

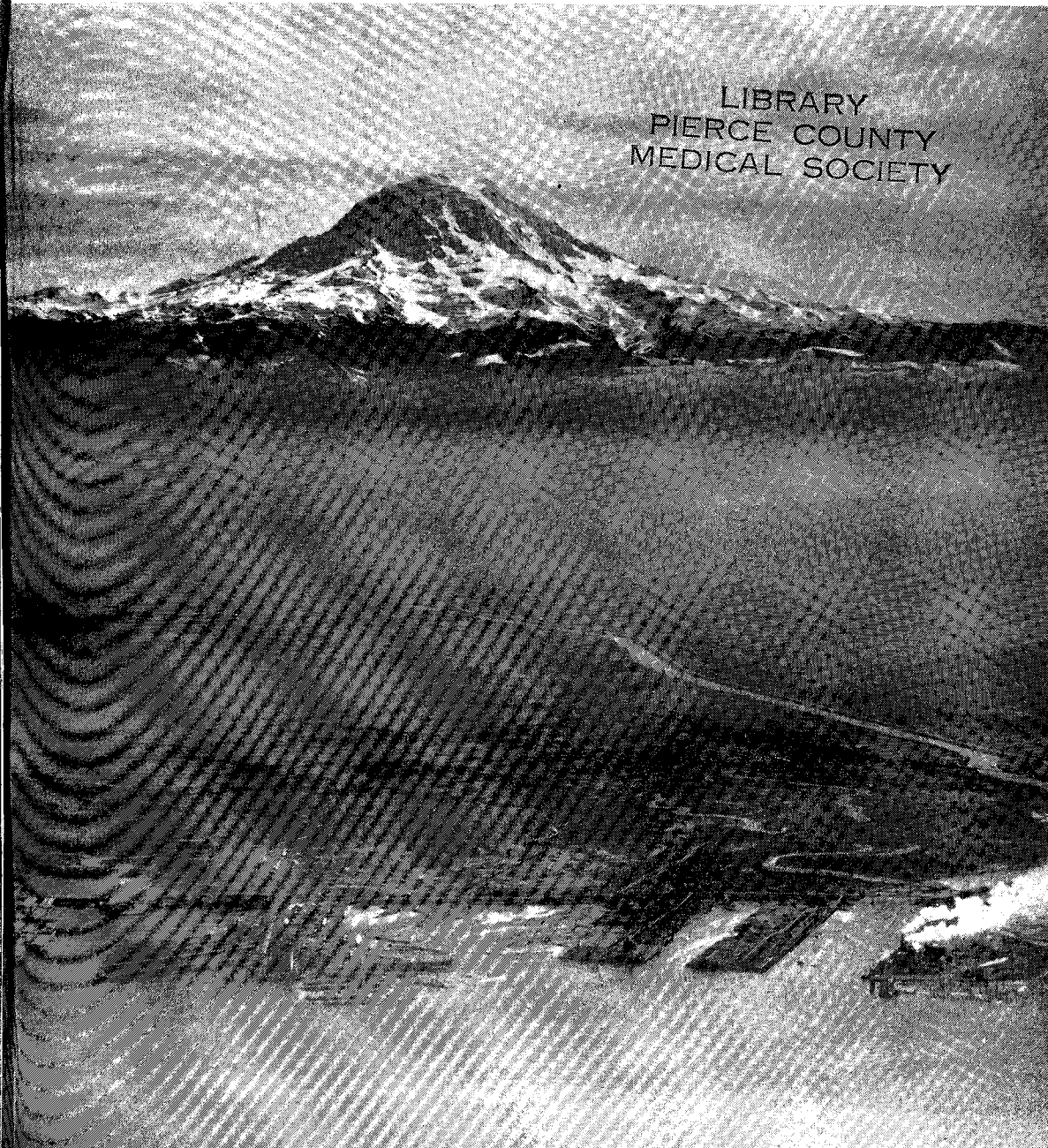
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIV—No. 5

TACOMA, WASH.

JANUARY - 1954

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PIERCE COUNTY
MEDICAL SOCIETY



Pierce County Medical Society

1954

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Program

Tuesday, January 12, 1954

Medical Arts Building Auditorium

8:15 P. M.

