State Medical Association. Plans are also pending for the presentation of views on national health legislation by a member of Congress.

## Some Mental Hospital Statistics

California has a mental hospital population of 37,000, Washington of 6,800.

California mental hospitals are operating at 120% capacity; Washington the same.

California has a ratio of psychiatrists to patients of 1 to 250; Washington 1 to 185.

California has a ratio of graduate nurses to patients of 1 to 600; Washington 1 to 150.

California has a ratio of nursing personnel to patients of 1 to 7; Washington 1 to 10.

Much room for improvement at both places.

# ANNOUNCEMENT

Dr. J. Robert Brooke, Charles Griffith, Hazel Mackey and Staff will no longer operate Halco Sanitarium after March 31, 1949.

*Watch your bulletin for announcement of the opening of our new modern Sanitarium.*

We wish to thank the Pierce County Medical Society and its member physicians for their past support and cooperation.

With our modern Sanitarium we will be better able to serve you in the future.



## The Hospitals . . .

### TACOMA GENERAL HOSPITAL NEWS

A meeting of the Tacoma General Hospital Medical Staff was held in Jackson Hall on April 5, 1949, with Dr. Jess Read presiding.

Dr. Larson had charge of the scientific portion of the meeting. He introduced Dr. Maddison, who discussed a case of cirrhosis of the liver. Dr. Kemp presented a case of a child with cirrhosis, and Dr. Niethammer followed with a discussion of a patient with a Krukenberg's tumor.

The meeting of the Washington State Hospital Association will be held in Seattle on May 5 and 6. At the same time, meetings of the American Association of Medical Record Librarians, the Washington State Chapter of the Nurse Anesthetists Association, and the Washington State Chapter of the American Physiotherapists Association will be held. Attending from Tacoma General will be Mr. Heath, president of the Washington State Hospital Association, Mrs. Garner, Executive Secretary of the Association, Mrs. Myers of the Record Library, Mr. Hill, Mr. Boehm, Mr. Rasmussen and Miss Robertson.

On May 9 through the 12th, the Association of Western Hospitals will meet in San Francisco. Mr. Heath and Miss Robertson will attend this meeting.

The first floor of Tacoma General is undergoing an attack of spring housecleaning. Nurses have moved out of the chart rooms on First North and First South, so that streamlined chart desks could be installed by Mr. Truedson. The front hall is in the process of being redecorated, and promises a bright, cheerful atmosphere.

### Pierce County Hospital

When making your regular visits to your hospitalized welfare recipient patients under Initiative No. 172, form No. 5873 should be signed by you in duplicate in ink. This form will be found attached to the patient's case record in plain view. It is the rule of the Pierce County Industrial Medical Bureau to have these forms pulled from the clinical record within 48 hours after the admission of the patient. If these forms No. 5873 go back unsigned to the Bureau, it will require further effort by both yourself and the Bureau, and also a loss of time by all concerned.

The staff doctor in charge of a welfare (Initiative No. 172) patient who dies in the hospital, is expected to phone the interne or resident doctor who cared for the patient; this for the purpose of exchange of information and data in order to completely fill out the death certificate. This interchange of information between interne and staff doctor will provide (1) more complete and comprehensive death certificate, and (2) contribute to the accuracy of the duplicate information on the summary sheet of the clinical case record (necessary for filling out insurance forms and other reports), and

(3) eliminate any contradictory or conflicting terms or statements as between the insurance forms, etc., and the death certificate. This will allow for a more complete and prompt final filing of the record by the medical record librarian. The earnest cooperation of every visiting staff doctor in this matter will be greatly appreciated by the administration and the record librarian, so as to bring to a minimum the number of charts filed away as incomplete.

BURTON A. BROWN, M.D.

Administrator

### Washington Minor Hospital

Mrs. Elsie Palmer and Mrs. Helen Edwards represented the Washington Minor Hospital at the Washington State Nurses Convention held in Tacoma April 6-9. Miss Marion Thornton, Director and Superintendent of the Hospital was elected as one of the delegates to represent District No. 3. Miss Thornton was also in charge of the program arrangements.

The flu bug bit several of our personnel at various times during the past few weeks; however, all are back on duty and the staff is complete again.

Dr. and Mrs. Button, former director of the Washington Minor Hospital, called Miss Thornton from St. Moritz, Switzerland after hearing of the earthquake here. Miss Thornton was very happy to report patients and personnel alike suffered no ill effects, except that all were frightened. It seems newspaper and radio accounts of our quake here were much exaggerated and caused much concern.

Miss Marion Thornton is making plans to attend the National Nurses Association convention in San Francisco early in May.

Mrs. Margory Pedersen has joined the staff of the Washington Minor Hospital as surgery supervisor.

### THE MEDICAL LIBRARY

The library has been popping its seams in its old location for a long time and finally reached a place where more room was imperative.

By removing the partition between the old coat room and the space formerly occupied by the Business Bureau a much larger library room has been formed. The old stacks have been set and filled and new ones are being set. While about half of the library is ranged around the walls of the auditorium it is quite usable with a little searching.

When the new stacks are in and all our lares and penates have been installed in the new room we think our members will be proud of the rather impressive appearance of the excellent working library which they have built up during the past few years.

The old library space is being redecorated and furnished as a conference room.

**COMMUNICABLE DISEASES**

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period March 21, 1949 to April 20, 1-949, inclusive:

Chickenpox .....	79
Conjunctivitis .....	15
Diarrhea .....	2
Gonorrhea .....	44
German Measles .....	177
Impetigo .....	1

Measles .....	188
Mumps .....	96
Pneumonia (Virus) .....	1
Polio-myelitis .....	1
Ringworm .....	2
Scarlet Fever .....	54
Septic Sore Throat .....	2
Syphilis .....	7
Tuberculosis .....	61
Vincent's Inf. ....	1
Whooping Cough .....	1

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## Further Experiences With the Rooming-In Project of Baby With Mother

Thaddeus L. Montgomery, M.D.,  
Pauline Shenk, R.N.

Experience in these additional four or five months since our first report has only served to emphasize and extend the favorable impressions that we have of "rooming-in" as, first, a preventive of epidemic infection, second, an improvement in mother and baby relationship, third, a stimulus to breast feeding, fourth, an implement to improved baby care, and fifth, a method of education of the mother in the responsibilities and technics of raising a baby.

### Epidemiologic Significance

Among the 1400 babies of the ward service who have been cared for at the bedside of the mother there has not been one case of skin infection or one case of significant gastrointestinal disturbance. One baby was isolated because of a suspected respiratory infection but was found upon reexamination by the attending pediatrician to be actually free of pulmonary disease.

### The Cornelian Corner

We notice that the atmosphere of our obstetric wards has changed since the babies have been placed with the mothers for their personal care. Formerly, the patients would lie about the ward with more time on their hands than they knew what to do with, telling ribald stories: in general manifesting poor cooperativeness if not complete failure of responsibility. Since the babies have been moved into the wards beside the mothers' beds the atmosphere is hushed and quiet. The mothers keep close guard over their infants and take great pride in their care.

As we make our rounds through the wards from day to day rarely do we hear any of the babies crying. There is nothing remotely approaching the pandemonium that used to reign in the nursery as the formal 4-hour nursing hour was approached.

### Effect on Breast Nursing

The presence of the baby at the mother's bedside has undoubtedly been a stimulus to lactation—first, a stimulus to more mothers undertaking lactation, and second, an improvement in the efficiency and response to the mothers' breasts to the babies' requirements. Eighty-five per cent of our ward patients are now nursing their babies and more than 50 per cent of the private patients undertake to nurse theirs. On a so-called demand schedule the baby is placed at the breast whenever it is hungry. Generally the demands upon nursing are rather heavy in the first 24 to 48 hours but the breasts seem to stand up under this strain better than on the old schedule. The milk comes in more promptly and more freely; 25 per cent of the babies have regained their birth weight by the fifth or usual day of ward discharge. Many private pa-

tients who came to the hospital vowing that they would not nurse their babies have found the demands of their babies so appealing that they have undertaken breast feeding.

### Baby Care

As to the fourth consideration, the kind of care which these babies are receiving, we can say positively that these babies at the bed-sides of the mothers are receiving the best that we have ever observed. In the first 24 hours 90 per cent of that care is given by undergraduate and graduate nurses with the mothers observing. After the first day, 80 to 90 per cent of the care is given by the mother herself. The mother is quick to note any disturbance in the baby's progress or condition; if she can attend to it herself well and good, if not, she immediately calls a nurse and continues to call until she gets adequate help for there is no more jealous guardianship of the baby's health than the mother herself. I would not say that the rooming-in project has reduced the amount of nursing help that is essential on the maternity floor, but it has made it possible to re-assign the help to where it is most needed, namely, the first day care of newborn babies, the care of premature babies, the care of weak or ill babies, and the care of complications in the mother.

We find that the combination of baby care and early ambulation offers the psychic and physical stimulus which leads to early, rapid, and complete recovery of the patient from her obstetric experience. The patients leave the hospital at an earlier date feeling better than they have ever before.

### Education in Baby Care

As regards the matter of educating the mother in the technics of baby care, and sending her from the hospital with a feeling of confidence in her ability, there is no procedure which compares with the rooming-in project. With the baby at her bedside the mother first observes the care as given by a trained person, then she undertakes this care under trained supervision, and finally she assumes responsibility for this care with trained personnel nearby. Her pediatrician examines the baby in her presence and she has talks with him over the problems of its health and feeding. She is acquainted with the baby's habits and is not frightened at its cry. She has an entirely new sense of confidence in her ability to manage the situation in her own home. One and all mothers have testified to the significance of this feature whether or not they have agreed upon all other points in rooming-in care.

Before leaving this discussion of results some mention should be made upon the pleasurable reaction of the husband upon having an opportunity to see and enjoy his newborn baby with his wife.

It is very important that the proper equipment be provided for the individual care of each baby. For instance, one cannot preserve individual technic

(Continued on Page Seventeen)

CARL E. WALLACE, B. S.  
Bacteriologist

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(Continued from Page Fifteen)

and protection against infection by putting the baby's crib at the mother's bedside and then placing all the materials for baby care on a common central table. Our solution for this problem has been to design a special crib wardrobe which is attached to or hung on the end of the crib and provided with shelves on which are placed the materials for the baby's care, the care of the mother's breasts, and sterile cotton or paper diapers. Generally each crib is also provided with a small laundry bag for the disposal of the infant's clothing and a wastebasket is placed nearby. All of this must obviously be within ready access and reach of the mother when she is in bed and readily available when she is out of bed. We would emphasize that it is impossible to make of this plan a success unless equipment of this kind is provided.

Next, it is essential to indoctrinate the nursing personnel in the theory and practice of a procedure which at first seems to them quite revolutionary. The program must be carefully worked out, modified and perfected to meet this new concept. For our own department we have found it wise to preserve the old division of nursing duties between the labor and delivery room, the full term and premature nurseries, and the day and night general duty. The nurses assigned to nursery duty spend a great deal of time in the first 24 hours attending to the new babies in the ward and instructing the mothers in their care. Each morning the nurses of the nursery make formal rounds, through the wards and private rooms with a specially prepared ward carriage equipped with scales, thermometers, antiseptics and dressings. They go from bed to bed weighing the baby, taking its temperature, dressing the cord, and collecting the data of feeding, bowel movements, etc., which the mother has kept in the previous 24 hours.

## TACOMA SURGICAL CLUB

The Tacoma Surgical Club will hold its 19th Annual meeting on Saturday, May seventh. Feature will be Anatomical Dissections and Demonstrations by O. Theron Claggett, M.D., M. S., well known assistant Professor of Surgery of the Mayo Foundation, Minnesota.

Both morning and afternoon sessions will be at Jackson Hall, Tacoma General Hospital Nurses' Home. The morning session commences at 9:30 a. m., and the afternoon session is scheduled for 2:00 p. m. Luncheon will be served at 12:30 p. m. in the Tacoma General Hospital dining room.

The evening session starts with the Fellowship hour at 6:00 p. m. at the Winthrop Hotel, followed by the Annual Banquet at 7:00 p. m. in the Wedgwood Room of the Winthrop Hotel.

An address on Biliary Surgery, by Dr. O. Theron Claggett, will follow the banquet. Dr. Clyde Magill will serve as Toastmaster. Banquet tickets \$7.50—Informal.

## PROJECTED BOOKS

Projected books are now available at the Tacoma public library. Aubrey F. Andrews, director, has recently announced. These microfilm copies of recent works of fiction, biography, humor, and sports can be read by the use of a very simple projector which reproduces each page on the ceiling above the patient's bed.

Projected books are designed to provide reading and entertainment material for those who are physically handicapped in such a way that the use of ordinary reading materials is either very difficult or impossible. Some cases which fall within this category include those with injured arms, back, neck, etc.; tuberculosis cases; coronary cases; polio victims and post-operative hernia.

The projector can be operated by the patient with the touch of a finger, toe or chin. Reels of film are easily changed. A projector and ten books are provided by the library for a four week period to patients within the Tacoma City limits who request the service and have the approval of their physician. There is no charge of any kind.

Applications for use of projected books should be made to the branch department of the Tacoma Public Library, South 12th and Tacoma Ave., MAIN 0184. The co-operation of physicians in advising their patients of this new service and in supplying the library with suggestions on the best use to make of the projector will be greatly appreciated.

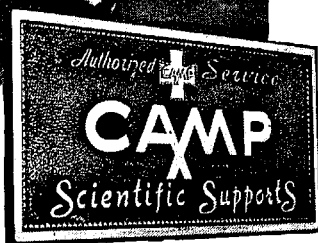
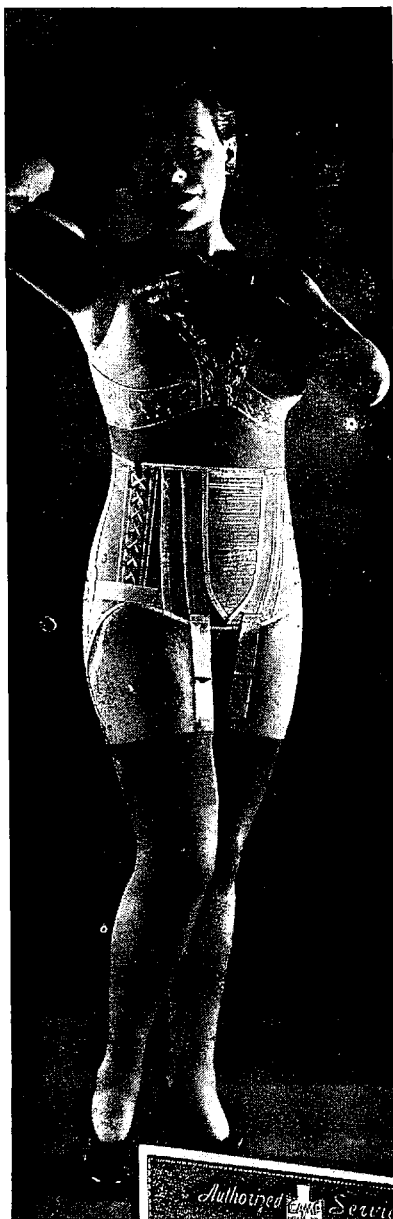
## MEDICAL DISASTER

On May 15, 1929, the worst medical disaster in the nation's history occurred when nitrate X-ray film in the cellar of the Cleveland (Ohio) Clinic ignited by spontaneous combustion. The film was in storage vaults in a small bricklined room near the clinic's furnace. Flowing upward through the ventilating system and pipe tunnels, the deadly nitrogen dioxide gas produced by the smoldering film penetrated to many of the clinic rooms before it finally exploded in a thundering blast that ripped off the roof. Among the 125 persons who lost their lives in this disaster was Dr. John Phillips, a director of the clinic and, with the famous Dr. George Crile, one of its co-founders.

At their annual convocation in April, the American College of Physicians paid tribute to the memory of this great doctor, who heroically lost his own life in saving others, by the presentation of the John Phillips' Memorial Medal, given annually by the college for outstanding work in medicine.

Meeting in New York City for the first time in ten years, the thirtieth annual session of the American College of Physicians attracted more than 4,000 of the nation's leading specialists in the field of internal medicine.

Hick Town: One where, if you see a girl dining with a man old enough to be her father. He is.



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**Tacoma-Pierce County Blood Bank**  
 Statistics—October 1948 through March 1949.

Month	Donors		Transfusion	
	Union	Non-Union	Total	Units sent out
October .....	120	280	400	361
November .....	150	240	390	358
December .....	149	273	422	419
January .....	191	312	503	506
February .....	194	307	501	447
March .....	198	381	579	553
<b>TOTAL</b> .....	<b>1002</b>	<b>1793</b>	<b>2795</b>	<b>2647</b>

The Blood Bank is now in the last six months of its third year's work. It owes much of its success to the members of the Pierce County Medical Society. The Board of Directors of the Blood Bank wish to thank the many physicians for their grand effort put forth in urging relatives and friends of transfusion recipients to make replacements. Dr. Magnussen, director of the Blood Bank, has instructed the staff workers at the Blood Bank to accept advance donor credits for patients anticipating transfusions. It is much easier to get a person to give a pint of blood before than after a transfusion has been given.

Pooled plasma from the Blood Bank is now available for emergency and therapeutic uses at all the hospitals in and about Tacoma. If Blood Bank plasma is specified on the chart you can affect a \$15.00 to \$18.00 saving to the patient. SPECIFY BLOOD BANK PLASMA ON THE ORDER SHEET.

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"Life was to be lived in 'day-tight compartments,' for 'when the day's activities are properly directed and rightly balanced, work is not work, but pleasure."  
 —Sir William Osler, 1848-1919.

\* \* \*

"Independence and freedom of mind is essential to the progress of humanity."

—Claude Bernard, 1813-1878

\* \* \*

"Success depends upon attention to detail."

—Joseph Lister, 1827-1912

\* \* \*

"He who becomes a surgeon for the sake of money will accomplish nothing."

—Ambrose Paré, 1510-1590

\* \* \*

"When called to a patient learn as much as possible from the messenger, so that, if you discover nothing from the patient's pulse, you may still astonish and gain his confidence by your knowledge of the case. On arrival ask the friends whether the patient has confessed, for if you bid him do so after the examination you will frighten him. Then sit down, take a drink, and praise the beauty of the country and the house, if they deserve, or extol the liberality of the family. Do not be in a hurry to give an opinion, for the friends will be more grateful for your judgment if they have to wait for it. If asked to dinner, do not hasten to take the first place unless it is offered to you. Send often to inquire for the patient, that he may see you do not neglect him for the pleasures of the table, and on leaving, express your thanks for the attentions shown you."

—Archimatheus, 1140.

The hit-and-run driver was brought to trial. His lawyer pleaded eloquently in his behalf. "Your Honor, the plaintiff must have been walking very carelessly. My client is a very careful driver. He has been driving a car for 11 years."

"Your Honor," shouted counsel for plaintiff, "I can prove that my client should win this case without further argument. He has been walking for 45 years!"

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## Study Club Organized

A breakfast study club has been organized by the Tacoma chapter of the American Academy of General Practice, a group of physicians who are primarily interested in maintaining the high standard of medical practice achieved in this day of specialization, and yet continue the "family doctor" status.