Dr. Homer Humiston will speak

on

TACOMA CITY GOVERNMENT

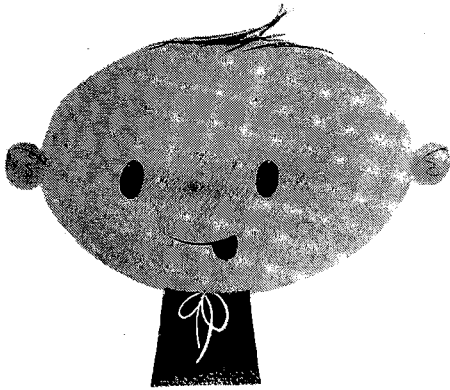
NOTICE

Check back page of Bulletin for calendar of special meetings

*Cover photograph of the Tide Flats with Mountain in the background through the courtesy of Ken Ollar.

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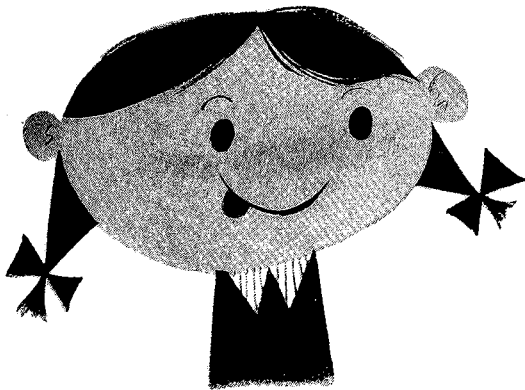
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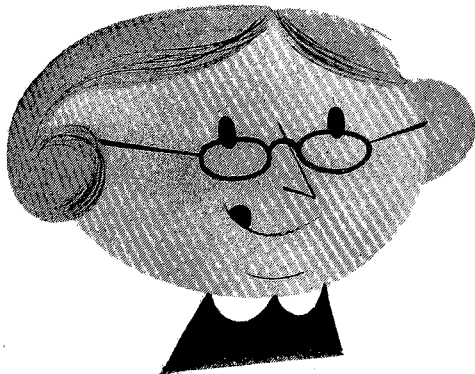
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Editorially Speaking . . .

The advent of a New Year is a most propitious occasion for all of us in a good many ways. For regardless of how we think of it the first day of January is a new start, a new beginning of a new experience. And just passed, for most of us, are happy days with our families in which the pressure of our work has been a little lighter than it is at any other time of the year providing us with a little time to catch our breath, to think of how things went in general, of the mistakes we have made and the jobs we have done fairly well, and to indulge in a little self analysis from which, if we are wise men, we will make plans for improvement in the days to come. For each of us, the dawn of a new Year brings opportunity and promise if we will but heed it.

New faces in old jobs are seen about us, in our hospital staff appointments and committees, our society officers and subordinates and our economic and social tasks, appointed or elected. And each new face, though it be that of an old friend and colleague has with the advent of the New Year a great opportunity to serve to the best of his ability in his particular assignment. For there is much work to be done and many jobs we can do better than we have before.

So it would behoove us all with the start of the New Year to make our plans and outline our goals in whatever is our job, both as practicing physicians and as officers of our society, chairmen of our committees, members of our boards. And having set our goal and made our plans to achieve that goal, be it a better county society library or a better public relations program or a better doctor to our patients, let us now resolve to work hard and to deal fairly and to do our best to make this, for everyone, a Happy New Year!

—H. J.

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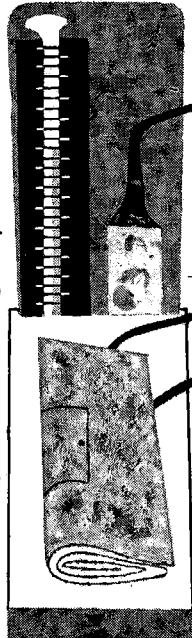
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The President's Page . . .

HAPPY NEW YEAR

This is your new President's first opportunity to send greetings to members of the Pierce County Medical Society. The Officers of the Society join me in wishing you a Happy and Prosperous New Year.