R. B. Link, president of the Pierce county chapter of the academy explained:

"Finding their evenings occupied with scientific meetings and routine calls, these physicians are meeting once a week at breakfast to consider ways and means of making the family doctor available to all Tacomans, and keep him abreast of the latest developments in medical science."

It was particularly stressed by the chairman that this breakfast club is not for members of the Pierce County Academy of General practice only, but asked each of the members to bring a medical colleague as a guest in order that the advancement in professional thinking be not particularly confined to their own group, but be disseminated among the profession at large.

At the initial meeting of the group last Friday at the New Yorker, 20 members heard Dr. F. M. Nace speak. It is expected that meetings will be continued throughout the summer on Friday mornings.

## THE TENTH ANNUAL SPRING POST-GRAD CONVENTION IN OPHTHALMOLOGY AND OTOLARYNGOLOGY

June 19th to 24th, 1949, Portland, Oregon

The guest speakers for the Convention this year will be Dr. Lawrence R. Boies, University of Minnesota Medical School; Dr. Leland Hunnicutt, University of Southern California; Dr. James H. Allen, Iowa State University School of Medicine; and Dr. Edmund B. Spaeth, University of Pennsylvania. They are all outstanding men in their respective fields.

You may communicate with Dr. David D. DeWeese, secretary, 1216 S.W. Yamhill Street, Portland, Oregon. The fee for the Post Graduate Convention is \$75.00.

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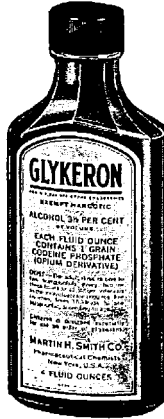
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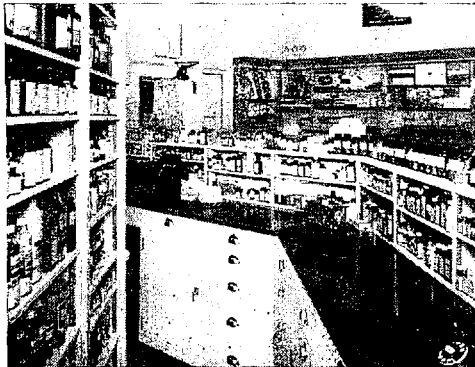
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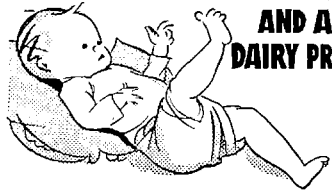
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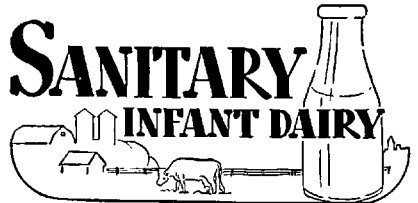


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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XX—No. 1

TACOMA, WASHINGTON

SEPTEMBER, 1949



# Pierce County Medical Society

1948-1949

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# Program

There will be no meeting of the Pierce County Medical Society during September due to the Washington State Medical Society meeting September 10, 11, 12, 13 and 14 at Seattle.

Every doctor should plan to take advantage of as much of the program — scientific, economic and entertainment as is possible. This also applies to the doctors' wives.

Our State Society meets only once a year. Here is an excellent program and a valuable experience which is yours for the taking.



## ***The President's Page . . .***

The Pierce County Medical Society has on file the report of its financial condition dated December 31, 1948, which was prepared by a certified public accountant. The principal funds are the General Fund and the Educational Fund, which was collected by special assessment. In the last two years, we have borrowed from our Educational Fund to carry a growing deficit in the General Fund.

This procedure cannot be continued indefinitely, and the money which has been borrowed from the Educational Fund should be replaced. If the Pierce County Medical Society is to continue to maintain its library, have its periodicals bound and retain the invaluable services of Mrs. DeWitt, it will be necessary for us to raise our dues. The Trustees will make a careful investigation of the minimum increase which will be necessary, and before the year is over the Society will be asked to vote such an increase.

The issue will be simply whether we shall increase our dues or curtail our services.

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## **Editorially Speaking . . .**

### VACATION

A vacation is merely a more or less elongated period of time, during which we are free to substitute a different type of activity for a portion of our usual routine. Like patients' reactions these substitutions always vary with the individual although whether at home or abroad we have to eat three meals and sleep about eight hours, leaving the chief factor in our vacation a variation of environment.

June, July and August have come and gone and fortunate is the doctor who has had enough time away from patients and professional responsibilities to be able to work during the next nine months with a full supply of energy.

If your vacation came up to anticipations, be thankful, for you are most fortunate. If you were denied good weather or fishing and on returning home were as tired as when you left, plan a different month and a new location next year.

Our radio newscaster repeats each morning, "while you have been sleeping things have been happening," and while we have been vacationing the same has been true. Much occurs every day on this old world of ours though because of our work it is only natural to be chiefly concerned with what affects our immediate interests, and the changes in medical practice.

Of first importance we should keep in mind the continuing successful efforts to improve medical therapeutics and surgical techniques and the vast amount of skilled research which goes on without a vacation. Abroad we are interested in England's socialistic medical program which ended its first year July 5; a program which promised too much with too little to deliver. But before England draws our individual criticism we should keep in mind what our State of Washington voted to do under Initiative 172. Here we are giving too large a share of our state income to those over 65 and too small a share to our children, while in England the welfare of mothers and children comes first. Our state welfare medical program has continued during the summer months without interruption but not without problems. As this program proceeds we must all agree in its resemblance to that of England in many respects, a dubious comparison in the opinion of many.

Last June at Atlantic City the delegates to the A.M.A. pruned the Fishbein tree without mercy—in fact they "smote it root and branch." The good doctor has always been ultra critical of our state's prepaid medical care program and his convictions were out of step with recent similar national medical economic plans and programs. However, all will agree that he is responsible for much of medicine's advance and we are reminded again of an old German story, "Ingratitude is the world's pay."

Now to get back to vacations. We are sorry for those who were denied such and after conversation with some doctors who had what we consider to have been an ideal vacation, may we quote the late Elbert Hubbard: "The man who most needs a vacation is the man who has just had one."

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## Notes From the School of Medicine University of Washington

The new physical plant for the Division of Health Sciences is nearing completion and many of the basic science departments have already moved into their new quarters. Shortly after September 1st all of the basic science departments will be housed in their new facilities and the work this fall will be conducted in these laboratories. There is no question but that it will be possible to begin better cooperation and integration between the activities of the various departments now that they will begin to function under one roof.

In July the School of Medicine was privileged to have as a guest Doctor Fred C. Zapffe, editor of the Journal of the Association of American Medical Colleges. Doctor Zapffe retired last year as Secretary of the Association of American Medical Colleges after serving in the Association for a period of fifty years. It is doubtful if there is anyone in the nation who is as familiar with the problems of medical education or who knows the overall picture of medical education as it exists today as is Doctor Zapffe. Doctor Zapffe was requested to make this visit by President Allen and Dean Turner as it was desired to have his constructive criticism on our program before final approval by the Council on Medical Education and Hospitals and the Association of American Medical Colleges in October. Doctor Zapffe studied the new physical plant of the Division of Health Sciences and also spent considerable time with each of the department heads discussing their organization of teaching and investigation. Following his inspection Doctor Zapffe made an analysis of his study. It was gratifying to learn that Doctor Zapffe felt that the new physical facilities represented, what to him seemed to be the most carefully planned and most flexible medical school plant that has yet been developed in this country. He felt that the University of Washington had taken advantage of the experience of other medical schools in utilizing the better ideas and in eliminating some of the less desirable features of some of them. Doctor Zapffe also was highly complimentary of the basic general organization, the plans for integration and the potentialities of this new school. His criticism was, in every

way, highly constructive and of great value to the medical school at this time.

The Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges have scheduled their formal inspection of the new medical school for full approval of the four-year program during the period October 5th to 11th. Following their inspection the Council on Medical Education and Hospitals will act on their report late in October and the Association of American Medical Colleges will give their official action at the time of their meeting early in November. In the meantime the Council on Medical Education and Hospitals of the American Medical Association has released a preliminary statement covering the members of the present fourth year class as they seek their internships which will begin in July, 1950.

Doctor Loren D. Carlson, who has been assistant dean of the School of Medicine and Associate Professor of Physiology leaves the post as assistant dean on September 1st. Doctor Carlson has been appointed as director of the new program of General Education which is being developed by the University of Washington. During the past two years Doctor Carlson has rendered exceedingly valuable service as assistant dean. He has been particularly helpful in aiding in the development of the endless problems that have been associated with the construction of the new physical plant.

Doctor James W. Haviland has been appointed as Assistant Dean of the School of Medicine on a half time basis and began his duties on August 15th. In the development of the program of the School of Medicine it has been the objective of the administration that the school cooperate in every possible way with the medical profession. In order to do so it is essential that the school know and understand the problems of the profession as well as that the profession fully understand and appreciate the problems of the school. With mutual understanding and cooperation the profession and the school can strengthen each other and can look forward to intelligent progress in the future. Doctor Haviland as an active practitioner and as assistant in the administration of the school is in a position to render a most valuable service in helping to attain these objectives.

The fourth year medical class is now on the year-around four quarter schedule. They began their summer quarter the latter part of June. The externships that have been planned as part of the fourth year program also began at the initiation of the summer quarter. This externship consists of one quarter of the class during any quarter period spending one month assigned to one of the state mental hospitals, one month in the city, county and state health departments and one month under the supervision of a general practitioner. The first students assigned on the general practice externship were under the supervision of Doctor Walter W. Ebeling of Mount Vernon.

(Continued on Page 8)

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(Continued from Page 7)

Doctor Ralph Highmiller of Olympia and Doctor Carl Scheyer of Puyallup. Both students and physicians reported very favorably on this first experiment. The students particularly gained an impression of the opportunities and problems of private practice in a way that has been most helpful to them. The next group of students to be assigned on general practice externships will be with physicians in Seattle, Spokane, Cathlamet and Okanogan between September 26th and October 22. The group from October 24th to November 19th are assigned to Edmonds and Davenport and those for the period November 21st to December 16th will be in Port Townsend and Seattle. Assignments for the winter and spring quarters will be announced during the fall quarter.

The entering class in the School of Medicine this fall has been increased to 75 students. An equal number will enter the first year class in Dentistry. There were about 3,200 inquiries in regard to the first year class openings for 1949 and some 600 completed applications filled from applicants all over the country. Students admitted to the fall class this year come from the following localities in Washington: Seattle, Poulsbo, Spokane, Cheney, Walla Walla, Ephrata, Hamilton, Alder, Richmond Beach, Tacoma, Parkland, Colville, Attalia, Wapato, Kirkland, Renton, Camas, Sedro-Woolley, Ellensburg. A few students also come from Alaska, British Columbia, Montana and Idaho. The follow-

ing colleges are represented as premedical training centers for this class: University of Washington, the State College of Washington, Whitworth, Whitman, Seattle University, Seattle Pacific Lutheran, Gonzaga, Montana State, College of Idaho, University of British Columbia, Oregon State, Yale, University of California, Stanford and University of Idaho.

E. L. J.

### Notice of Election

Under the recent changes in our By-Laws, the election of members of nominating committees will occur at the regular meeting in October. The report of these committees will be presented to the Society at the November meeting. At the December meeting, the election of officers will take place, and at the close of that meeting, the new officers will be installed.

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# WOMAN'S AUXILIARY

To The Pierce County Medical Society

The last of the houseguests have gone; the tourists are touring homeward; the rains are upon us; and the canning season is on . . . all of which means it's time to start thinking about Auxiliary meetings. The first meeting scheduled for this year will be 1:00 p. m. Friday, October 14th at the W. J. Rosenblatt home, 3 Rosemont Way, with Edith Link acting in the capacity of chairman. This meeting will be a "lap luncheon"—or if you will—"tray luncheon"—a new idea being used this year to permit all of our meetings to be held in private residences. Most of us are adept in the art of balancing trays . . . and besides the members seemed to agree that it would be nicer if we could all be together . . . hence the "lap luncheons." Incidentally, Helen Bennett has planned an unusual program for this first meeting of the year. While we're on the subject of meetings—the dates scheduled for meetings this year will be the second Friday in each month with the exception of November. The November meeting will be held on the second Thursday due to Armistice Day on Friday.

The state Medical convention will be held in Seattle at the Olympic Hotel on September 12th and 13th—that's Monday and Tuesday. Kay Wright has named as delegates to this year's convention Sylvan Campbell, President-Elect; Gladys Delaney, Chairman of the Legislative Committee; Florence Gullikson, Treasurer; and Jean Judd, First Vice President. An outline of the program is as follows: Monday morning from 8 to 12, a Golf Tournament at the Juanita Golf Club. For those who don't play golf there will be a pre-convention board meeting in the President's Suite of the Olympic Hotel. Monday afternoon from 3 to 5 there will be a tea at the home of Dr. and Mrs. John Milligan to which all members are invited. In the evening there will be a buffet supper at the home of Dr. and Mrs. T. W. Buschmann. On Tuesday morning the most important meeting of the convention will be held at 9 o'clock in Parlor B of the Olympic Hotel. Kay Wright is urging every member that can possibly get to Seattle that early in the morning to attend this meeting. Tuesday afternoon will be the annual Auxiliary luncheon, held at the Sunset Club . . . and at 7 that evening the annual banquet will take place at the Seattle Town and Country Club.

Formal attire is optional—but it calls for your most comfortable dancing shoes. Also on Sunday; September 11th, before the convention starts there will be a no-host family dinner and cocktail party—starting at 6:30 p. m.—at the Olympic Bowl in the Olympic Hotel. So much for convention data . . . now for a subject which seems to have been a source of much debate, but is highly important . . . that of yearly dues! Dues, as most of you

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know are \$5.00—one dollar of which goes to National and one dollar to the State, which leaves only \$3.00 for our own treasury. During so-called inflationary times this is a very nominal sum for an organization the size of the Medical Auxiliary to carry on its various activities . . . so PLEASE mail your dues at your earliest convenience to Mrs. John W. Gullikson, Treasurer, Tacoma Country Club. Kay Wright is counting on your interest and support this year, and with the interesting programs and activities she and her board have planned we're sure you will get your money's worth. The new Year Book comes out in September. Here's hoping it will include *your* name!

**INTER NOS**

The comely brunette you see these days at the Country Club swinging like mad at a golf ball is Joan Anderson, new bride of Dr. H. A. Anderson. Joan really looks lovely with the tan she acquired on their recent trip to Hawaii. Join or without the tan she's lovely—hope she wins our fold.

Marcy Peterson, we understand, is keeping right up with her golfer husband. She tallied 102 during a recent tournament at Fircrest. Marcy plans to play in the Medical Convention Tournament along with some of our other golfers . . . Kay Willard, Joan Anderson, Dottie Read and Irene Allison.

More ruffles and bows for Helen Florence—with the arrival of her second daughter, Judith Ann, who is 9 weeks old. Big sister, Janet Sue, is now one year old.

(Continued on Page 11)



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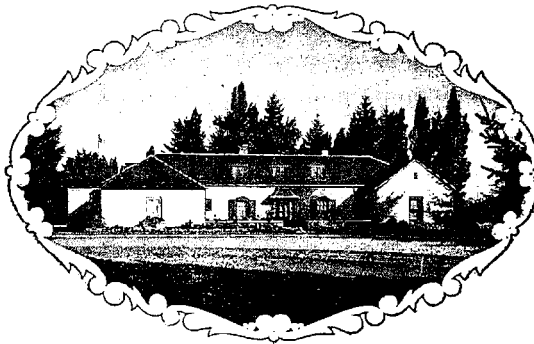
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(Continued from Page 9)

Via the grapevine, we understand that Margaret Larson named her latest son Paul. Paul was born sometime in May . . . the grapevine wasn't very specific.

Our last year's president, Merle Herrmann, found her summer pretty well occupied what with a month's trip East, a wedding-graduation, and a new granddaughter. The trip East included the National Medical Convention at Atlantic City, a visit with daughter Evelyn in Detroit, a visit to the Nation's Capitol, and the graduation and wedding of daughter Virginia, both of which took place at Wellesley College. The new granddaughter was born to daughter Esther in Portland.

How to see the world in six weeks . . . ask Maxine Schwind and she'll tell you how her husband accomplished a large portion of this feat during the past summer. He flew from Tacoma to New York, sailed first-class on the Queen Elizabeth, landed in London and attended a five-day international O.B. convention. During his brief stay in London he visited a large number of its hospitals. The rest of his itinerary reads like a folder from a travel bureau . . . Paris, Switzerland, Belgium, Venice, Rome, Spain . . . Oh yes!—he spent two days in Toledo, Ohio, visiting his parents. Maxine suffers from air-sickness and since most of his travel had to be done via air she stayed and held the home front down. However, I'd say she profited by her husband's vacation with a beautiful watch from Switzerland, doeskin gloves from France, earrings from Italy, and souvenirs from every stop along the way.

One of our chicquest members will be even more so with a brand new set of elegant wild mink furs.

## Birthday Greetings To Our September Babies

W. B. Carte—Sept. 5.  
J. C. Bohn—Sept. 9.  
E. Wolf—September 10.  
M. S. Thomas—Sept. 10.  
L. B. Thomas—Sept. 11.  
W. B. McNerthney—Sept. 11.  
M. Parrott—Sept. 11.  
E. C. Blizard—Sept. 13.  
D. H. Running—Sept. 14.  
F. W. Hennings—Sept. 16.  
C. V. Lundvick—Sept. 19.  
J. W. Bowen—Sept. 22.  
S. S. Thordarson—Sept. 30.

## TWENTIETH ANNUAL POSTGRADUATE SYMPOSIUM ON HEART DISEASE

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## THE MEDICAL LIBRARY

Mrs. Blanche L. DeWitt, Librarian  
Hours 11 to 5, Monday to Friday

You are invited to come in and inspect your library in its new location on the north side of the auditorium. The House Committee devoted much time and thought to planning this move, which was necessitated by the fact that we had completely outgrown the old location. We now have space for many years of expansion and the value of the library will increase with each addition of books and journals.

From time to time we like to thank those who contribute their medical magazines to the library. Many members do this and their generosity has helped greatly in building up a valuable store of material. The library belongs to an exchange association through which medical libraries in all parts of the country exchange unneeded magazines, so that anything that you may have to contribute will find a use somewhere and our own library can receive something that it needs in exchange.

You may like to know of some books added to the library in recent months:

Stieglitz: Geriatric Medicine, 1949.

Beckman: Treatment in General Practice, 1948.

White and Geschickter: Diagnosis in Daily Practice, 1947.

MacBryde: Signs and Symptoms and Their Clinical Interpretation, 1947.

Bacon: Anus, Rectum, Sigmoid Colon, 1949.

Geschickter & Copeland: Tumors of Bone, 1949.

Cushny: Pharmacology & Therapeutics, 1947.

Rivers: Viral and Rickettsial Infections of Man, 1948.

Dubos: Bacterial and Mycotic Infections of Man, 1948.

Several articles of particular interest have appeared in the periodicals lately:

The Effect of a Hormone of the Adrenal Cortex, Compound E, on Rheumatoid Arthritis, P. S. Hench and others: Proceedings of Staff Meetings of the Mayo Clinic, April 13.

Clinical and Metabolic Study of Compound E in Hypertension, Addison's Disease and Diabetes Mellitus, G. A. Perera and others: American Journal of Medicine, July.