While on the new theme your President wishes to call to your attention the history, the tradition, and the accomplishments of your Society since it was incorporated on September 5, 1888. Five physicians met in Dr. J. S. Wintermute's office on August 24, 1888, and organized a medical society for Pierce County. The succeeding sixty-five years saw many new presidents and secretary-treasurers and it has been through the concerted action and friendly intercourse of the members that the profession in this community has been enviably successful.

Your President with the help of his committees and cooperation of the members will endeavor to further the fine tradition of your Society.

—J. R.

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(1) Burns, J. J., and others: *J. Pharmacol. & Exper. Therap.* 106:375, 1952. (2) Byron, C. S., and Orenstein, H. B.: *New York State J. Med.* 53:676 (Mar. 15), 1953. (3) Currie, J. P.: *Lancet* 2:15 (July 5), 1952. (4) Davies, H. R.; Barter, R. W.; Gee, A., and Hirson, C.: *Brit. M. J.* 2:1392 (Dec. 27), 1952. (5) Delfel, N. E., and Griffin, A. C.: *Stanford M. Bull.* 2:55, 1953. (6) Domenjoz, R.: *Federation Proc.* 11:339, 1952. (7) Domenjoz, R.: *Internat. Rec. Med.* 165:467, 1952. (8) Goldfain, E.: *J. Oklahoma M. A.* 46:27, 1953. (9) Gutman, A. B., and Yu, T. E.: *Am. J. Med.* 13:744, 1952. (10) Kuzell, W. C.: *Annual Review of Medicine, Stanford, Annual Reviews*, 2:367, 1951. (11) Kuzell, W. C., and Schaffarick, R. W.: *Bull. on Rheu-*

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

Rummage Sale Success

Chairman of the second annual rummage sale, Barbara Teats, announces \$500 profit on the sale held December 4th and 5th.

"Thanks to everyone who helped with the sale: Those who donated, those who gathered and stored and transported rummage, and those who helped to sell.

"I wish to thank especially my co-chairman, Sandy Rosenblatt; our president, Hilda Lantiere, who worked harder than anyone else; and former president, Muriel Nelson, who gathered and brought in many large donations from individuals and drug stores."

—Barbara Teats.

Many other members helped: Ruth Brooke with planning of the sale, Erma Wahlberg, who spent two days at 1516 Jefferson, Anita Parrott, who knew what to do, Dorothy Grenley, Anna Carlson, Ruth Murphy, Jo Kohler, Shiela Brown, Gladys Hanson, Donna Ferguson, Mary Steele, Marion Smith, Oleva Jones, Augusta Niethammer, Jerrie Fredrickson, Joanne Johansson, Sally Lane, Elvino Brokaw, Betty Smeall, Ruth Meier, Edna Backup, Ruth Arnold, Connie Hellyer, Beth Pratt, Merle Herrmann, Mrs. John Arnason Johnson, and Elizabeth Thomas. (Note to future rummage chairman: Don't overlook Kay Herrmann's talent for gathering rummage and for producing buyers.)

The committee reports they are pleased with the cooperation from the auxiliary and pleased with the financial results.

* * *

Auxiliary to Meet January 15

At the next Medical Auxiliary meeting Friday, January 15th, Dr. James W. Kirkwood will speak on the topic: "Emotional Disturbances of Children." Dr. Kirkwood, Division of Children and Youth Services for the State of Washington, who has addressed numerous P.-T.A. groups and the Pierce County Medical Society, is reported to be a dramatic and interesting speaker.

The 12:30 luncheon will be at Mrs. W. Howard Pratt's home, 1364 Heatherwood West. The board meeting will be at 11:30 at the same address.