Developmental Pathology, a New Field in Medicine, Peter Gruenwald: American Journal of Obstetrics and Gynecology, July.

Recurrent Migrainoid Headaches Associated with Spontaneous Hypoglycemia, C. F. Wilkinson: American Journal of the Medical Sciences, August.

Combined Lateral and Ventral Pyramidotomy in Treatment of Paralysis Agitans, Judah Ebin: Archives of Neurology and Psychiatry, July, 1949.

Control of Bone Growth by Epiphyseal Stapling, Walter P. Blount: Journal of Bone and Joint Surgery, July.

DOCTOR, you are cordially invited to inspect our completely new and modern Sanitarium, conveniently located at Sixth Avenue and Anderson, Tacoma, Washington. The Technical Staff at Griffith Sanitarium has been engaged exclusively in the treatment of alcoholism, using the Conditioned Reflex method for many years. Where indicated a program of rehabilitation is followed after completion of hospital treatment. Hospital personnel trained in this important work help the patient with any problems that have developed in his employment or in the home. It is our wish and desire that the family Doctor call on our staff for escort service, or to assist him in any way in bringing the patient to the Hospital for treatment.

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# The Hospitals . . .

## TACOMA GENERAL

Drs. Lambing and Lawrence completed their internships at Tacoma General at the end of June. Dr. Lawrence has gone to the Pierce County Hospital to spend the next year as a resident physician there. Dr. Lambing is establishing a general practice in Gig Harbor. He has his office in the office building of Dr. Ryan, who is the dentist and Mayor of Gig Harbor.

Dr. Huang will complete her internship at the end of September, and will go to Victoria, B. C., to spend a year at St. Joseph's Hospital

New internes at Tacoma General are Drs. Joan and Clayton Haberman, from the University of Wisconsin, Dr. Joseph Bechtold, from Colorado, and Dr. Byron Yost from Kansas.

Mrs. Evelyn Stein will soon be starting her new work as clinical supervisor of the student practical nurses from the Tacoma Vocational School. She will work with the students at Tacoma General.

Miss Janviere Shovlain, who was night supervisor for several years, was married recently to Mr. Jack Myers, a brother of Mrs. Vanessa Walter. She and her husband have established their new home in Olympia. Miss Doris McClymont will become night supervisor on the first of September.

During the month of June, Miss Jewett, head of the Educational Department, vacationed with relatives and friends in Michigan and California.

Miss Johannesson, Nursing Arts Instructor, and Miss Kraemer, Surgical Clinical Instructor, motored to Minnesota for their holidays in August.

The Canadian Rockies were the vacation spot for Miss Mensik, Miss Schenk and Miss Forsberg. They motored through Glacier Park on the Going-to-the-Sun Highway, then went via Calgary to Banff and Lake Louise, Jasper and Yoho National Parks. These travellers report an abundance of moose, deer, bear and timber wolves in Jasper Park. The scenery is beautiful beyond description, while some of the roads are little better than cow-paths.

How does it feel when a big black bear walks nonchalantly up to you and suddenly takes a nip at you? Miss Mensik can give you the gory details.

The Seniors are now in their final swing of activities and soon will enter the ranks of Women in White. On August 16th they were guests of the hospital on a cruise on the Gallant Lady. The Student Body will entertain the Seniors at a formal dance in Jackson Hall on September 9th. All staff members and their wives will be very welcome to attend this gala event.

The Baccalaureate service will be held at the First Methodist Church on Sunday morning, September 11. The final event will be graduation with that convocation in the First Methodist Church on Friday evening, September 16.

The Class of 1952, with over forty members, will enter the School of Nursing on September

12th, and will be officially welcomed by the older students that night at the annual Pajama Party.

During the next few months, while Dr. Baskin is away taking post-graduate work, his office nurse, Mrs. Augustin, will be employed at Tacoma General as assistant in the Nursing Office.

## COUNTY HOSPITAL

The house staff of the Pierce County Hospital has undergone some degree of reorganization, beginning July 1, 1949. There is a straight one-year senior surgical residency, now filled by Dr. Raymond A. Gardner, and a straight one-year senior medical residency, filled by Dr. M. E. Lawrence. We have three junior rotating residencies, with the following appointments: Dr. Robert J. Carson, Dr. Leon Meier, Dr. M. A. Bass. Three rotating junior internships are served by: Dr. William B. Blakstone, Dr. Harold B. Johnston and Dr. Charles W. Streamer.

It has been our plan and hope that the teaching of our house staff and the more efficient and complete patient care could be promoted by this reorganization. To date we are very well pleased, and feel that this working plan will justify its being established as a permanent teaching structure.

## COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period July 21, 1949, to August 20, 1949, inclusive:

Chickenpox .....	24
German Measles .....	7
Gonorrhoea .....	32
Impetigo .....	1
Measles .....	38
Mumps .....	19
Poliomyelitis .....	3
Scabies .....	1
Scarlet Fever .....	9
Syphilis .....	13
Tuberculosis .....	17
Whooping Cough .....	2

A remarkable example of brevity is the following extract from an actual request form:

**HISTORY:**

Veteran says he was hurt in the war.

**PHYSICAL FINDINGS:**

He says he can't hear.

**DIAGNOSIS:**

He can't.

City guhl: "Why are those bees flying around so frantically?"

Fahmah: "I guess they have hives."

## Analysis of House Bill No. 329 (Chapter 204, Laws of 1949)

*Section 1.* It shall be unlawful for any person, firm, corporation or association (whether organized for profit or non-profit)

to pay, or offer to pay or allow directly or indirectly to any doctor or licensee, and unlawful for

any licensed person to request, receive or allow directly or indirectly a rebate, refund, commission, unearned discount or profit by means of a credit or other valuable consideration in connection with:

1. referral of patients to any person, firm or corporation or
2. the furnishing of:
  - a. Medical, surgical or dental care
  - b. diagnosis
  - c. treatment or service on the sale, rental, furnishing or supplying of:
    - (1) clinical laboratory supplies of any kind
    - (2) or any other goods, services or supplies prescribed for medical diagnosis, care or treatment.

Any person violating the provisions of this section is guilty of a misdemeanor.

*Section 2.* The acceptance by any person so licensed of any rebate, refund, commission or unearned discount, whether in the form of money or otherwise, as compensation for referring patients to any person, firm, corporation or association, constitutes unprofessional conduct.

*Section 3.* The license of any licensee may be revoked or suspended if

1. he has directly or indirectly requested, received or participated in the division, transference, assignment rebate, splitting or refunding of a fee for, or
2. he has directly or indirectly requested, received or profited by means of a credit or other valuable consideration as a commission, discount or gratuity.

in connection with

1. the furnishing of medical, surgical or dental care, diagnosis or treatment or service including X-ray examination and treatment or
2. the sale, rental, supplying or furnishing of:
  - clinical laboratory service or supplies
  - X-ray services or supplies
  - inhalation therapy service or equipment
  - ambulance service
  - hospital or medical supplies
  - physiotherapy or other therapeutic service or equipment
  - artificial limbs, teeth or eyes
  - orthopedic or surgical appliances or supplies
  - optical appliances, supplies or equipment
  - devices for aid of hearing
  - drugs, medication or medical supplies

any other goods, services or supplies prescribed for medical diagnosis, care or treatment

except payment (not to exceed one-third) of any fee (received for X-ray examination, diagnosis or treatment) to any hospital furnishing facilities for such examination, diagnosis or treatment.

*Section 4.* It is the intent of this Act that licensees shall only be authorized by law to charge or receive compensation for professional services rendered if such services are actually rendered by the licensee.

provided:

- (1) Two or more licensees who practice as partners may charge or collect compensation for any professional services by any member of the firm.
- (2) A licensee who employs another licensee may charge or collect compensation for professional services rendered by the employee licensee.

Legal opinion from State Medical Society.

It is obviously the intention of this Act to permit doctors to charge or receive payment only for professional services they themselves personally render with the two exceptions of partnerships and employees and the Act should be construed with this intention in mind.

It is my opinion that a surgeon may legally pay a fee reasonably commensurate with the value of the services performed to an assisting physician who actually participates as an employee of the operating surgeon in the surgical procedure and the care of the patient. However, wherever the assistant is employed by the patient each physician should bill the patient separate for his own charge.

It is also my opinion that no doctor may be employed by any lay person, hospital or corporation on a fixed salary or on any commission basis where the lay person, hospital or corporation makes a charge for its own account for the services of the doctor.

There may be some question as to whether the Act itself prohibits the practice just defined but if it does not, still this practice is prohibited by the general principle of law that no unlicensed person or corporation may practice medicine through the device of employing a licensed person.

### Did You Know . . .

—That in England, school lunches rate second only to hospitals in food priority?

—That 9.77 quarts of milk are required to make a pound of butter?

—That the quantity of milk produced annually in America would fill a river 3,000 miles long, 3 feet deep, and 40 feet wide?

A discharged WAC telephoned the veterans' center in Cambridge, Mass., to inquire whether the GI Bill of Rights covered hospitalization for maternity. "That depends," replied the clerk absent-mindedly. "Is this a service-incurred disability?"

## Pierce County Public Health Association

On February 1, 1949, the first meeting of the Pierce County Public Health Association was held at the Health Center.

There are thirty-six towns in Pierce County. By dividing the county into fifteen districts with two or three towns in each district, and a board member, responsible for each district, a working board has been formed.

The duties of each board member is to organize a Health Council in each town which will study the particular problems of their community. He or she attends the local council meetings and reports to the General Board meetings.

Board meetings are held once a month on the first Tuesday at 10:30 a. m. at the Pierce County Health Center and are well attended. After a short business meeting each member reports on any problems that have arisen in her district, of which those of sanitation seem to be the most common. Dr. Fargher, City Health Physician, Dr. Parrott, County Health Physician, Mr. Parrish, the Director of County Sanitation and Mrs. Edith Mitchell, Director of County Public Health Nursing, attend each meeting to answer questions and advise on the best method of meeting the local problems. The latter part of the meeting is devoted to an educational program.

The councils work in close conjunction with the local health authorities and committees. They also keep all the clubs in the community informed of local conditions and report all the information which has been obtained at the board meetings.

In most small communities the lay people as a rule are not aware of certain existing conditions and health problems right at home. Some of the most urgent problems concern sewage, garbage disposal and rats. In many rural areas the septic tanks are draining into open gutters and ditches in which children are often allowed to play. If this locality was infested with flies and mosquitoes they would constitute a very real problem.

The Pierce County Health Association is so young that the results of its work are just now beginning to be recognized. During the next year it is hoped and expected that its accomplishments will be many.

Mrs. Stanley Staatz, General Chairman

A Seattle chest X-ray worker thought he saw a familiar face in the line of persons being X-rayed, asked the woman if she hadn't already had an X-ray.

"Certainly," replied the woman. "I've had three already. The first didn't help me, but after the second one I began feeling a lot better. I don't have to stop taking treatments, do I?"

"How much is the toll, mister," asked the two women of a tollgate keeper. "Twenty cents for a man and a horse." "Well then, get out of the way. We're two old women and a mare. "Giddyap Jenny!"

## COVER CHARGE

Hospitals, generally, except where tax-supported, are finding it difficult if not impossible to make ends meet. Private philanthropy and community chest contributions have dwindled away, as high taxes and high cost of living have cut down donations. Interest on invested hospital funds is about one half of that received before World War II. Hospital rates, in some places, have been boosted to the point of diminishing returns. The discovery of new sources of income has therefore become imperative.

Many institutions, even though the arrangement is contrary to the ethical principles laid down by the A.M.A., and possibly contrary to law, are employing full-time X-ray, anesthesia, and clinical laboratory specialists on whose services they make a profit. Other schemes have also evolved, not necessarily violating the tenets of ethics and law. One method of increasing hospital income takes a page from the book of night clubs, and imposes a cover charge on staff practitioners.

At the Norwood Hospital where this system is in effect, and, incidentally, was voted by the staff, each practitioner makes a prescribed payment to the hospital for each one of his patients admitted. World War II veterans on the staff are, however, exempt for two years. For T. & A.'s, children, and for an overnight stay, the charge is \$1.00; for medical admissions, \$3.00; and for surgical cases, \$5.00. The plan has been in operation at Norwood since August 1, 1947, and up to April 27, 1949, has collected \$20,232.50 from 71 staff members, with \$2,518.00 additional then outstanding. Since the plan was designed to cope with a special situation, a very definite limit was fixed as to duration—when the funds collected reach \$60,000. Meantime, as might be expected, the busier the physician the more he pays. Six physicians have contributed more than \$1,000 each in the less than two-year period; of these, three have paid (or owe) more than \$2,000, and the record is \$3,783. Norwood is a town of some 16,000 or 17,000 population, and the hospital serves smaller adjacent communities as well; for such a hospital, the record is not unimpressive. Whether Norwood physicians add the tax directly onto their bills or not, however, the conclusion is inescapable that in the long run, it is, as always, the customer (in this case the patient) who pays.

We see some drawbacks and dangers to this tax-the-doctor scheme. What if a doctor is not paid by his patient? What if a doctor refuses to pay the tax? If he is dropped from the staff, his patient is prevented from exercising free choice as to his physician. What if some doctors are willing to double the ante in order to get priority for a dangerously ill or a prosperous patient?

Hospitals cannot be criticized for trying all legitimate means, especially painless ones, for increasing their income. And after this "cover charge" venture, the possibilities are endless. We may expect to be hearing of hospital lotteries next, or has this already been tried in the United States.

Norfolk, Mass., Medical News.

CARL E. WALLACE, B. S.  
Bacteriologist

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## Reader's Query on Raw Milk

A letter from a Seattle reader presents certain cogent arguments which represent the thinking of many persons who still favor raw milk.

Writing in reply to our January article entitled "Is Raw Milk Better?" Mrs. Paul Mehus says in part:

"The fact that in the past and probably at the present time, such diseases as typhoid fever, scarlet fever and septic sore throat, food poisoning, undulant fever, diphtheria and tuberculosis can be submitted to humans from milk is not disputable. That they must be, without pasteurization is, however, very disputable.

"We are, with our constant prating for milk pasteurization, rewarding the dirty farmer, the careless milker, the unsanitary dairy, the negligent husbandman who neglects his animals and milks sick cows, and discouraging the industrious who can and will make the effort to produce a good product under completely ideal conditions . . .

"I would like to see the State Health Department develop to the point where they could safely say 'the only safe milk to drink is either Certified Grade A raw milk or pasteurized milk' . . .

"If we must admit that our dairying industry is dirty, unsanitary and one hundred years behind the advances of refrigeration, sanitation and bacterial disease control, that our farmers are negligent and our cows half sick, let's say so, then I will agree with you that all milk must be pasteurized."

Mrs. Mehus certainly raises some questions which merit further discussion.

The State Health Department does not recommend pasteurization merely as a safeguard to keep poor milk from spreading disease. Our goal—and in this we are joined by organized dairymen, processors, distributors, local health departments and municipal groups—is making the so-called Grade "A" Milk Ordinance a state-wide law. It is now in effect in 24 cities and six counties of Washington.

Milk produced under unsanitary conditions is not eligible for the Grade "A" label, whether pasteurized or not. The health departments, who inspect dairies under Grade "A" regulation, make it their responsibility that milk brought in for pasteurizing is clean and wholesome.

Even with all these safeguards, and if there were a full-time inspector for every cow in the state, somehow, some day, disease germs might creep into some farmer's clean milk. This milk, pooled with other shipments at the dairy, would have a serious disease-carrying potential.

Therefore, while we are working hard for Grade "A" standards in all dairies of the state, we still insist that pasteurization is a necessary safeguard for even the best milk. You cross streets as carefully as you can—but accident insurance is still a good idea.

Lates research, as reported in our original article, indicates that the only vitamins (C and B) de-

stroyed in pasteurization are not present in important quantities in raw milk. No milk is considered an adequate source of these vitamins.

Washington State Dept. of Health Commentator.

## They're Dressing It Up

Medical and dental officers will be given priority of consideration in assignment of quarters and their families will be allowed to accompany them on overseas tours of foreign duty, the Department of Army announces.

This policy takes cognizance of the fact that Army medical and dental officers, as a result of the present shortage of service medical and dental personnel, are required to be on duty more hours per day, in many cases, than is normal, as well as to perform more than normally arduous duties.

It was also announced that the Surgeon General will be placed directly under the Chief of Staff. This re-emphasizes and facilitates his direct access to the Secretary of the Army and to the Chief of Staff in order that these officials may be kept constantly informed on the critical medical situation. General Omar N. Bradley, Chief of Staff, said this same organizational pattern is being implemented throughout the Army so that all medical officers will have direct access to their respective commanders.

## FAMILIES CAN GO, TOO

Orders allowing families of medical and dental personnel to travel with them have been issued to the field.

The policy is the latest step in a continuing campaign designed to relieve the critical shortage of medical and dental officers in the Army by making their careers and living conditions more attractive. Previous action in this direction includes: provision for an extra \$100 per month in pay for medical and dental officers, giving them every opportunity to pursue their specialties, assigning ranks on the basis of civilian accomplishment, and emphasizing stability of their assignments by making only an essential minimum number of transfers of these officers.

These policies were announced by General Bradley with the concurrence of Gordon Gray, Secretary of the Army.

Philadelphia Medicine.

There are two kinds of people on earth today,  
Just two kinds of people—no more, I say.  
Not the good and the bad, for 'tis well understood  
The good are half bad and the bad are half good;  
Not the rich and the poor, for to count a man's  
wealth

You must know the state of his conscience and  
health;

No, the two kinds of people on earth that I mean  
Are the people who lift and the people who lean.  
Wherever you go, you will find the world's masses  
Are divided up in just these two classes.

And, oddly enough, you will find, too, I ween,  
There is only one lifter to twenty who lean.

—Selected



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NOTE: Communities throughout the nation will mark the 11th annual observance of NATIONAL POSTURE WEEK October 17 to 22 as the year's leading event in public health education. These two heavily illustrated booklets on posture, prepared especially for distribution by physicians to their patients, have been widely approved by the profession. Their titles: "The Human Back... its relationship to Posture and Health" and "Blue Prints for Body Balance." Ask for the quantity you need on your letter-head. SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE, Empire State Building, New York 1, N. Y. Founded by S. H. Camp and Company, Jackson, Mich.



## OUR OPINION

The Specialists Boards, wittingly or unwittingly, have been, according to various viewpoints, largely responsible or responsible in lesser degree for the discrimination against the General Practitioner, a discrimination that has made it nearly impossible for him to practice in the large accredited hospitals throughout the country.

The result has been an unhealthy condition within the body politic of medicine; a condition that may be blamed for the change in attitude on the part of many doctors who feel they have been badly treated by their own profession, and that a radical change in present methods of rendering medical care would place them in a situation no worse than they feel themselves at the moment, and that such a change might offer more freedom and security.

It might be timely to remember that the State licenses the medical man to practice as a physician and surgeon; under the law and by virtue of his license he has the same rights to practice, the same responsibilities as all others with similar licenses. He is a Doctor of Medicine with all that that title stands for. Would it not then be well, when considering the problems before medicine today, to give first thought to the Doctor of Medicine, regardless of the part of the human anatomy to which his interests have caused him to devote his practice? Would it not be well for those who wish to specialize to so do, and by their greater ability in their special fields attract patients to

them and at fees commensurate with that greater ability and skill?