Officers for 1953-1954

- President Mrs. S. R. Lantiere
- President Elect Mrs. Eugene Hanson
- First Vice President..... Mrs. George S. Kittredge
- Second Vice President..... Mrs. Joseph B. Jarvis
- Corresponding Secretary..... Mrs. William C. Brown
- Recording Secretary..... Mrs. Haskel L. Maier
- Treasurer..... Mrs. Elmer W. Wahlberg

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- Co-Chairman, Mrs. Robert Ferguson
- Publicity, Press..... Mrs. Arnold J. Herrmann
- Bulletin, Mrs. Charles McGill
- Program..... Mrs. G. M. Whitacre
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- Co-Chairman, Mrs. S. F. Herrmann
- Telephone Mrs. John R. Flynn
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- Blood Bank..... Mrs. Gerald G. Geissler
- Legislative..... Mrs. S. E. Light
- Co-Chairman, Mrs. Joseph B. Jarvis
- Today's Health..... Mrs. L. E. Skinner
- Public Relations..... Mrs. J. Robert Brooke
- Co-Chairman, Mrs. William C. Brown
- National Bulletin..... Mrs. George S. Kittredge
- Civil Defense..... Mrs. G. A. Moosey
- Speakers' Bureau..... Mrs. John F. Steele
- Rummage Sale..... Mrs. Govnor Teats
- Co-Chairman, Mrs. Murray L. Johnson
- Nurse Recruitment..... Mrs. Thomas B. Murphy
- Co-Chairman, Mrs. John Bonica

Hostesses will be Mrs. Miles Parrott, chairman, Mrs. Fred Schwind, Co-chairman, Mesdames Bryce Betteridge, J. M. Brady, Robert Chambers, Rodger Dille, Clyde Gray, Hillis Griffin, Wm. Goering, Homer Humiston, Raymond MacRae, Herbert Meier, W. A. Niethammer, B. N. Ootkin, F. O. Paine, Alfred Schultz, Somers Sleep, Paul Smith, Cyril Ritchie, Wm. Rosenblatt, James Ward.

* * *

Stadium Future Nurse Club

(This is the second report on activities of Future Nurse Clubs, sponsored by the Auxiliary to the Pierce County Medical Society. The Lincoln Club was described last month.)

Stadium High School's Future Nurse Club has a membership of about 35 girls, with Dorothy Maier and Donna Ferguson as advisors.

Their service project last month was making of forty Christmas tree favors for holiday decorations for Mountainview Sanitorium.

A movie showing the work of hospital administration was shown at the club's last meeting. Their January schedule includes a business meeting and a tour of Tacoma General Hospital, so the girls can see how nurses work and live. The members themselves plan their programs.

Miss Helen Sohlberg of the Stadium faculty, who is one of the counselors, and Mrs. Duncan, school nurse, have been valuable in organizing and promoting the club.

(Continued on Page 11)

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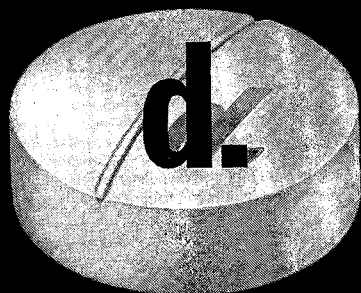
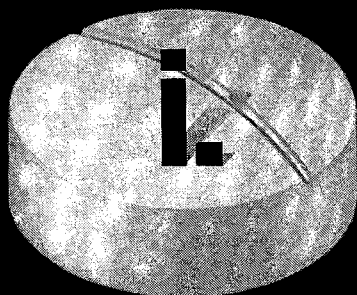
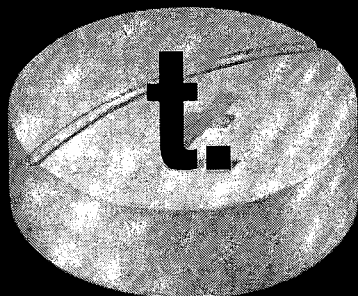
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(Continued from Page 9)

The newly-organized Acquinas, Future Nurse Club will elect their officers at the January meeting when the film, "Girls in White" will be shown. Sister Victorine is an enthusiastic sponsor of the club, in which 22 girls are interested. Our advisors are Emma Bonica, Nancy O'Leary, and Midge Geisler will assist later.

* * *

Answering the last-minute call to sell Christmas seals one Saturday afternoon, Elsie Smith took over when both Aanna Carlson and Madge Buis were ill. Mrs. John Arnason Johnson and Hilda Lan- here also worked in the booth.

* * *

One doctor's wife, Margaret Smith, is a C.P.A., who has opened an office in the Clover Park Building, 11120 Gravelly Lake Drive. Office hours are afternoons only—she has two small children. (Who should be more familiar with income tax exemptions for doctors?)

* * *

Another doctor's son attending medical school is the Humiston's, a junior at Harvard this year.

* * *

The day before Thanksgiving James and Ruby Ward had a baby girl, Susan, the name chosen by the other four Ward children.

* * *

Margaret McBride appeared on television with violin accompaniment to the choir on the program, "We believe." She also accompanied the choir in a Christmas program at the First Presbyterian church.

* * *

Glarä Goering, president of the Auxiliary to Goodwill Industries, and board member was gracious hostess at the Goodwill open house Dec. 8.

* * *

Bess Hopkins is improving since her accident and plans to be ready to accompany Dr. Hopkins on a California vacation the latter part of January. Mamä Reynolds was out to church before Christmas, after months of convalescing.

* * *

As soon as the rummage sales were totalled Barbara Teats was off for two weeks in California.

Do not forget little kindnesses, but do not remember small faults.

PSYCHOSOMATIC MEDICINE

We talk of psychosomatic medicine as if it were the latest invention. Let us take a quick look at medical history.

The first sanatorium for the treatment of physical ills with a neurotic background was established on an island near Greece by a medical man who left us fragmentary writings of his work. He carried a staff and wore a distinguished costume. The sanatorium was filled with hot and cold baths. Expert masseurs and various rituals were part of the treatment. Harmless serpents were employed in the belief that their tongues had healing properties. The single serpent entwined about his staff became the emblem of his craft. His name was Hippocrates.

The barber surgeons, witch doctors, soothsayers, and medicine men of the Middle Ages all used suggestion with their medicines.

Some time ago there lived a Dr. Quimby near Boston. He wrote some interesting papers on the relation of mental attitude to physical illness. Doctors scoffed at him until he grew silent. On his death bed, he left his papers to his housekeeper, afterwards known as Mary Baker Eddy. She carried on.

The medical man who does not practice psychosomatic medicine is rare indeed, and it does not matter whether he lived in ancient Athens or twentieth-century America.

—San Diego Medical Society Bulletin.

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* * *

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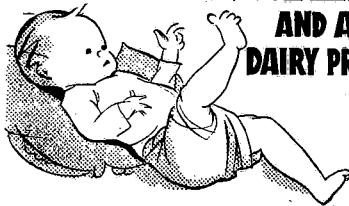
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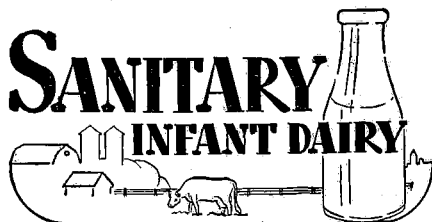


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ST. JOSEPH

Our Pharmacist, Mrs. Dorothy Bradley has returned from her vacation in England and reports to have had a wonderful time.

* * *

On November 26 a bouncing baby boy, weighing 7 pounds and 12 ounces, was born to Dr. and Mrs. Chesledon. Recently Dr. Chesledon left for Seattle.

* * *

Miss Delores Peterson, one of our Surgery nurses, is getting married the 26th of December and leaving for St. Louis.

* * *

Mrs. Myrtle Loney of the Medical Record Room Personnel is now working for Drs. Sobba and Marlatt. We are very sorry to lose her and wish her the best of luck for the future.

* * *

Mrs. Sophia Young is the new medical stenographer in X-ray department. She comes to us from North Dakota.

* * *

Miss Eardhal, Emergency Room nurse, went to California for the holidays.

* * *

Mrs. Marian Smith, a graduate of St. Joe's and an X-ray department employee for many years, is a patient on third floor. The same Miss Henrietta

McNerthey is on the sick list. Best wishes for speedy recovery!