This, it appears to the writer, would serve the profession and the public better than pressure brought by various Specialty Boards, which, we must not forget, have no legal status, but are made up of private individuals.

We must not forget that the cost of medical care—medicine's major problem today—rises as we draw closer to complete practice by Specialists.

If Specialists would help the General Practitioner to become proficient in handling all uncomplicated cases, the General Practitioner then to refer the complicated and difficult cases requiring that necessary higher degree of skill to the Specialist, the friction that now exists in our ranks would gradually disappear and the medical profession again would be united as it was in years past.

It seems to be high time that we step off to the side for a moment, and view ourselves as others see us, and correct our mistakes before they are corrected for us.—R.O.B.

Bulletin of the Los Angeles Medical Association.

The Colonel tells the Major when he wants something done  
And the Major tells the Captain and gets him on the run.

The Captain thinks it over and to be sure and follow suit,  
And passes buck and baggage to some shavetail  
2nd Lieut.

The said Lieutenant ponders as he strokes his downy jaw.  
He calls his trusty Sergeant, and then lays down the law.

The Sergeant calls the Corporal to see what he can see,  
And the Corporal gets a Private and the poor damned Private's me.

Pfc.: "I understand the First Sergeant went on sick call for his cold. What did they do for him?"

Company Clerk: "They prescribed a jigger of bourbon and two aspirins every night. His wife told me this morning that he's six months behind on the aspirin, and three years ahead on bourbon.

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1. Ask for patient's Identification Card.
2. Note group and certificate number, effective date and *type of coverage*.
3. If the member has a two-visit deductible contract explain that he will be billed for the first two visits but that x-ray and laboratory work will be paid for by C.P.S.

4. If the patient's annual net family income exceeds \$3,000 explain to him that you can make an additional charge over and above the amount paid by C.P.S. All sales literature and contracts given to the beneficiary member definitely state this provision.

5. May we suggest that if additional charges are to be made that financial arrangements be agreed upon before services are rendered.

We suggest that you refer to the manual that has been prepared by C.P.S. for use in the doctor's office which explains the procedures to be followed in handling C.P.S. beneficiary members. If you do not have a copy of this manual, please contact the C.P.S. office and they will forward one to you.

San Diego Bulletin.

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She: "Wonderful. Yesterday I went sixty miles an hour, and tomorrow I'm going to try opening my eyes when I pass another car."

"The offspring of a single rat," stated the lecturing biology professor, "may number several hundred."

"Gee whiz," came the startled expression from the third row, "what would be the offspring of a married rat?"

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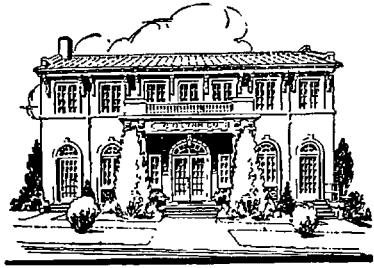
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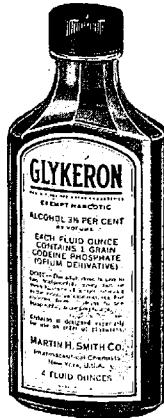
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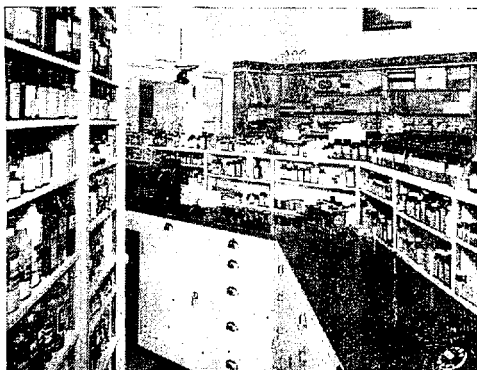
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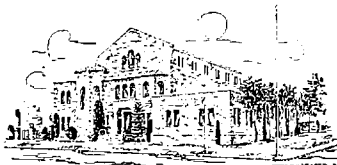
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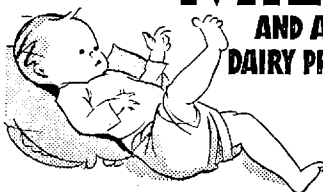
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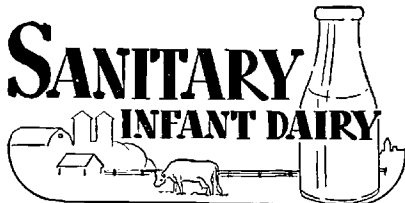


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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XX—No. 3

TACOMA, WASHINGTON

NOVEMBER - 1949



# Pierce County Medical Society

1948-1949

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 President-Elect.....E. C. Yoder  
 Vice President.....Miles Parrott  
 Secretary-Treasurer.....C. C. Reynolds

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 Miles Parrott      S. S. Jones         T. B. Murphy

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 W. C. Cameron      E. J. Fairbourn  
 Miles Parrott

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 Associate Editor.....Bernard D. Harrington  
 Business Manager.....William W. Mattson  
 News Editor.....C. R. McColl, F. J. Rigor

# Program

## Medical Arts Auditorium

8:15 p. m.

November 8, 1949

### The treatment of anemia, leukemia and lymphomas—

Clement A. Finch, M.D., Associate Professor of Medicine, University of Washington School of Medicine.

Dr. Finch graduated from the University of Rochester Medical School in 1941, interning at Peter Bent Brigham Hospital in 1941 and 1942; he was Assistant Resident at that hospital in 1942 and 1943; Research Fellow in Hematology at Evans Memorial Hospital, Boston, in 1943 and 1944; Resident at Peter Bent Brigham Hospital in 1944, 1945 and 1946; Instructor and Associate at Harvard and Peter Bent Brigham Hospital from 1946 to 1949; is now Associate Professor of Medicine at the University of Washington School of Medicine.

## REPORT OF

## NOMINATING COMMITTEE

## ***The President's Page . . .***

In appropriating funds for Initiative 172, the Legislature, in its wisdom, earmarked parts of the total into separate accounts. One of these accounts was for medical care: \$22,000,000 to last until March 31, 1951. The various County Bureaus agreed to accept \$2.50 per month per recipient of a grant for which medical care only would be furnished. The State Department of Social Security was obligated to pay for all other services: drugs, hospitalization, appliances, and so forth. These ancillary goods and services are prescribed by the participating practitioners. Thus the judgment of the participating practitioners as to what constitutes necessary goods and services (other than medical care) is the determining factor in regulating their cost to the State. At the present rate of outgo, this fund of \$22,000,000 will be exhausted in October, 1950.

The other funds, old age assistance, aid to dependent children, aid to the blind, and so forth, would be exhausted at different times next year, if present rates of expenditure were continued. The Director of the State Department of Social Security has reduced grants in each category, except medical care, in an effort to keep each fund solvent through the biennium.

Whether the position is desirable or undesirable, pleasant or unpleasant, the participating practitioners find themselves on a very definite spot. Either there will be considerably less money spent in the future for hospitalization, drugs, etc., under this program, or the medical fund will be the one fund to go broke before the end of the biennium. A newspaper story about a prolonged period of hospitalization for some recipient (whether justified or not) would make just as good copy as a story about someone with fourteen children who was on relief. The only difference would be the medical profession would be the meatball, not Initiative 172.

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## **Editorially Speaking . . .**

### **OLD AGE SECURITY**

The words welfare, old age pensions and old age assistance are not a part of the doctor's vocabulary as applied to ourselves but the problem of old age security is of vastly more concern to the great majority of people than is the atom bomb or Communism.

Less than half the men and less than one out of ten of the women 65 years of age or over in the United States are at work. A man 65 years old may expect to live 12 years longer and a woman 14 years longer. On what are they going to live? Very few have saved enough from their earnings to be independent. A few more will be supported by their children, a custom fast disappearing. The great majority must depend to a large extent or wholly on one of four plans, employer initiated pension plan, union negotiated plan, State and Federal Old Age Assistance plan or the Federal old age pension plan.

The first or employer initiated plans are mostly non-contributory and are limited chiefly to large prosperous firms with adequate benefits open only to long service employees.

The union negotiated plans are the basic issue in the present strikes of the steel workers and coal miners. These non-contributory plans cost too much for industry to operate, whether based on tons of coal mined or on hourly wages. A few weeks ago each of us received a statement that the United Mine Workers Medical Plan was financially unable to pay for future medical care of its members. It had assumed too much liability at its beginning.

We know something of Old Age Assistance although most of us do not appreciate that it is in force in varying degrees in every state and is the largest single source of income to retired persons, caring for over two and one-half million of such.

More than half the money comes from the Federal government but the administration is in the hands of each state. Percentages of recipients and amount of grants vary. In New York state ten of every 100 persons over 65 receive old age assistance while in Louisiana the number is 80 of every 100 persons. Washington pays \$65.00 per month while Mississippi pays \$18.80.

By and large this plan has two major objections. It is demoralizing for people to have to accept charity after a long life time of work and based on a means test its administration is difficult.

Federal Old Age insurance seems the most satisfactory method to provide income for retired persons. It covers all jobs in all plants within the covered industries; it cannot be changed or discontinued by an employer; half the cost is paid by the employee and the pensions are paid as a matter of right and without a means test. Defects of this plan are that it only covers about 60 per cent of the workers, the requirements to be eligible are too strict and with present prices the benefit payments are too low.

Why does old age security concern us? Because medical care is a vital part of old age security and we are the doctors. Pierce County is trying to develop an efficient medical care program which will be of value, now and in the future.

LEWIS HOPKINS.



# HALCO SANITARIUM

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**CHRONIC ALCOHOLISM**

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*Medical Director*

B. H. KENNEDY

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DOCTORS for many years have been referring patients to us for treatment of the disease of alcoholism. We sincerely appreciate the support of the family physician and respectfully solicit a continuation of this cooperation.

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## MINUTES OF REGULAR MEETING OF OCTOBER 11, 1949

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on October 11, 1949, Dr. Homer Humiston, the President, presiding. Minutes of the previous meeting were read and approved.

The President gave a short resume of the Trustees' meeting which had been held previous to the regular meeting.

The matter of a roster with a photograph and some information regarding each Society member was favorably considered. A local photographer has agreed to do this work gratis, and a copy of the roster will be furnished each doctor without charge.

The President announced that letters requesting donations to the Community Chest had been sent to each member of the society. He stated that last year the physicians were one of the few organizations that had reached its quota and that a considerable amount of favorable comment had been made because of the generosity of the doctors. Dr. Humiston stated that he hoped that the medical profession would accept its obligation to the Community Chest fund again this year.

Dr. J. M. Mattson made an announcement regarding Diabetic Week, in which it was explained that the Diabetic Committee for the local society were co-operating with the Washington State Medical Association and the American Diabetic Association in attempting to locate unknown diabetics, so that they could be placed under treatment before complications.

Dr. T. H. Duerfeldt announced from the floor that there was a marked shortage in ash trays in the auditorium. This matter will be referred to the House Committee.

The President appointed Drs. R. D. MacRae, Miles Parrott and Robert Brooke as a committee to select the General Practitioner of the Year from Pierce County, Dr. MacRae to be Chairman of the committee.

According to the Constitution and By-Laws the Nominating Committees for officers of the Pierce County Medical Society are to be elected at the October meeting. The President therefore called for nominations for this committee and the following members were nominated: Drs. H. A. Larkin, F. R. Maddison, D. G. Willard, Philip Grenley, R. B. Link, J. R. Brooke, J. H. Kalkus, F. J. Rigos, R. D. MacRae, L. A. Hopkins, William Rosenblatt, Murray Johnson and G. G. McBride. Dr. Read moved and Dr. Duerfeldt seconded a motion that nominations be closed. The motion carried.

In the voting which followed the following committees were elected: Committee No. 1, Dr. Murray Johnson, chairman, Dr. L. A. Hopkins and Dr. J. Rigos; Committee No. 2, Dr. D. G. Willard,

chairman, Dr. F. R. Maddison and Dr. G. G. McBride. These committees are to report at the November meeting of the society.

Dr. Roger Anderson, Senior Consultant in Orthopedics, University of Washington School of Medicine, Orthopedic Chief of the King County Hospital and Consultant at the Marine Hospital, was introduced, who gave a talk on Backache, Diagnosis and Treatment.

Dr. Anderson mentioned that in order to diagnose backache a careful history should be taken and an attempt made to ascertain the cause of the trouble. He stressed the point that backache is a joint ache, that most of the pain is around the lumbo-sacral joint and that it can be produced by trauma, arthritis, congenital deformities, acquired deformities or by indirect exciters.

In arriving at a diagnosis he stressed again the taking of a careful history as to the time the backache began, when it bothered, the type of pain, to ascertain if any injury has been received by the patient, to consider all factors which might be present which could produce the pain. He stressed a careful physical examination and an X-ray study.

He mentioned that prophylactically many of these backaches could be prevented by instructing the patient as to how to lift and how to move and turn so as not to traumatize an already damaged lumbo-sacral joint.

In the treatment Dr. Anderson discussed local physiotherapy, the use of heat and massage, the use of medication for joint sedation, the use of supports which would allow the lumbo-sacral joint to have more rest. He spoke of the use of manipulation, both with and without anesthesia. He cautioned us not to forget that absolute bed rest and traction of the lower extremities many times gives marked relief by relieving pressure on the lumbo-sacral joint.

After all conservative measures fail to relieve the painful back surgery with stabilization of the low back should be done. Dr. Anderson stresses the use of the bone chip method for stabilization, in that it is less apt to come loose and the patient could have earlier ambulation than with some of the other types of fusion.

The paper was discussed by Drs. Goering and Dille.

Dr. Robert C. Murphy made an announcement regarding the Tacoma and Pierce County Child Guidance Clinic, which, after many months of preparation, is now about ready to receive its first patients. In the clinic there is a psychiatrist, a psychologist and a psychiatric social worker. The clinic will chiefly be concerned with emotional problems of children, including excessive shyness, delinquency and behaviour problems. Referrals should be made to the psychiatric social worker in the Tacoma-Pierce County Health Center and a parent of the child in question should be the one to contact the clinic. Dr. Murphy announced that the fee system of a sliding scale would be in effect at the clinic, but that no one would be refused because of inability to pay.

## Tacoma-Pierce County Blood Bank

The annual meeting of the American Association of Blood Banks is to be held in Seattle, November 3rd to 5th inclusive and a cordial invitation is extended to all of the Doctors to attend one or more of the sessions.

The Blood Bank is filling a great need in this community in supplying blood and plasma to hospital patients in Pierce County as well as numerous outlying areas.

We are still having trouble getting replacements in some of the cases using blood and ask the Doctors to get behind us in requesting relatives and friends to replace the amount of blood used.

Many Doctors are sending patients to the Blood Bank requesting a phlebotomy. This we are glad to do. However, many patients return at various intervals for a repeat treatment but do not have a Doctor's consent. We at the Blood Bank feel that the Doctor should know the patient has returned for blood-letting so that he may indicate the need or contra-indication as the patient's physical condition will determine. In order to save time, the Blood Bank nurse has been instructed to contact the Doctor by phone and upon his request we will proceed, or refer the patient back to him for examination.

In the past six months the Blood Bank has supplied 2647 units of blood to the various hospitals for transfusion services, at the Doctors' requests.

## IMPORTANT

Through the courtesy of the Dammeier Printing Company and the professional supply and service companies who are making it possible, an up-to-date **DIRECTORY of PIERCE COUNTY PHYSICIANS and SURGEONS** will soon be issued to all members. You will receive a proof sheet and it is requested that it be Okayed or corrected and returned promptly to the Dammeier Printing Company.

## NEW MEDICAL MAGAZINE

"General Practice" is the name of a new medical magazine which will begin publication early next year in the Kansas City headquarters of the American Academy of General Practice. Announcement of plans for the new journal was made in the Sunday, August 28 issue of the Kansas City Star. F. Kenneth Albrecht, M.D., 40 years old, has been appointed editor by the Academy's officers. Editorial offices will be at 406 West 34th Street, in the Porter Building, national headquarters of the Academy. Twelve thousand copies of the first issue of "General Practice" will be printed, according to Mac F. Cahal, publishing manager.

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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

We would like to devote a portion of this issue of the Bulletin to helping you become better acquainted with our president, Mrs. Ross D. Wright, Katherine, or Kay as we know her, hails from Kansas. A music major, she was graduated from Kansas Wesleyan University at Salina, Kansas. Kay took graduate work at Northwestern, University of Southern California and National Band and Orchestra Camp at Interlochen, Michigan. Before coming to Tacoma she was supervisor of music in the public schools at Newton, Kansas. Kay came to Tacoma as director of the choral and instrumental work at Jason Lee Junior high school. Shortly thereafter she became a homemaker and a very conscientious Auxiliary member. In addition to her work in the Auxiliary she is on the Tacoma Philharmonic Board, having been president of this organization for two successive years. Kay is also an active D.A.R. member; serves on the board of the President's Council, and the Public Health Nursing Board; and is District Commander of the American Cancer Society. Since music is her first love she finds time in her busy schedule to direct the choir at the Immanuel Presbyterian Church. Kay likes to spend her leisure time horsback riding and cruising the waters of Puget Sound in their lush-looking new boat.



Note: We thought it might be nice to be a little more familiar with all of our past auxiliary presidents, so next month we will start a series of articles on all of our past presidents beginning with Kay Wright's predecessor, Merle Herrmann and going right on down the line to the first president, Mrs. Ralph Schaeffer.



Well, our September meeting could safely be termed a success, we think, with more than sixty members in attendance. A savory luncheon was served amid colorful autumn flowers and the quiet, simple dignity of Maxine Rosenblatt's lovely big home. Edith Link and her committee skillfully maneuvered the sixty odd guests through their first "lap luncheon" without a single casualty . . . and managing somehow to keep the food constantly warm and the teacups and coffee cups always full. We know it can be done now and it makes for a closer knit organization. The program, under the direction of Helen Bennett, was well received by the members in the audience and much to the gratitude of the members participating. Dr. Magnussen spoke to the group regarding work being done at the blood bank. There has been some discussion in the past on whether or not to continue with the blood bank as a project. As Dr. Magnussen pointed out, the doctors' wives seem to be the logical organization to help maintain the blood bank,

### OFFICERS FOR 1949-1950

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President-Elect.....	Mrs. John Campbell
First Vice President.....	Mrs. Herman Judd
Second Vice President.....	Mrs. Robert Lantiere
Corresponding Secretary.....	Mrs. C. B. Ritchie
Recording Secretary.....	Mrs. Edward Wolf
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Program.....	Mrs. Raymond Bennett
Legislative.....	Mrs. George Delaney
Telephone.....	Mrs. A. P. O'Leary
Social.....	Mrs. Edward R. Anderson
Publicity.....	Mrs. Arnold Herrmann
Hygeia.....	Mrs. Thomas Smeal
Public Relations.....	Mrs. Herman Judd
Blood Bank.....	Mrs. John Campbell



MRS. ROSS WRIGHT  
Auxiliary President

(Continued on Page 10)

## WOMAN'S AUXILIARY

(Continued from Page 9)

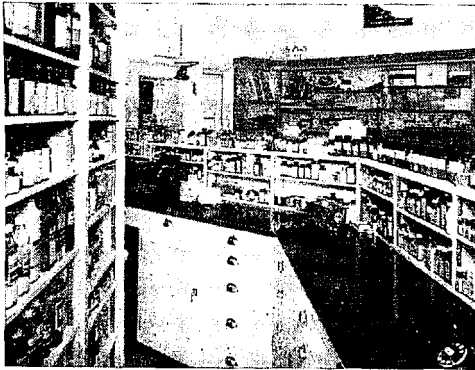
since it is the doctors who use the blood from the bank. A motion was made and seconded that we continue sending volunteers to the blood bank every Monday. All present unanimously voted in favor of the motion and many volunteers were signed up for the coming months. Anyone interested in volunteering please call Sylvan Campbell, GA 4331, as many more workers are needed. Volunteers for the month of October were Mesdames S. R. Lantieri, D. H. Johnson, Somers Sleep, J. R. Campbell, R. J. Bennett, S. F. Herrmann, Fay Nace, J. B. Jarvis, L. J. Bland and N. E. Magnussen.