* * *

St. Joseph's Hospital has started a very fine Patients' Library and it is in good working order already. The project is under the direction of Mrs. Beale. She has spent considerable time each week marking and indexing books before they were ready for circulation. The selection is extensive and covers a wide variety of material—fiction, adventure, history and religion. Only the best books are accepted and all the material is well screened before being put out for use. The only qualification to obtain books is to be a patient on 2nd, 3rd or 4th floors.

* * *

Preceding the holidays the patients and others who were in the hearing distance enjoyed Christmas music sung by various groups of carolers.

* * *

The Christmas spirit was contagious with the celebration of parties in each department and exchange of gifts. On December 22 from 2 to 4 p.m. all the employees enjoyed themselves at a party at the Nurses' Home. Refreshments were served and each one received a lovely gift.

* * *

Winter Wonderland Carnival of St. Joseph's Hospital was a great success both financially and socially. A most sincere and grateful "Thank you" and "God bless you" is expressed to all our doctors for their support and generous response to all our numerous projects.

* * *

Happy New Year to All!

VETERANS ADMINISTRATION

American Lake, Washington

On Monday, December 7th, Dr. Hardgrove, Manager, and Mr. Guilford, Chief Social Worker, represented the hospital at a meeting of hospital administrators and social workers on the Federal and State level, which was held at the Western State of Public Institutions for the state, gave an in-hospital. Mr. Harold Van Eaton, Administrator formal talk. The group were the luncheon guests of Dr. F. E. Shovlain, Superintendent, WSH. This group will meet as our guests on January 11th, 1954.

* * *

Dr. H. A. Young, head of the Prosthetic Department, University of Washington Dental School gave a lecture and demonstration of denture technique at the hospital on December 22nd, which proved to be very informative.

* * *

An article by Richard G. Jones, Assistant Manager, entitled "Fingertip Availability of Statistical Data" appeared in the November issue of "Hospitals," the official journal of the American Hospital Association. The article sets forth a method

(Continued on Page 15)

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The clinical need for Penicillin-PBZ is evident from the growing incidence of penicillin sensitivity reactions. The prophylactic and therapeutic use of Pyribenzamine for control of these reactions has been demonstrated repeatedly. A few examples:

1. Simon¹ observed only 3 reactions in 1237 patients to whom Pyribenzamine and penicillin were administered simultaneously, mixed in saline diluent. This finding, the author states, "should convince the most skeptical that the rate of reaction thus obtained is far below that resulting from the same penicillin without the antihistamine or from other penicillin combinations."

2. Kesten² observed that Pyribenzamine afforded complete relief or suppression of postpenicillin urticarial symptoms in 88% of cases and concluded that Pyribenzamine is a "most useful therapeutic agent in allergic symptoms which follow the administration of antitoxin or penicillin."

3. Loew³ reported Pyribenzamine to be "especially effective in controlling the urticaria induced by penicillin."

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Literature available on request. Write Medical Service Division, Ciba Pharmaceutical Products, Inc., Summit, N. J.

1. SIMON, S. W.: ANN. ALLERGY 11: 218, 1953. 2. KESTEN, G. N.: ANN. ALLERGY 6: 408, 1948. 3. LOEW, C. R.: MED. CLIN. N. AM. 34: 351, 1950.

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(Continued from Page 13)

of summarizing monthly reports of operating divisions and services in such a manner so they can be compared month by month.

* * *

On December 7th, an Incentive Awards Program was held, honoring employees who have served thirty years, twenty years and ten years, in the government service. Employees receiving the 30-year pins were: Roy L. Cousins, Homer R. Fleming, Claud A. Garraughty, John J. Resch, Frank Turner and Roy Walker.

* * *

Thirty-five student nurses completed their Psychiatric Nursing Affiliation on December 19, and returned to their home schools throughout the State. A new group of 26 began the course on December 21.

* * *

Miss Miriam Cassady, Affiliate Nurse Instructor, returned from the University of Oregon after completing a Quarter of public health nursing field work.

* * *

Mrs. Collignon injured her back and is under treatment at St. Joseph's Hospital in Tacoma. The Nursing Staff wishes her a speedy recovery.

* * *

Miss Edna Brandt, Senior Nursing Consultant in the State Department of Health, and President of the Washington State League for Nursing, talked to the nurses about the League on December 10.