By all means don't miss the next meeting, Thursday, November 10th. Mary Bard Jensen, author of "The Doctor Wears Three Faces" will be our guest, along with the state auxiliary president, Mrs. Raymond Zech. To really appreciate our guest one should read the book—if you can't borrow one—buy one, bring it along and have it autographed by Miss Bard. The meeting will be held at the home of Mrs. C. B. Ritchie, Route 7, Box 598X. Here's how you get there—drive out the Mountain highway, past entrance to Spanaway Park. Take first left hand road past Park at Texaco Station, proceed two and three-tenths miles. Name is on mail box. If you need a ride call Kay Anderson, MA 6613, or Kay Wright, PR 4503 . . . but be there!

An error was made in last's month's issue on the name of the state auxiliary newspaper—it should be "Med-Aux News." Several errors were made in the new year book, due to no one individual's fault, and we'd like to give you the corrections here so that you may write them in your book. Names omitted—Hansen, Mrs Eugene (Gladys), 3510 No. 33rd, PR. 1152; Olsen, Mrs. W. R., 402 So. I, BR 0154; and Schwind, Mrs. Frederick J. (Jeanie), 1510 No. Proctor, PR 4560. Address and telephone number omitted—Mrs. Louis P. Hoyer, Jr. (Gypsy), 4117 No. 19th, SK. 2186; Mrs Ralph Huff (Bart), 3416 No. 30th, PR. 2460; and Mrs. George Kunz (Lorraine), 3519 No. 29th, PR 1351.

How about helping our hard-working Hygeia committee? If you don't have a subscription call Betty Smeall now at PR. 7569 . . . also remember Hygeia makes good waiting-room literature.

The speakers' bureau on socialized medicine, organized by the public relations committee of the auxiliary, seems to be currently in demand. Mr. L. R. Bonneville, of the bureau, will speak before a P.-T. A. group in Sumner on November 8th and a panel discussion will take place at the President's Council meeting November 17th, at the Y.W.C.A. If you can make this meeting, which would be worth your while, the time is 10:00 a. m. Mr. Burton Lyon and Mr. Bonneville will participate in the discussion.



# LAKWOOD PHARMACY

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## INTER NOS

Our apologies to Patricia James for our incorrect report on her new daughter's name. It is Bonita Jean, not Berenice as we so erroneously had it. Pat, if you knew the struggle involved in finding the correct spelling of Berenice—we're sure you'd be very forgiving.

—o—

And, speaking of new daughters—Ethel Ehrlich has one. A pink little bundle of femininity named Jeanette Carol was born to Dr. and Mrs. Albert Ehrlich October 11th at St. Joseph's Hospital. Jeanette, who tipped the scales at 7 lbs. 13 oz., is the third daughter. Joyce Maria is six and a half and Joan Elaine is three and a half.

—o—

Lucille Dayton has more than a passing interest in how the Minnesota football team is doing, since her daughter, Darcia, and her husband are now on the University campus. He is working for his doctorate.

—o—

One of the auxiliary babies we missed this summer and one we'd like to introduce to you now is Richard V. Andrews, born July 20th to Dr. and Mrs. H. H. Andrews of Sumner. Rickie, his mother tells us, is all boy—rough and ready at the early age of three months. And, quote Marjorie, has loads of dark hair—which is better than his daddy can do—unquote. Marjorie worked at Doctor's Hospital before Rickie was born.

—o—

Dr. and Mrs. Wendell Peterson have just returned from the sunny state of California where Dr. Peterson attended an orthopedics meeting in Santa Barbara. They made the trip in their new grey Oldsmobile 88.

—o—

Helen Scheckner is speeding down the road to recovery following major surgery at Tacoma General. She's a good advertisement for the surgeon—she looks wonderful!

—o—

Ruth Rickles and children, David and Diana, with Dr. Rickles, spent a few weeks visiting friends and relatives in California. Ruth says she is ready for another such trip. It was so nice.

—o—

Little Angelia Bonica can now join her elders in conversation whenever they decide to dwell on their operations. Angelia had an emergency appendectomy at Tacoma General early last week. She is home now and, we understand, doing nicely.

—o—

One of the most pleasant vacations we've heard about was taken by Dr. J. B. Robertson. Dr. Robertson flew back to Indianapolis, Indiana to see his two brothers and old friends whom he hadn't seen in many years. During his visit he attended a family reunion at which one hundred and twenty-five friends and relatives were brought together.

—o—

Margaret Jean (Peggy) Trimble, daughter of Dr. and Mrs. Charles G. Trimble is now in training at Tacoma General Hospital. Peggy has just com-

pleted three years at C.P.S. She will finish training with a B.S. and R.N. degree. Peggy will have one more degree to go before she can compete with her mother, who finished her nursing career with an M.A.

—o—

Clara Skinner is spending a few weeks in Portland while her husband is taking some work at the medical school. Clara is probably having a gay time shopping during some of the Meier & Frank's Friday "Surprise Sales."

—o—

The windy city of Chicago has been the scene recently of several medical conventions. The American College of Surgeons held its convention in the Stevens Hotel with several Tacoma doctors and their wives attending—among them Dr. and Mrs. John Gullikson, Dr. and Mrs. Edwin Yoder, and Dr. and Mrs. Don G. Willard.

Also in Chicago for the meeting of the American Academy of Ophthalmology and Otolaryngology at the Palmer House were Dr. and Mrs. W. C. Cameron, Dr. and Mrs. C. V. Lundvick, Dr. and Mrs. H. L. Maier and Dr. and Mrs. A. W. Howe.

—o—

Charlotte Sanderson is joining us, congratulating her husband these days on his recent Fellowship award from the American College of Radiologists. He will go to San Francisco in June to receive the award. Charlotte is already looking forward to the trip.

—o—

If the Congressmen's wives can do it—why not the doctors wives? We mean trade favorite receipts . . . so we're off and our first contributor is Muriel Nelson who has a wonderful sounding receipt. It is for an unbaked fruit cake—quite appropriate for this time of year. too!

## UNBAKED FRUIT CAKE

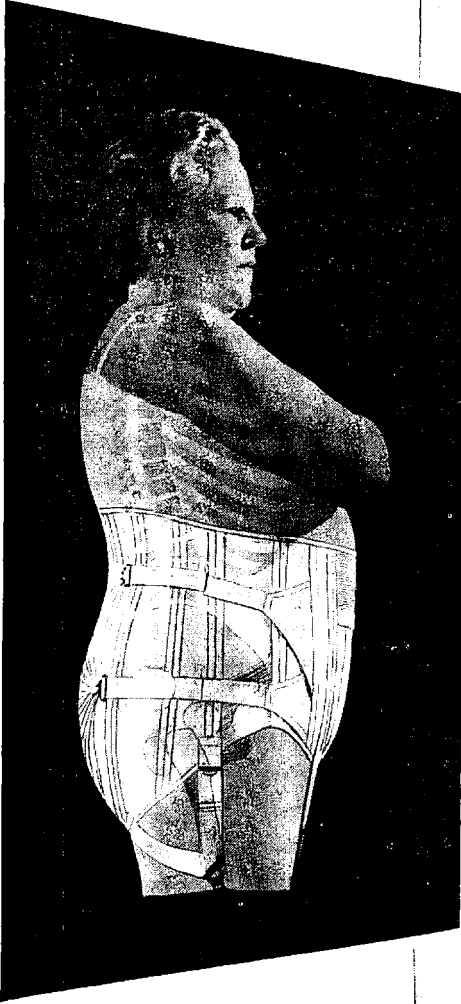
- 1 large box of graham crackers (rolled until fine)
- 1 pint of whipping cream
- 2 packages of candied cherries
- 2 packages of candied pineapple
- 1 package of candied lemon peel
- 1 package of candied orange peel
- 1 box raisins (seeded)
- 2 packages dates
- 1 package citron
- 1 package currants
- 1 package figs
- 2 cups pecans and 1 large package marshmallows (cut)

Chop the fruit and nuts and mix together in a large bowl. Pack solid, wrap in waxed paper, and place in the refrigerator. Or you may pack into individual cakes to be placed in the refrigerator. The cake may be used the following day or it can be kept indefinitely.

—o—

Quote of the month—by John Dohyns of the Medical Bureau:  
*"The next best thing to kicking a Kigney is playing a black three in Canasta."*

# WHEN OBESITY IS A PROBLEM



Clinicians have long noted that the forward bulk of the heavy abdomen with its fat-laden wall moves the center of gravity forward. As the patient tries to balance the load, the lumbar and cervical curves of the spine are increased, the head is carried forward and the shoulders become rounded. Often there is associated visceroptosis. Camp Supports have a long history among clinicians for their efficacy in supporting the pendulous abdomen. The highly specialized designs and the unique Camp system of controlled adjustment help steady the pelvis and hold the viscera upward and backward. There is no constriction of the abdomen, and effective support is given to the spine. Physicians may rely on the Camp-trained fitter for precise execution of all instructions.

If you do not have a copy of the Camp "Reference Book for Physicians and Surgeons", it will be sent on request.

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# The Hospitals . . .

## TACOMA GENERAL

The regular meeting of the Tacoma General Hospital Staff was held on October 4, in Jackson Hall. Dr. E. E. Banfield spoke on Cleft Lip and Palate. He discussed history, embryology, etiology and physiology of these cases. He desires to operate on lips at the sixth or seventh week, when the prothrombin time and weight are normal. Cleft palate should be operated at the second year. Hard palates can be closed at one year and soft palates at the second year. He discussed pre- and post-operative care of both lips and palates. Dr. Vadheim discussed atresia of the rectum. He discussed four types of atresia and presented cases illustrative of the types.

You won't want to miss the "Autumn Leaves" dance on Saturday evening, November 5, at the New Yorker Ballroom. It's to be an informal affair, given by the Alumnae of Tacoma General.

Mrs. Fulkerson, Chief Dietitian, recently attended a meeting of the American Dietitians' Association in Denver.

Dr. Bonica has just returned from Chicago where he attended the International Congress of Anesthesia. He presented a paper on Regional Anesthesia with Procaine. A signal honor was bestowed on the doctor with his election as a Fellow of the International College of Anesthesiologists. Only three doctors from the United States were so honored.

Members of the Anesthesia Department have inaugurated a plan of making Grand Rounds. Each Wednesday afternoon from 1:30 to 3:00 they visit all surgical patients who are live days or less post-operative and any other interesting cases in the house.

Several members of the Faculty of the School of Nursing attended Home-Coming meetings at the University of Washington School of Nursing. Main speaker at the meetings was Miss Lucile Petry of the United States Public Health Service.

A Diabetic School has been opened at Tacoma General Hospital. The teaching staff for the present includes Mrs. Schluss, Dietitian, and Miss Forsberg and Mrs. Peterson, nurse instructors. Classes will be held in the new Diabetic Classroom on the lower floor of the East Wing. All patients who come in for instruction will have breakfast served to them in this room. Formal classroom instruction will be held each morning, Monday through Saturday. A supervised study hour will be held one afternoon during the week. The course will run for one week. In-patients should be admitted to the hospital on Sunday afternoon. Out-patients will come in for insulin and breakfast each morning. Discharge instructions will be given Saturday morning. Any patient who has once received instruction at Tacoma General will be welcome to attend any of these classes for review without charge.

Charges to in-patients will be \$105 for the week. This fee includes bed in a semi-private room, meals, laboratory work, instruction, and all equip-

ment. It does not include insulin or any other medication. Patients in private rooms will pay an extra amount for the private room. Out-patients will pay \$30 for the week of instruction, \$10 for Dietetic Scales (if purchased here) \$10 for equipment such as syringes, needles, clintest set, diabetic manual, etc., and \$5 for the breakfasts. All patients will be taught and expected to weigh their food.

Please let the dietitian know by Friday of the preceding week what patients you are sending in for instruction, so that she will have adequate time to plan their diets.

## THE DOCTORS' HOSPITAL

Not enough has been said regarding the excellence of service and treatment at the Doctors' Hospital. There has been a definite lack of appreciation and support of the hospital by too many Bureau doctors who continue to send all their patients elsewhere. That hospital expense comes out of the fixed Bureau income, and is the chief reason for the discounted checks you receive the next month.

The following letter was received a few days ago. It is one of many, and tells a sincere story.

To All Staff Nurses and Nurses Aides  
Second Floor  
Doctors' Hospital

We would like to take this opportunity to thank you all, without any exception whatsoever, and to show our appreciation of the kindness and the wonderful care that was taken of Mother during her long stay in the hospital.

Words just cannot express our feelings, nor our deep gratitude, but we feel that private nurses could not have been as attentive as all of you girls. Money just couldn't buy the excellent care that was administered by each and every one of you.

It comforts us so very much now, in our loss, to know that everything possible was done to make her as comfortable as possible and to keep her in high spirits.

There are certainly no regrets on our part and the personal interest shown by you is something that will certainly be a treasured memory to us.

Name omitted.

## ST. JOSEPH'S

At the regular monthly staff meeting 17 October 1949, three new members were elected by the Staff to the Board of Governors for the ensuing year. Those elected were Doctors Murray Johnson, Larkin, and Grenley.

The scientific program consisted of a film in color showing very recent cardiac arrhythmic animal work on the various cardiac arrhythmias and was followed up by a series of case histories of patients

(Continued on Page 14)

with cardiac arrhythmias seen by Dr. Huff, thus coordinating the experimental work with the clinical application.

Dr. Hoyer discussed a series of forty-five cases, of his chest surgery, wherein some cardiac arrhythmia had been observed. He gave the surgical explanation of the etiology and the clinical treatments used to halt the arrhythmias.

Discussion was led by Doctors Dille, Bonica and Hartsuck.

Dr. Drucker gave the case history and discussion at the Clinical Pathological Conference on 19 October 1949.

Another interne was added to the resident staff this month: he is Dr. Guerza of Mexico City. His wife is expected to join him here in the near future.

The recent cake sales by the student nurses have met with excellent financial success and they wish to thank all those who contributed.

### Proposed Changes to Constitution and By-Laws

To replace Article V, Section 3 of the Constitution the following is proposed:

Article V—Delegates and Alternates to the Washington State Medical Association.

Section 3. Vacancy During Elected Term—

**How Filled.** If a delegate dies, resigns, ceases to be a member in good standing of the society, becomes disabled or for any other reason can not assume the duties of his office, or will be absent from the session of the House of Delegates, the President shall appoint from the group of elected alternates or, if none available, shall appoint another active member of the society to serve in his stead the balance of the term or during the disability or absence, as circumstances may call for. As soon as practicable after the appointment the President shall notify the Secretary-Treasurer of the Washington State Medical Association of his action.

To replace Chapter I, Section 3, Paragraph 1 of the By-Laws the following is proposed:

Chapter I—Membership, Section 3. Dues and Special Assessments. 1. The annual dues of this society are due January 1 annually from each member excepting those specifically exempted. The annual dues shall be \$65.00.

To become Chapter I, Section 3, Paragraph 4b the following is proposed:

Chapter I—Section 3, Paragraph 4b. Any member of this society who is a salaried employee of any governmental agency and not engaged in the private practice of medicine shall pay maximum annual dues of \$50.00.

### COMMUNITY CHEST 1949

If somebody suddenly asked you "What is the Community Chest?" you'd probably say, "Well, it's a group of organizations that help people."

And you'd be right.

But nine chances out of ten you'd be thinking that the people it helps are the "other people"—not by any chance you.

And you'd be wrong.

For one thing, you and your family benefit just as much as the other fellow's family by the presence in this town of hospitals, health centers, Y.M.'s and Y.W.'s, Scouts—to name only a few familiar Red Feather services.

But even if you or your children never should use one of these services, you still benefit by the Community Chest. And this is how:

If you believe in your community. The Community Chest is a wholesome and democratic force in any man's town. It unites people of all faiths, all political beliefs, all walks of life, to plan and work together for the good of the whole community.

If you believe in order. The Community Chest is the orderly way to plan and raise money for voluntary services. Instead of turning loose on the town 35 separate appeals, it unites them into one campaign, with one big goal to meet many big needs.

If you believe in fairness. The Community Chest allocates the money raised fairly among its member agencies instead of making them compete with each other for public interest and support.

If you believe in economy. The Community Chest conserves leadership, time and money, cuts administrative costs and thus delivers the maximum value of each dollar raised to the purpose for which it was given.

If you believe in American enterprise. Our government can do a lot for our welfare, but it can't build us good communities to live in—that's up to us citizens. In its support of voluntary non-governmental services the Community Chest puts its faith in a good old American ideal: the good community is built not by compulsion but by co-operation; not by selfishness but by sharing. Have you done your share?—Courtesy St. Louis Medical Society.

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## AMERICAN DRUGGIST STUDIES BRITISH MEDICINE

The July 1949 issue of the *American Druggist* is devoted to British National Health Act. The Editor of the *American Druggist*, Mr. John W. McPherrin, visited Great Britain for a period of five weeks, obtaining much information concerning the National Health Act, which was inaugurated July 5, 1948. Some of the impressions gained by Editor McPherrin are summarily given:

"It is, I think, correct to say that the National Health Service Acts of 1946-47 (that is the English Act and the Scottish Act) are the sequel to the Compulsory Health Insurance Scheme introduced by Lloyd George in 1911. Once the element of compulsion enters it is difficult to foresee where it will end. The Liberal philosophy of the first half of the nineteenth century was rooted in the belief in voluntary effort. When the Liberal leader Lloyd George, introduced Compulsory Health Insurance, he departed from this philosophy.

"The Beveridge Report on Social Security was published at the end of 1942. This plan aimed at providing after the war a single comprehensive system which would bring the adult population of the country into a compulsory unified scheme of insurance to provide against sickness and unemployment and old age, and for family allowances. In his view, the ideal health service would give full preventive and curative treatment for the whole of the population independently of the economic status of any one person or group of persons.

"From the political point of view, it is important to mention once more that this was a scheme blessed by all parties in Mr. Churchill's Coalition Government—by a House of Commons in which the Conservative Party had a very large majority.

"It must, of course, be pointed out that the British Medical Association, representing the organized profession, did not oppose the Act in its entirety, but only certain parts of the Act. The British Medical Association had, in fact, declared itself in favor of some kind of comprehensive health service available to the whole community.

"It will be at least five years before it will be possible to say whether the medical services provided under the present Act are beneficial both to the community and to the medical profession. The problem here is to see that the administrative structure is a flexible scaffold and not a rigid ferro-concrete building.

"The ideal would seem to be to make this financial provision through a system of voluntary insurance, but the problem remains of how to persuade the least well-off members of the community to take up voluntary insurance. If voluntarism fails to meet the case then it is difficult to see how a compulsory system, limited as it may be in the first instance to the lower income brackets, can be avoided; and once the compulsory idea is accepted it tends, as our own history shows, to grow. This is the doctor's dilemma."

Mr. Bevan, Minister of Health for Britain:

"Most people trust their individual doctors," began the Minister. "At least they trust them more than they do organized medicine, the associations of doctors. When a doctor becomes a member of an organized group something seems to happen to his thinking."

"It is all very surprising because, as individuals, doctors, most of them, enjoy the faith and confidence of the public."

"Private enterprise is not all bad," says Ancurin Bevan, "but it cannot solve the problems created by modern society. The reason is that most evils of the world, including ill health, are man made. They cannot be avoided unless society is organized to prevent them." Concerning the authority given the Minister of Health, Mr. Bevan states:

"Otherwise such a major change in society cannot be done. To do it gradually, piece by piece, step by step, would create many resistances and make the Minister subject to everyone else instead of having them subject to him. It is his responsibility to make the new system work, and he cannot do that if he is not master, if he does not have complete control. He cannot be master if it is done gradually, step by step."

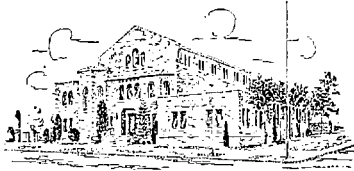
Mr. Richard Denman—*The Economist*, London: "The cost of free medical care reveals that it costs about \$80.00 a year per family in addition to the "insurance" contribution of about \$1.00 a week per worker—a total of \$132.00 per year per family.

"What happens when the state undertakes to pay the doctor's bills Great Britain is at present finding out. Where possible, the brake is placed not on the demand, but on the supply; that is, an attempt is made to allow the different branches of the Health Service to spend a certain amount and no more.

"At the moment, all that can be said is that the Health Service is costing far more than we estimated, that there is constant pressure to make it cost still more, and that the limit of what the Government can raise in taxation to meet it has already been reached. No one knows what will happen when the people comprehend the cost of the existing social services.

"By the nature of his work the doctor has to rely upon himself and his knowledge for quick decision and action in cases of severe illness and injury. This brings out his individuality but naturally lessens his capacity to act collectively. The strong individuality of the practicing doctor makes it difficult for him to agree collectively on any scheme, even on schemes drawn up by the profession itself. Nevertheless, if a profession is to shape its own collective life and future it must, it seems to me, be prepared to place before the public carefully thought-out, constructive, alternative plans to any that may be submitted by the state. Otherwise, it finds itself put into a defensive-offensive position, and thus presents itself to the public, which in a democracy is the deciding voice, as antagonistic to reform."—*The Bulletin of the Academy of Medicine of Cleveland.*

*Modern and Moderate . .*



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### Hospital Staff Supports Senator Taft

The first local medical pre-election effort took place October 4th at the regular monthly staff meeting at Tacoma General Hospital. Preceding the scientific program a communication was read by Dr. Charles Larson citing the valued services of Senator Taft for the medical profession, and asking their assistance in his coming campaign for reelection. It was suggested that each doctor send a personal note of praise and encouragement to which would be attached a one dollar bill. Dr. Murphy then moved that each doctor present contribute one dollar at this time and the motion passed unanimously. About \$100 dollars was collected to be forwarded without the personal notes. If you were not present at this meeting and wish to contribute please contact either Dr. Larson or Dr. Murphy.

### BIRTHDAY GREETINGS TO OUR NOVEMBER BABIES

	November
C. E. Kemp .....	1
W. C. Paul .....	2
W. C. Cameron .....	3
J. H. Kakkus .....	3
G. A. Moosey .....	3
W. C. Brown .....	5
S. L. Blair .....	8
Bernice M. Hazen .....	9
W. E. Lewis .....	9
K. H. Sturdevant .....	11
C. H. Jones .....	12
T. H. Clark .....	14
J. A. Benson .....	20
W. A. McPhee .....	25
William Rademaker .....	29
B. H. Foreman .....	30
T. A. Smeall .....	30

### WILLIAM ALAN RICHARDSON BIOGRAPHICAL NOTES

Harvard, 1931.  
 Postgraduate study in economics.  
 Newspaper work, Evening Star, Washington;  
 Boston Transcript, Boston.  
 Magazine work, McGraw-Hill Publishing Company, New York.  
 Financial publishing, F. M. Fielder Corporation, Boston.  
 Investment counsel, Richardson and Putnam, New York.  
 Speaker before national, state, and local medical associations and lay organizations. Lecturer in medical economics, Long Island College of Medicine, New York.  
 Author of articles, monographs, and special studies for newspapers, magazines and professional journals.  
 Travel in Europe, Asia, Africa, Australia, Canada, South America and the United States.  
 Editor, Medical Economics, since 1934.  
 Member, National Preses Club, Washington; Harvard Club, New York.

### TACOMA DOCTOR HONORED

Dr. Archibald W. Howe received the signal honor of being made a life member of the American Academy of Ophthalmology and Oto-laryngology at the recent Chicago meeting. Dr. Howe shares the honor in this state with Dr. Walter Hoffman of Seattle, both having been members for thirty years.

### A.M.A. Report on Medical Education

The Forty-ninth Annual Report on Medical Education by the Council on Medical Education and Hospitals, of which the following is a summary, was carried in the September 3 issue of the *Journal of the American Medical Association*.

#### COST OF MEDICAL EDUCATION

According to the Council's study, the total amount budgeted by all schools for the academic year 1949-50 is 61 million dollars, an increase of 10 million over 1948-49. The average expenditure per student for 1949-50 will be \$2,577. It is estimated that receipts from tuition will amount to 22.8 per cent of the schools' budgets. In 1948-49, tuition fees were 25 per cent of the budget and 28 per cent in 1947-48. Although many of the schools reported prospects of receiving adequate financial assistance from local sources, the medical schools are still faced with a serious problem in regard to financial support to carry on their programs.

### YOUR DOCTOR SPEAKS

The Tacoma Art League sponsored from October 11 to October 30 the Upjohn Company collection of contemporary American paintings under the titles "Your Doctor Speaks." The paintings were shown at the galleries in Jones Hall at the College of Puget Sound, and received much favorable comment. The exhibit is a contribution made by the Upjohn Company to the Doctor's Educational Health Campaign.

"Grandma, do you have to take all those different kinds of pills every day?"

"Yes, Judy. Yellow ones for my liver, pink ones for my stomach, black ones for my heart, orange ones for my nerves."

"Well, Grandma, what are the red ones for—to direct traffic?"

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5. Scotch Oatmeal Bread
6. Potato Bread

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## General Practitioners Take Bulk of Emergency Calls

Some interesting facts regarding the public's dependency on physicians engaged in general practice are brought out in a report on the telephone answering service maintained by the medical society of the District of Columbia. This report was published in the August, 1949 issue of the *Medical Annals of the District of Columbia*. An editorial in that same issue points out that Washington is top-heavy with specialists; out of a medical society membership of about 1,600 only 325 are general practitioners.

The telephone answering service is maintained to assist the public in obtaining a physician in an emergency or at night. An analysis of the calls and physicians participating over the period January through April, 1949 brought forth the following information: A total of 340 physicians participated during the period. For day calls there were 328 physicians of which 43 per cent were general practitioners and 57 per cent specialists. For the night calls there were 266 physicians, 46 per cent general practitioners and 54 per cent specialists. Thus, though there are in the city approximately four specialists for each general practitioner, the latter made up over 40 per cent of the roster of participating physicians.

A physician was sent out in 1,199 cases, out of a total of 1,291 emergency or night calls in the four-month period. In 1,082 cases a general practitioner was requested or indicated. The remaining 117 calls were handled by specialists.

The Washington survey indicates that general practitioners are called upon to handle 93 per cent of the emergency day calls and of the night calls of people who have no regular physician or are unable to reach their own family doctor.—General Practice News.

## COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period September 21, 1949 to October 20, 1949 inclusive:

Chancroid .....	2
Chickenpox .....	22
Gonorrhoea .....	19
German Measles .....	1
Impetigo .....	23
Measles .....	10
Mumps .....	13
Pneumococcc Meningitis .....	1
Pediculosis .....	3
Pink Eye .....	3
Poliomyelitis .....	9
Scabies .....	9
Scarlet Fever .....	10
Scarletina .....	1
Strep Throat .....	2
Syphilis .....	9
Tuberculosis .....	21
Whooping Cough .....	4
Ringworm .....	10

## THE COFFEE SHOP

The Bulletin is happy to give some gratis publicity to the newly equipped coffee shop, which reopened October 21.

The entire interior, equipment, and furnishings are new, modern, and most attractive. Those responsible showed approved psychology, as a good appetite is fostered by pleasing surroundings.

The Medical Arts Building and the genial restaurant manager, John Swan, deserve our thanks and increased patronage for this improved convenience.

## Postgraduate Medical Education

With the completion of their organization, the various clinical departments of the School of Medicine at the University of Washington are now, or will be soon, in a position to offer assistance to the Graduate Medical Education Committee of the Washington State Medical Association. It is felt that one of the privileges of the Faculty of the School of Medicine will be to participate in Postgraduate and Refresher Courses. In August of this year, at the request of the State Association Committee, the Departments of Obstetrics and Pediatrics assumed full responsibility for a five-day combined course in the two subjects which was given at King County Hospital to a total enrollment of around thirty practitioners.

Questionnaires sent to those who attended this course, asking for suggestions and criticisms were returned by a majority of those to whom they were sent and have been most helpful in planning of future courses. It is interesting to note that generally speaking the combined course met with favor. Further suggestions from members of the profession throughout the State as to what type of course or courses they would prefer, length of course, time and place of course, number of speakers, and so on will be of help in outlining our plans for future Refresher and Postgraduate Courses.

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## CAMP SUPPORTS

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When prescribing Ergoapiol (Smith) with Savin for your gynecologic patients, you have the assurance that it can be obtained only on a written prescription, since this is the only manner in which this ethical preparation can be legally dispensed by the pharmacist. The dispensing of this **uterine tonic**, time-tested ERGOAPIOL (Smith) WITH SAVIN—only on your prescription—serves the best interests of physician and patient.

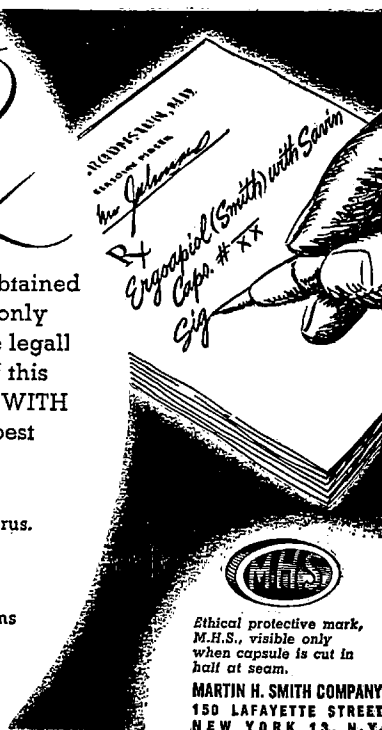
**INDICATIONS:** Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

**GENERAL DOSAGE:** One to two capsules, three to four times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions

*Literature Available to Physicians Only.*

**ERGOAPIOL (SMITH) WITH SAVIN**





## THE VANISHING RACE

(Editorial, Detroit Medical News)

Approximately 90 per cent of incoming freshmen medical students intend to do general practice upon graduation BUT only 10 per cent are so minded by the end of their senior year!

### WHY IS THIS?

Is it because their ideal doctor as freshmen is their own family physician and by the senior year this worship has transferred to a specialist or a department?

Is it because students have no instruction in general practice from the beginning to the end of their medical education?

Is it because hospital appointments are easier to obtain as specialists? or

Is it because the financial return is said to be less and the working hours longer as a general practitioner?

More exposure of medical students to the general practice of medicine could be accomplished by the addition of general practitioners to the medical school faculty by arranging for selected students a period of apprenticeship with high calibre general practitioners throughout the state. This could be done following their junior year.

With the increasing importance of the Academy of General Practice and the institution of the General Practice Staff in various hospitals, appointments to these staffs should be easier to attain.

While it is probably true that the working hours in both are essentially the same and that the financial return of the specialist is generally somewhat better, the specialist must perforce spend more years in obtaining his education and must annually devote a greater time to reading, to conventions and to other forms of post-graduate education.

General Practice residencies and extended internships have not entirely settled the problem of the diminishing general practitioner but I believe that increased exposure to general practice and increased respect by hospital staffs may succeed where all other means have failed.

---

She was trying to explain to him the Hindu idea of reincarnation. "Rubbish!" he snorted. "Do you mean to say that if I died I might come back as a worm?"

"No, not as a worm," she replied gently. "you see you can never be the same thing twice."

---

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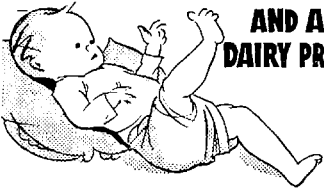
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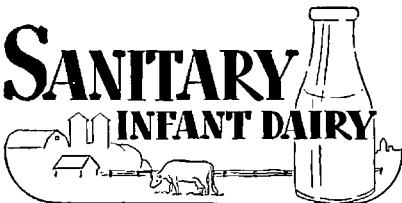


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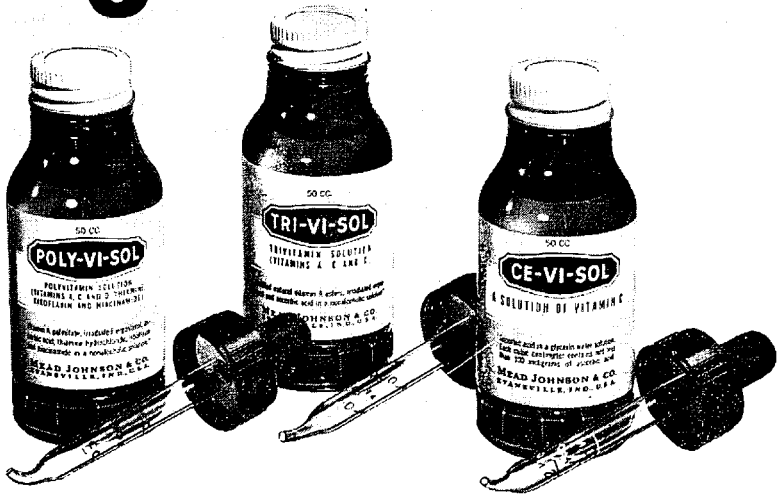
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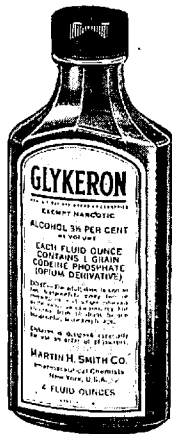
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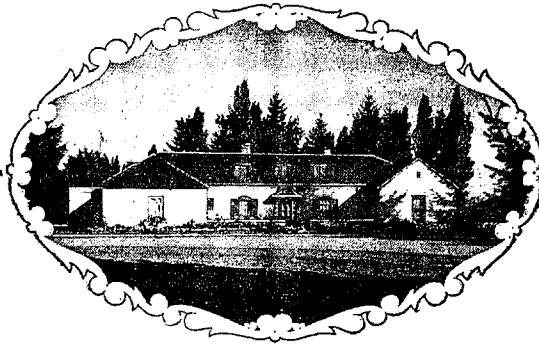
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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

Vol. XX—No. 4

TACOMA, WASHINGTON

DECEMBER - 1949



# Pierce County Medical Society

1948-1949

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# Program

## Medical Arts Auditorium

8:15 p. m.

December 13, 1949

### Diabetes: Its Detection and Management

Lester Palmer, M. D.,

Virginia Mason Clinic, Seattle.

Election of officers. See page 14 for tickets to be voted upon.

Vote on proposed amendments to Constitution and By-Laws.



## ***The President's Page . . .***

The writer is grateful to the membership of this Society for the privilege of being its president these many months past. The experience has been rich—the work interesting. Such accomplishments as we may look back on lead me to name other officers and members who have contributed considerable time and effort. In the name of the Society I wish to thank the following men especially for their efforts contributed during my term. Your secretary, Chris Reynolds, has been tops. Your vice-president, Miles Parrott, has willingly and ably filled many personal appearance gaps left by the president. Bill Rosenblatt put real time and effort into the remodeling of our quarters, and a really fine job it was.

Bill Bowen as chairman of the Public Relations Committee has done more work, and more effective work than has met the eye or ear. Jim Vadheim, later replaced by Ralph Huff, has kept us supplied with a superior general average of programs, and this has taken time and effort. The members of the Ethics Committee, all of them, have handled several matters in a quiet, unobtrusive way. The members of the Public Health Committee likewise have done their job well. On the lighter side, the Entertainment Committee took excellent care of us at our annual frolic. Enumerated last for emphasis is the Editor of our Bulletin, Lewis Hopkins.

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## ***Editorially Speaking . . .***

### **THANKFUL GIVING**

Thanksgiving Day has come and gone, the time we are most apt to think of blessings to ourselves, our families and our community. Naturally it is easy to feel thankful for our homes and families, but as we go beyond our immediate possessions, then just as certainly our interest and feeling of responsibility gradually wanes and soon fails to register.

In most of our thinking there is usually a gap between our immediate neighborhood and the larger community in which we live, even though its people and industries furnish our livelihood. We are acquainted with only a small part of our city but should always bear in mind that this larger portion, to which we are strangers, contributes the major share of our income.

We will not go beyond the limits of our city or further than material blessings in suggesting a few practical ways we now can show our thanks. A city-wide effort to make Tacoma a better place in which our families can live and where we can practice successfully is nearly finished. The Community Chest Drive is that effort, and to date figures show 10 per cent of our doctors failed to subscribe to the doctor's quota, which lacks 10 per cent of being met. No one should say how much another should give and no doctor should evade his responsibility by considering uncollectable bills as his donation.

Speaking of donations suggests another item. Those of our doctors who are acceptable as blood donors could visit the Blood Bank in the near future and indicate their blood is for a Doctor's Pool. There are now and of a certainty will be future emergencies when one of our own members will require a transfusion and who should be donors other than we?

A request for additional funds comes in the Society vote for a small increase in our annual dues. We are proud of our auditorium, together with our enlarged library facilities. With these privileges we should give the additional dues gladly, thankfully if you please, because it is our fair share in making possible the giving of more efficient professional service.

Although Thanksgiving Day for 1949 has gone we remember that thankful giving is our privilege now and will be during the year ahead.

LEWIS HOPINKS.



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## Our General Practitioner of the Year



DR. WILMOT D. READ

March 1, 1904

Meeting of the Pierce County Medical Society was called to order at eight-twenty P. M. in the parlor of the Tacoma Hotel by President C. Quevli.

On account of the late hour, the increasing thirst and coming appetites, it was moved and seconded that the reading of the minutes be dispensed with and the election of new members take place. Carried. Elected to membership were Drs. J. W. Bean, T. R. Hill, C. W. McCreery, W. B. McCreery, L. M. Perkins, W. D. Read and S. Sargentich.

At eight-forty the meeting adjourned to retire to the dining room, there to enjoy the tasteful and sumptuous feast prepared by the members of the entertaining committee.

Ade Y. Green, Secretary.

That was Dr. Read's first medical meeting, more meaningful to him than to any of the rest of us today. From that date until very recently Dr. Read has consistently given liberally of his time and strength for the betterment of medical practice in this city, county and state.

He was well trained as a physician and surgeon and was always a consistent student. Working under conditions the young doctor of today would term primitive, he early learned to make full use of his five senses to determine his judgments.

Dr. Read has had a large share in guiding the growth and development of the Pierce County and State Medical Bureaus. Our young doctors will never appreciate the many hours, year after year, which he devoted in a very successful effort to make workable our program of voluntary pre-paid medical care.

Through the years he has always been cheerful, friendly, trusted by a host of patients and respected by every doctor fortunate in knowing him.

Wilmot, the Pierce County Medical Society salutes you as the logical choice for our General Practitioner of the Year.

**GENERAL PRACTICE MEN AT OLYMPIA**

More than one hundred men attended the Thurston-Mason County Chapter Charter night November 15 at the Olympia Golf and Country Club. Following a social hour and dinner, a scientific program was given by ten General Practice men from Seattle. Each man gave, in five to ten minutes, a condensed report on some practical technique or therapy problem, all of which were of value.

Following this program the Charter was presented with Dr. Loren G. Short as Master of Ceremonies.

The Tacoma men who attended were Drs. Brooks, Griffin, Lantiere, Moosey, Naess, Ootkin, Parrott and Wahlberg.

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Customer: Could I try on that suit in the window?

Clerk: We'd rather you'd use the dressing room.

**Two of Our Members Honored**

Dr. S. S. Sanderson has recently received a fellowship award in the American College of Radiologists.

Dr. John Bonica was one of three doctors in the United States to be elected to fellowship in the International College of Anesthesiologists at its recent meeting in Chicago.

**COMMUNICABLE DISEASES**

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period October 21, 1949, to November 20, 1949, inclusive:

Chancroid .....	2
Chickenpox .....	94
German Measles .....	3
Gonorrhea .....	19
Impetigo .....	24
Measles .....	17
Meningococcic Meningitis .....	2
Mumps .....	20
Pink Eye .....	6
Pul. Tbc. ....	11
Ringworm .....	14
Scabies .....	11
Scarlet Fever .....	21
Septic Sore Throat .....	1
Syphilis .....	3
Vincent's Angina .....	1

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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

Our 1948-1949 auxiliary president was Mrs. S. F. (Myrle) Herrmann. Myrle was born in Wisconsin and later moved to Minnesota. She was graduated from Hamlin University in St. Paul, Minnesota, and taught high school English for four years. Welcome, Minnesota was the first place the new Mrs. S. F. Herrmann called home. Later the S. F. Herrmann family moved to Rochester, Minnesota, where Dr. Herrmann took a fellowship at the Mayo Clinic. They have now been residents of Tacoma, Washington, for twenty years. Myrle's only hobby up until the past few years was her family of four daughters for whom she loved to sew. Now, however, with all of the girls either married or away at school, she enjoys golf and swimming. The Herrmann daughters are Evelyn (Mrs. Robert Osborne) of Detroit, Michigan; Esther (Mrs. George Steele) of Portland, Virginia (Mrs. Robert May) of Cleveland, Ohio, and Harriet now a junior at Stanford. There are also four grandchildren. During her years as president of the auxiliary the nurses' scholarship project was started. Other projects were several health meetings, which were held at individual luncheons, and maintenance of clerical help at the Blood Bank.

Levity reigned supreme at the last meeting of the auxiliary with our scintillating guest, Mary Bard Jensen, author of the current book *The Doctor Wears Three Faces*. For any of you who read the book, but didn't get a chance to hear Mrs. Jensen—she just talks like she writes. For those of you who did neither—you'd better read the book. Mrs. Jensen informed us that we will soon be seeing the movie version of her book with Dorothy McGuire playing the lead. Most of us came away with the thought that writing a book can be anything but a glamorous way to fame and fortune.

We were most pleased to have as our other guest of the afternoon the state auxiliary president, Mrs. Raymond Zech. Mrs. Zech spent a few moments telling the members of the recent national convention she had attended. The rest of the time she spent in telling us how impressed she was with our organization . . . we were all a little impressed at that particular meeting with more than eighty-five members in attendance. Hostess, Mary Ritchie, began to get a bit worried as number eighty-one walked in the door, for most of the floor space in her spacious new home was already occupied. However, it seems that the old cliché "The More the Merrier" has some merit after all . . . everyone seemed to be having a merry time. The hostess committee with Mrs. W. Naess as chairman performed a veritable miracle in serving so many guests. We're sorry that two of the assisting hostesses' names were left

**OFFICERS FOR 1949-1950**

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Public Relations.....	Mrs. Herman Judd
Blood Bank.....	Mrs. John Campbell



MRS. S. F. HERRMANN

out of the newspaper article—they were Mrs. Eugene Hanson and Mrs. W. A. Heaton—won't happen again!

Be sure and start the holiday season off right by attending our Christmas tea for the nurses at the Tacoma General Hospital Nurses' Home. Helen Bennett has planned another outstanding pro-

*(Continued on Page 10)*

## WOMAN'S AUXILIARY

(Continued from Page 9)

gram. We will hear the Verse-Speaking Choir from the College of Puget Sound, under the direction of Miss Martha Pearl Jones. Mrs. Paul Smith is chairman of the tea and from what we hear it will be a very lovely affair. The two nurses who were awarded the scholarships will be our special guests for the afternoon. They are Elizabeth Hastings from Tacoma General and Delores Peterson from St. Joe's. Let's make that attendance ninety-five this time!

\* \* \*

Volunteers for the Blood Bank during the month of November were: Mesdames Scott Jones, J. B. Jarvis, Frank C. Willson, Charles Doc, Lewis Hopkins, J. B. Jarvis, M. R. Hosie and Arnold Herrmann. Still need many more volunteers—please call either Sylvan Campbell or Jean Judd.

\* \* \*

Are you having trouble with your Christmas gift list . . . just call Betty Smeall and let her send a Hygeia subscription. That phone number is PR 7569.

## INTER NOS

## TURKEY TIME ACTIVITIES . . .

Hilda Lantiere and family, along with Hilda's sister, Miss Aleya Linquist, spent Thanksgiving with friends in Seattle.

\* \* \*

The Herman Judd family entertained out-of-

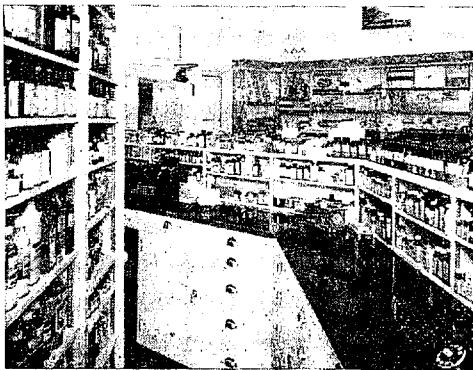
town guests at their Thanksgiving dinner. The guests were Mrs. Kenneth Burrough of Crescent City, California; Mrs. Marie Carper and son, Robert; Mrs. Marie Judd and Norma Judd, all of Seattle.

A pre-Thanksgiving dinner was enjoyed by the Lewis Hopkins family when son, Lewis, Jr., and family from Yakima arrived for a brief visit. Mrs. Lewis, Jr. is the former Dorothy Clifford of Tacoma. Little Lewis, II, age 3, and David, four months, spent their trip being entertained by fond grandparents. The Lewis Hopkins seniors had just returned from a week end in Vancouver, B. C., prior to the visit by their son and family. They were trying out their new Rocket Oldsmobile 88—no doubt!

A delicious turkey dinner was served at St. Joe's hospital Sunday before Thanksgiving, as evidenced by the satisfied look on the faces of the patrons enjoying the dinner. Among them, Dr. and Mrs. Philip Kyle and Dr. and Mrs. T. A. Smeall and small daughters.

\* \* \*

Three of our members spent a long week end in Portland recently during the Pacific Northwest Surgical Society meeting which their husbands attended. They were Gypsy Hoyer, Myrle Herrmann and Jeanne Vadheim. Time was spent leisurely in visiting friends and relatives, reading and shopping. Other surgeons attending from Ta-



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coma were Doctors Humiston, Gullikson and Jess Read.

Another recent Portland visit was made by the Leo Scheckners during which time Dr. Scheckner took some work at the Medical School. Helen tells us that they were fortunate enough to hear Tagliivini, Metropolitan Opera star, while they were there. We also understand the Bonicas heard Tagliivini in Seattle and had dinner with him following his performance. Both the Scheckners and Bonicas are very much interested in opera and attend whenever the opportunity presents itself.

Another group of our members had the opportunity to do a bit of vacationing while their husbands attended medical meetings. They were Marian Smith, Helen Johnson and Gypsy Hoyer. The meeting was the recent Northwest Chapter of the Trudeau Society held in Vancouver, B. C.

We understand Dr. Frank Rigos spent some time back in Minneapolis at the University Medical School a few weeks ago. Ruthie and the youngsters batched during father's absence.

Dr. and Mrs. Thomas Murphy were also recent visitors in Minneapolis. Mrs. Murphy spent some time on the way back in Spokane visiting her family.

We were sorry to hear that Mrs. Balabanoff was unable to attend our last meeting due to illness. Hope she is much improved by now . . . and can be at our Christmas Tea.

Dr. Herbert H. Meier, of the Western Clinic, and his family have recently returned to Tacoma following a three-year absence. Dr. Meier spent this time taking extensive O.B. work in Toledo, Ohio. The family consists of wife, Ruth, and four children. They are making their home in the Lakes District.

We have several proud new home owners in our midst . . . the Leo Annests recently purchased the old Buckmaster home on Orchard Road . . . Dr. and Mrs. T. A. Smeall are moving soon to their newly purchased home on North 30th, and the Robert Florences are nicely settled in their brand new home on North 22nd. We also understand the Don Willards are doing some extensive remodeling at their home on North C. Dr. and Mrs. Paul Smith are very busy at this time redoing a floor of their lovely home into a studio. Both Doctor and Mrs. are artistically inclined.

A catastrophe in the H. A. Anderson household . . . Joan had her Buick stolen from in front of their apartment on North I. Hope the culprit is caught and justly reprimanded.

Our Mrs. Trimble has been kept very busy these past weeks attending the seriously ill niece of Dr.

Trimble. The niece, Mrs. Max Trotter of Seattle, is at present in County Hospital in an iron lung. She has the comparatively rare disease Guillain-Barre. We're sure she will pull through with the competent nursing care of Mrs. Trimble.

Our recipe of the month was contributed by Mrs. Trimble. She says it really doesn't have a name, but it is a delicious sounding dessert. We'll call it Mrs. Trimble's dessert—here it is . . .

DESSERT

Dissolve one envelope of Knox Gelatin in 1/4 cup of cold water and let stand for 20 minutes. Add 1/3 cup of hot water and stir in a good pinch of salt and let stand for twenty minutes more.

Beat 3 egg whites until they are quite stiff. Whip 1/2 pint of whipping cream and add 3/4 cup of sugar. (Mrs. Trimble says it is best to divide the sugar and add half to the cream and half to the egg whites) Add one tablespoon of vanilla and mix all ingredients together thoroughly.

While you are waiting for your gelatin to stand roll until fine one box of Famous (brand name) chocolate cookies. Spread half of the cookie crumbs into the bottom of a pie tin or pyrex dish . . . add the gelatin mixture and sprinkle the remaining cookie crumbs on top. Place in the refrigerator until ready to use. Mrs. Trimble says this dessert cuts nicely and is easily served. We're off to try it for dinner. Incidentally, in last month's recipe by Muriel Nelson (Unbaked Fruit Cake) we mentioned a large box of graham crackers . . . by that we meant a pound box. We tried this recipe and it is excellent.

Quote of the month . . . from the *Lakewood Log*

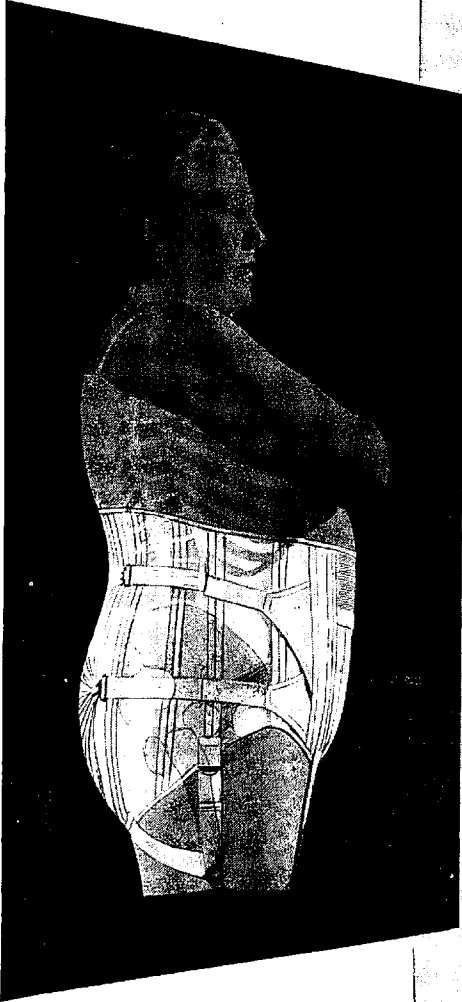
"A lady on Fairlawn Avenue suggests the LOG forthwith call the Bureaucratic Antics in Washington, D. C. "Delirium Trumans."

HAPPY BIRTHDAY TO OUR DECEMBER BABIES

December

H. B. Allison .....	3
S. R. Lantiere .....	5
H. W. Humiston .....	6
Clyde Magill .....	6
W. A. Niehammer .....	6
A. P. O'Leary .....	12
D. H. Johnson .....	14
W. F. Smith .....	15
J. B. Robertson .....	19
G. G. Geissler .....	21
Philip Grenley .....	21
C. J. Scheyer .....	23
F. L. Monzingo .....	23
J. R. Flynn .....	24
F. E. Shovlain .....	26
W. M. Karshner .....	27
J. M. Mattson .....	30
L. A. Hopkins .....	31

# WHEN OBESITY IS A PROBLEM



Clinicians have long noted that the forward bulk of the heavy abdomen with its fat-laden wall moves the center of gravity forward. As the patient tries to balance the load, the lumbar and cervical curves of the spine are increased, the head is carried forward and the shoulders become rounded. Often there is associated viscerotaxis. Camp Supports have a long history among clinicians for their efficacy in supporting the pendulous abdomen. The highly specialized designs and the unique Camp system of controlled adjustment help steady the pelvis and hold the viscera upward and backward. There is no constriction of the abdomen, and effective support is given to the spine. Physicians may rely on the Camp-trained fitter for precise execution of all instructions.

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# The Hospitals . . .

## ST. JOSEPH'S

The Medical Board meeting was held October 19th at the Hospital. The officers elected for the coming year were President, Dr. H. A. Larkin; Vice-President, Dr. Murray Johnson; Treasurer, Dr. Frank James; Secretary, Dr. W. McPhee.

An enlarged teaching program for the internes is under way, as is an ambitious project to secure an adequate hospital library. The library project is headed by Dr. C. B. Arnold.

The nurses are making use of their limited spare time selling tickets for the big turkey raffle or for the "Winter Folly" dance to be held December 3 at the New Yorker. This dance is an evening of pleasure no doctor should miss, so combine support of the nurses and a good time on Dec. 3.

Dr. Betteridge, one of our 1946-7 internes has applied for staff membership. We wish him every success and assure him his new work here will be a marked improvement over his Army experience.

## Notes From the School of Medicine, University of Washington

The School of Medicine of the University of Washington was given the approval of the Council on Medical Education and Hospitals of the American Medical Association at its meeting on October 23, 1949, and was admitted to full membership in the Association of American Medical Colleges at its annual meeting on November 8, 1949. The action of these two organizations followed the survey of the school by them during the early part of October. The School of Medicine of the University of Washington thus becomes the seventy-second approved four-year medical school in the United States.

Doctors Edward L. Turner and James W. Haviland attended the annual meeting of the Association of American Medical Colleges held at Colorado Springs November 7th-9th, inclusive.

Sir Philip Manson-Bahr will address the students and faculty of the School of Medicine in the auditorium of the Health Science Building at 4:00 p. m., December 12th. Physicians are cordially invited to attend this address which will be on the "Importance of Tropical Medicine in the Medical Curriculum."

Doctor Emory Morris, President, and Doctor Benjamin Horning, Medical Director of the W. K. Kellogg Foundation visited the School of Medicine recently.

Miss Mary A. Glover of the Fourth Year Medical Class was awarded the sum of \$200 for the best thesis submitted by the members of her class on a subject dealing with cancer. The title of her winning thesis was "Involvement of the Adrenal Cortex by Cancer."

Reports from both student externs and the physicians who have supervised the externships have indicated mutual enthusiasm over this pro-

## TACOMA GENERAL

The regular meeting of the Tacoma General Hospital staff was held on November first in Jackson Hall. Dr. Joers presented a case of malignant melanoma, emphasizing prophylaxis, and denouncing the use of cautery. Dr. J. Hansen reviewed this condition in a patient he had recently presented in Tumor Clinic. Dr. Hoyer discussed two cases of pulmonary suppuration, showing the need for aspiration and chemotherapy.

The hour for Tumor Clinic has been changed from 9:30 to 9:00 a. m. on Thursday. An increased attendance has been noted since this change.

Classes for our internes now are going on according to a regular schedule. On Monday at 1:00 p. m., Dr. Rigos conducts classes in Roentgenology. Dr. Vadheim arranges the classes in surgery. These are held each Monday at 8:00 p. m. The internes arrange for the speakers for the medical meetings, which are held at 8:00 p. m. on Thursdays.

Miss Lucille Larson has been away on a vacation trip, traveling as far as Washington, D. C., New York, and Boston. In Pittsfield, Massachusetts, she visited with Norma Woodruff, who formerly was Surgical Clinical Instructor at Tacoma General.

The Diabetic School is progressing satisfactorily. Dr. Maddison presented the doctors' lectures for November. Dr. J. M. Mattson will be in charge in December.

The student nurses express their appreciation to all the doctors who helped them in another successful "White Cap" Carnival.

gram to date. Possibly the most gratifying result of the externship so far has been the overall perspective of the problems of medical practice which it has given to the students. It has succeeded in emphasizing the fact that preparation for professional responsibility today involves some sound thinking in terms of community obligations as well as basic technical proficiency and diagnostic and therapeutic skills.

Mr. Wayne Quentin has just been appointed as instrument maker in the shops of the School of Medicine. Mr. Quentin is highly qualified to assume the program of development of the instrument shop which is so vitally important to the laboratories of the basic medical sciences today. At the present time Mr. Quentin is associated with Doctor Loren Carlson on the research project in Artic Physiology which is under the supervision of the Department of Physiology and Biophysics.

Doctor L. B. Thomas from the Burden Neurological Institute of Bristol, England, has been appointed as Assistant Professor of Surgery in the field of electroencephalography. Dr. Thomas will assume his new duties about the first of the year. He is considered to be one of the most able men in the field of electroencephalography and should be a valuable and able colleague in the fields of neurology, physiology and neurosurgery.

## MINUTES OF REGULAR MEETING OF NOVEMBER 8, 1949

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on November 8, 1949. Dr. Homer Humiston presiding. Minutes of the previous meeting were read and approved.

Reports of the two nominating committees for the election of officers were read and the names were posted on the bulletin board.

Sections 5 and 6 of Chapter 4 of the By-Laws were read to the membership. Section 6 states that voting members not less than seven in number may nominate a member or members for any elective office and that such nominations shall be in writing, signed by the members making them and shall be filed with the Secretary not later than the opening of the regular meeting in December.

The following reports were made by the nominating committees:

### COMMITTEE No. 1

President-Elect—J. F. Steele  
 Vice President—C. P. Larson  
 Secretary-Treasurer—Cecil Hurst  
 Trustees—G. G. McBride, Hugh Larkin, S. F. Herrmann, R. D. Wright.  
 Delegates—F. R. Maddison, H. S. Judd, F. M. Nace, P. C. Kyle, C. B. Ritchie.  
 Alternates—C. G. Trimble, G. A. Moosey, G. C. Kohl, C. J. Scheyer, S. S. Jones.

### COMMITTEE No. 2

President-Elect—T. H. Duerfeldt  
 Vice President—Govnor Teats  
 Secretary-Treasurer—C. C. Reynolds  
 Trustees—B. D. Harrington, K. H. Sturdevant, L. A. Hopkins, J. W. Read.  
 Delegates—Miles Parrott, W. H. Goering, J. W. Bowen, W. J. Rosenblatt, A. J. Herrmann.  
 Alternates—M. L. Johnson, E. P. Nelson, L. M. Rosenblatt, F. J. Riggs, C. B. Ritchie.

Dr. Miles Parrott reported on the committee that had been appointed to select the General Practitioner of the Year. The names of Dr. B. A. Brown, Dr. W. D. Read and Dr. H. D. Joncz were suggested, Dr. Read being the choice of the committee. Dr. Parrott moved that the name of Dr. W. D. Read be sent to the state office as our recommendation for the General Practitioner of the Year. This was seconded by Dr. Murray Johnson and the motion was passed.

The names of the following applicants for courtesy membership were read to the Society and Dr. Duerfeldt moved and Dr. J. M. Mattson seconded the motion that these men be accepted as courtesy members: Dr. M. E. Lawrence, Dr. R. J. Larson, Dr. W. B. Blackstone, Dr. H. B. Johnson, Dr. Leon Meier and Dr. C. W. Streamer. The motion carried.

Dr. Hopkins reported that about 75 members had had their pictures taken for the medical society roster. He urged that all members make arrangements to have their pictures taken when the studio called them for an appointment.

Dr. J. M. Mattson reported briefly on the financial condition of the Pierce County Hospital, stating that with the increased number of marginal cases being cared for at the hospital without cost and the fact that many men were sending 175 patients to other hospitals the County Hospital was left in a rather serious financial state. He added that the 2-mill levy on the tax roll to be used to finance the county hospital was not adequate to meet all the obligations of the institution and stated that if all the 172 patients could be taken care of at the county hospital it would greatly aid in offsetting the operating deficit.

It was announced that the Interim Session of the American Medical Association would be held in Washington, D.C., on December 6 to 9. Any member desiring to make hotel reservations could contact the secretary for information.

Material from the national educational campaign which presents headlines and editorials from papers all over the country regarding the anti-trust investigation now being conducted against the American Medical Association and various state and county societies was shown to the membership. They were informed that if they wanted copies of this material for distribution there were a few now on hand and more could be obtained by contacting the secretary.

The secretary read the report of the committee which was appointed to recommend changes in the Constitution and By-Laws. These recommended changes were printed in the November issue of the Bulletin and are as follows:

To replace Article V, Section 3 of the Constitution the following is proposed:

Article V—Delegates and Alternates to the Washington State Medical Association.

Section 3. Vacancy During Elected Term—How Filled. If a delegate dies, resigns, ceases to be a member in good standing of the society, becomes disabled or for any other reason can not assume the duties of his office, or will be absent from the session of the House of Delegates, the President shall appoint from the group of elected alternates or, if none available, shall appoint another active member of the society to serve in his stead the balance of the term or during the disability or absence, as circumstances may call for. As soon as practicable after the appointment the President shall notify the Secretary-Treasurer of the Washington State Medical Association of his action.

To replace Chapter I, Section 3, Paragraph 1 of the By-laws the following is proposed:

Chapter I—Membership, Section 3, Dues and Special Assessments. 1. The annual dues of this society are due January 1 annually from each member excepting those specifically exempted. The annual dues shall be \$65.00.

To become Chapter I, Section 3, Paragraph 4b the following is proposed:  
 Chapter I—Section 3, Paragraph 4b. Any member of this society who is a salaried employee of any governmental agency and not

engaged in the private practice of medicine shall pay maximum annual dues of \$50.00.

These proposed changes will be voted upon at the December meeting.

The President then introduced Dr. Clement A. Finch, Associate Professor of Medicine at the University of Washington School of Medicine, who presented a paper on The Treatment of Anemia, Leukemia and the Lymphomas.

Dr. Finch stated that in the therapy of the anemias he would mention only pernicious anemia, iron deficiency anemia and anemia following infection.

In regard to pernicious anemia he stated that in 1926, when liver was first introduced, it was felt that the ultimate had been reached in the treatment of this disease. However, in 1945 folic acid was introduced in the treatment of the condition, but it has been found that it could not be used in patients suffering from neurological symptoms. In 1948 vitamin B12 was introduced and this substance will be beneficial in the neurological symptoms of pernicious anemia. Dr. Finch gave a discussion of the general chemistry of B12 and folic acid, with a comparison of their use and effectiveness in treating pernicious anemia. He mentioned that the drug of preference for pernicious anemia was Vitamin B12 but that folic acid was more beneficial in conditions such as sprue and macrocytic anemia of pregnancy. He emphasized, however, that with these new drugs liver extract is still the best treatment for pernicious anemia unless the patient is sensitive to this substance.

In speaking of the iron deficiency anemias Dr. Finch stated that there is about  $2\frac{1}{2}$  grams of iron in the circulating blood and about 1 gram of stored iron; that the cell enzymes and myoglobin also contain about 1 gram. He stated that excretion of iron in the adult male is only a fraction of a milligram daily, so that if the individual has ever absorbed his iron it will still be in the body unless it is lost through hemorrhage. However, in the woman this is not true, due to her blood loss through menses.

Dr. Finch stated that since the iron remains in the body once it has been absorbed the only way you can be sure of an iron deficiency in anemia is with a sternal puncture and check of the amount of hemosiderin present. He said that if there is adequate iron in storage man will make blood if he is bled but that if he is low in storage he will soon become anemic following bleedings. He emphasized that the normal person will usually absorb enough iron from his diet, so that unless he is losing iron repeatedly by bleedings very rarely do you need to administer iron. He stated that in pregnancy the greatest need for iron is in the third trimester when there is increased need for iron in the mother as well as that being built up in the baby.

In discussing anemia following infections Dr. Finch stated that in general iron is not needed unless it was needed before the patient developed

his disease. He said that very, very occasionally a patient would not absorb iron and that recently a saccharated iron had been developed in England which could be given parenterally in doses of 100 to 200 milligrams and that this could be used in those people who could not absorb iron from the gastro-intestinal tract.

Dr. Finch also cautioned us not to forget that we could supply about 250 milligrams of iron by giving the patient a blood transfusion. He stated that the anemias following infections were primarily due to a depressed bone marrow function and that in general neither iron, liver nor vitamins would help the situation until the patient improved in health and then he would make his own blood. He said that a transfusion could be given and that some of the cobalt salts in 60-milligram doses daily would raise the blood count in this type of anemia but treatment with cobalt was not recommended.

In the treatment of the leukemias and lymphomas Dr. Finch mentioned radioactive phosphorus, which has a half life of approximately 14.3 days and has the ability to penetrate about 7 millimeters into the tissues. He stated that it has a tendency to accumulate in the leukemic tissues but would also irradiate normal cells, that it does not produce radiation sickness and is best given by the intravenous route. He mentioned that its best use was in polycythemia vera but there was some feeling that it might cause this type of patient to develop a leukemia; that it could be used in the chronic leukemias but was not superior to X-ray for this disease.

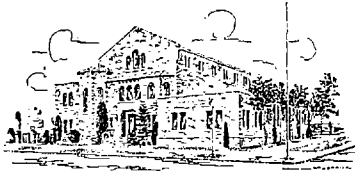
In discussing nitrogen mustard Dr. Finch stated that it could be used in Hodgkins' disease and in certain cancers of the lung, in some cases of lymphosarcoma and in mycosis fungoides. In Hodgkins' disease he did not feel that it was generally superior to X-ray and that the remissions would not be as long as remissions produced by X-ray therapy. However, in a toxic patient or one who had no response to X-ray or a patient with very large nodes on or near vital structures nitrogen mustard was the treatment of choice. He stated that the dosage was about 1/10 milligram per kilo body weight, given daily for a period of four days, that it works very rapidly but severe nausea and vomiting are noted in some cases.

In the discussion of urethane Dr. Finch mentioned that it worked best in chronic myelogenous leukemia and that the dose varied from 2 to 8 grams daily. He stated that it was the least toxic of any of the preparations but not too much response was noted from the use of the drug. In one disease, multiple myeloma, urethane seems to work better than any other form of therapy and in one series of 30 cases remissions lasting from one to two years were produced in about 50 per cent of the cases treated.

Dr. Finch mentioned several of the anti-folic substances but discussed only aminopterin, which he stated was the most potent and the most used

(Continued on Page 17)

*Modern and Moderate . .*



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## MINUTES OF NOVEMBER MEETING

*(Continued from Page 15)*

of these drugs. He said that in children a dose of one milligram daily could be given and in the acute leukemias some have been known to live as long as two years and that a remission rate up to 33 per cent had been reported. However, children who had not been treated had approximately a 10 per cent remission rate. In adults a remission rate up to 20 per cent could be produced in acute and sub-acute leukemias.

Dr. Finch stated that the drugs were very toxic and that severe damage could be done to the bone marrow and the gastro-intestinal tract. The chief damage in the gastro-intestinal tract was large ulcers of the mucosa, and once this damage was produced there was no treatment for it.

He stated that X-ray is still the best therapy for the leukemias and lymphomas except in certain specific cases, that drugs could be used for the general systemic effect but in cases of a localized lesion such as single Hodgkins node X-ray or surgery would be far the best treatment. In discussing the effect on the circulating blood of either X-ray or drugs Dr. Finch stated that the lymphocytes show an immediate effect in two or three days, that the effect on the polys was a little more slow and would be produced in one to two weeks, that the greatest effect would be seen in the red cells in three to four weeks and that these effects should be kept in mind when treating any of these diseases. He also emphasized that one must consider the platelets and bleeding and coagulation time in patients being treated.

Questions and discussions were entered into by Drs. Murray Johnson and T. H. Duerfeldt.

Dear Marjorie,

I am too excited for words, but I must drop you a note about the surprise I had today. I told you I had to be in Seattle for a week, and today I got a forwarded letter with four proofs of pictures of Jack. He didn't tell me he was having his picture taken and was I surprised. They are all good, but one of them is simply "super"! I didn't appreciate how good looking he really is. He looks so professional, too, that I don't wonder his patients have confidence in him. I'll be back in Tacoma Sunday, and please come over and see for yourself what a good looking husband I have. —it! Right now I feel a run in one of my perfectly good new stockings. The government should do something about the poor nylons we get nowadays.

Goodbye until Sunday,

Mamie.

**Laboratory for Electroencephalography**

Announcing the opening of a laboratory for electroencephalography, 1318 Medical Arts Building. Both monopolar and sixteen electrode bipolar recordings available.

Dr. John T. Robson  
Dr. Raymond Bennett

**PATENTS PACT DUE ON DRUG TO TREAT ARTHRITIS**

An agreement whereby each of the companies holding patents on present processes for making cortisone would be free to use the patents of the others is about to be concluded by the drug manufacturers concerned, Dr. Robert R. Williams, director of grants of Research Corp., disclosed recently.

Dr. Williams revealed this contemplated step to speed the production of the steroid compound, which has shown a promise in the treatment of arthritis, following a meeting of researchers and company officials with representatives of a number of foundation of officials. He said one outcome of the meeting was that the foundations consulted had indicated they were "prepared in some degree to share in the cost" of further research, including clinical studies.

The patent agreement, under which Research Corp. will also be free to license other firms to use any of the affected patents, will be "of particular value." Dr. Williams said, "if one firm should appear with a patent on a more advantageous procedure at one or another of the numerous steps involved in producing cortisone." Under present process the substance is extracted from ox bile.

Included among the firms holding patent rights involved in this work are Ciba Pharmaceutical Products, Inc.; Shering Corp.; Organon, Inc.; Merck & Co., Inc., and Research Corp. The latter, a non-profit corporation, financed some of the more recent work of Dr. Edward C. Kendall, of the Mayo Foundation, who with Professor Tadeus Reichstein, of the University of Basel, Switzerland, originally isolated the compound. Merck also participated in the Mayo studies and is now sole producer of cortisone.

**47 Million for Vets' Teeth**

The Government spent \$47,000,000 on veterans' teeth during the 12 months ended last June 30, the Veterans Administration reports. Most of the money went to private dentists. It was used to pay for treatment of dental conditions resulting from service in the armed forces.

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## WASTAGE IN HOSPITALS

One of our patients, the owner and manager of a restaurant, recently discharged from a hospital where he had spent ten days, declared that he was appalled at the waste of food in that institution—heaped-up trays of choice, expensive food served to patients who could only nibble at a morsel. The uncaten food, he added, had to be thrown away. . . .

A comment was made during ward rounds that the room was very warm. A nurse opened several windows. When asked why the radiators were not turned down, she replied that she never touched them. Obviously she had never paid oil or coal bills. . . .

An inquiry at a hospital regarding the cost of catgut disclosed that the price varies considerably, depending on the quantity ordered. To the question why maximum purchases were not made to take advantage of the extra discounts, the answer given was: "We would like to, but haven't the cash." Because of this hand-to-mouth buying, a higher price was being paid. The same was probably true for other supplies. . . .

The surgeon removed the sutures from a perfectly healed abdominal operative incision. He then proceeded to stack layer upon layer of sterile gauze, secured with long wide overlapping strips of adhesive, on the scar. When the gown was pulled down, the patient looked as if she were at term. Asked why he applied such a voluminous dressing, the surgeon was surprised at the question. He had not given the matter any thought. He had merely applied all the gauze in sight, and the nurse had been generous. Unnecessary use of gauze and adhesive benefits neither patient nor hospital. . . .

"I have just seen the report of the skeletal X-rays, and there is no evidence of bony metastasis," reported the intern. The patient had been operated on a week previously for gastric malignancy and found to have extensive abdominal carcinomatosis. The intern was asked why the X-rays; he knew the omentum, mesenteric lymph nodes, and liver were riddled with metastatic cancer and that the prognosis was hopeless. What difference did it make whether the skeleton was also involved; and if it were, what more could be done about it? The intern replied to the effect that he thought it was an interesting thing to know. Interns, by and large, have little appreciation of costs in a hospital; and X-rays are expensive. . . .

Hospitals, except for proprietary ones, have always been wasteful places; but in the past, economies were not so vital. Donations and community funds could be depended upon to make up the deficit. Now, however, taxation and inflationary prices have seriously reduced the contributions from these sources, and hospitals are finding the attempt to balance their budgets a continuing nightmare. Any further increase in charges to patients is impracticable in most cases. In a Malden Hospital staff letter, the Director stated that he had been told that patients are now "shopping" and that their choice most often seems to be the hospital with the lower rate. The acceptance of governmental subsidies may be inevitable, but every effort should be made to avoid such a contingency, for with Federal funds will come Federal regulation and eventually, control; and only the protagonists of socialized medicine desire that.

The elimination of waste should be an important part of the hospital effort. We know of at least one director of a local hospital (Norwood) who has substantially reduced the hospital deficit in a six-months period, simply by standardization of supplies and by careful attention to the waste factor. Hospitals, by their very nature, are prodigal spenders of both money and supplies. Small economies in many instances would undoubtedly add up to substantial savings. Furthermore, such economies would improve relations with the public; for patients like the restaurant owner display quick skepticism when hospital costs are mentioned.

Economies can be practiced without lowering our high standards of medical care. Attending physicians and surgeons can assist hospital administration by eliminating wasteful practices, while the administration seeks ways and means to lower the overhead. Department stores form chains for economy in buying; why can not hospitals do the same and take advantage of the extra discounts given for large purchases?

The high cost of hospitalization is something that every doctor hears about from his patients. It does seem that better cooperation between doctors and hospital administrations on problems of waste might help to lower this cost. We are sure that patients, at least, will appreciate our efforts.

—Norfolk Medical News.

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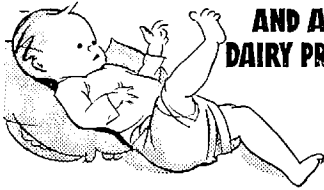
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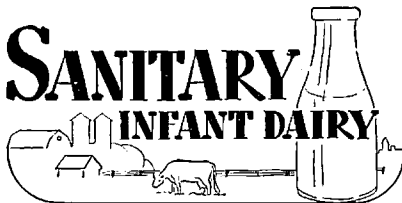


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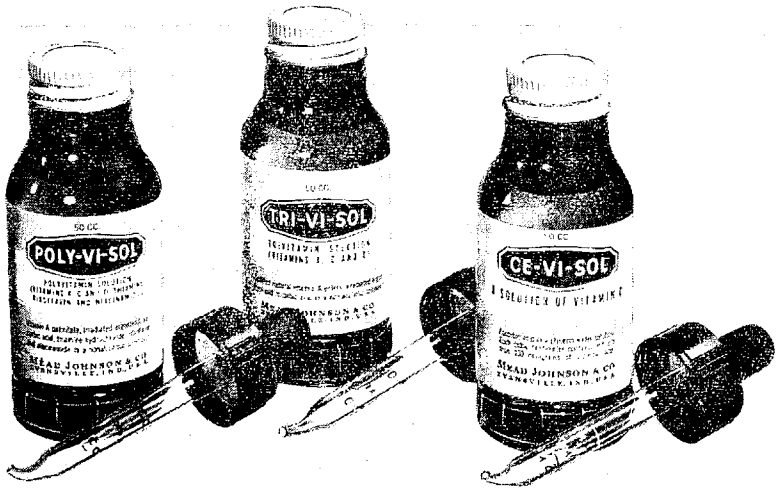
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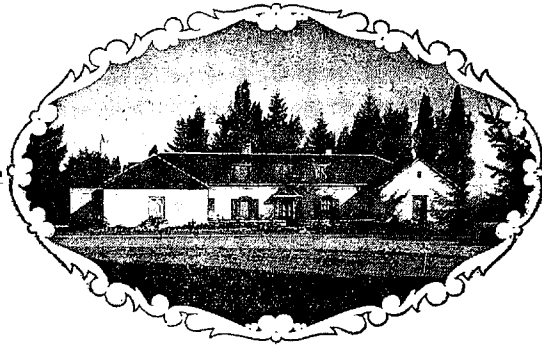
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