* * *

Miss Mary Collins and Miss Frances McPherson are taking some annual leave during the holiday season and hope their many friends will drop by to see them.

* * *

LoReign M. Uglund has recently been assigned to the X-ray Department, taking the place of Audrey A. Kaplan, who has returned to her home in Salem, Oregon.

TACOMA GENERAL

At its December meeting the Medical Staff elected these officers for the coming year: Dr. Philip C. Kyle, President; Dr. Louis M. Rosenblatt, Vice President; Dr. Philip Grenley, Secretary; Dr. Edwin J. Fairbourn, Chairman of the Credentials Committee; Dr. Burton A. Brown and Dr. Robert E. Lane, Executive Committee Members.

* * *

The remodelling and redecorating of the Premature Nursery is completed. The room is now much larger with facilities for 10 babies. An Isolette has been added to the room's equipment, which already included piped oxygen.

* * *

Mrs. Esther Burnett, Assistant Director of Nurses, has resigned to join her husband who is just back from a tour of duty in Korea. His new assignment is Williams Air Base at Phoenix, Ari-

zona. Mrs. Elaine Rea will assume the duties of Assistant to the Director of Nurses.

* * *

Mrs. Virginia Mitchell is new Head Nurse on First North and Mrs. Dorothy Morous fill the same position on First East.

* * *

Dr. M. J. Wicks is being congratulated as the newly elected President of the Washington State Blood Bank Association,

* * *

The Tacoma Chapter of the Washington State Society of Medical Technologists enjoyed a talk by Dr. Wicks at their December meeting. His subject was, "New Trends in Blood Bank Problems."

* * *

Dr. and Mrs. John J. Bonica have just returned from a short but "fabulous" visit to Honolulu, Hawaii. They were very favorably impressed with the beauty of the Islands, the weather, and the hospitality. Dr. Bonica lectured on December 8 to the Academy of General Practice on "The Management of Pain Syndrome"; on December 10 to the Hilo County Medical Society on "The Management of Cancer Pain"; on December 14 to the Honolulu Surgical Society on "The Recent Advances in Anesthesia of Interest to the Surgeon" and "Peridural Anesthesia."

* * *

Evelyn Gough and Beverly Turnbull of the Laboratory have just learned that they have passed the examination for certification by the American Society of Clinical Pathologists. The six certificates hanging on the wall indicate that all the technicians in the Laboratory are registered by ASCP. Students registered in the School of Medical Technology now number eight.

WHAT PATIENTS KICK ABOUT—

The Kings County (New York) Medical Society has turned up some enlightening information in regard to patients' complaints about doctors. After an analysis of the 40 cases handled by the society's Mediation Committee during 1952-53, the society released the following breakdown of complaints:

- 14—Improper diagnosis or treatment.
- 6—Failure to explain costs.
- 6—Failure to make call where patient knew doctor.
- 4—Overcharging.
- 3—Failure to give reports to patients on their conditions.
- 2—Failure to treat patient in an emergency.
- 2—Refusal to treat patient.
- 2—Not doctor patient thought would treat him.
- 1—Criticism of other doctor to patient.
- 1—Failure to follow up on patient's case.
- 1—Type of bill submitted.
- 1—Improper exam.

The philosopher should end with medicine, the physician commence with philosophy.

—Aristotle.

LIBRARY CORNER

(From the Library Committee)

The new library committee would like to make the library as useful as possible to all the members.

Any suggestions for new books or other improvements will be welcomed by any member of the committee or by Mrs. Murphy, our new librarian.

I. A. Drues

E. J. Fairbourn

W. W. Mattson, Jr.

* * *

Books Received, December, 1953

1. "Diseases of the Nervous System in Infancy, Childhood & Adolescence", by Ford.
2. "Diagnosis and Treatment of Endocrine Disorders in Childhood and Adolescence", by Lawson Wilkins.
3. "Surgical Clinics of North America" December, 1953.
4. "Ophthalmic Surgery", by Meller.
5. "Medical Progress", by Fishbein.
6. Color Atlas of Pathology.

* * *

"Divide your time equally between books and men."

—*Sir William Osler.*

* * *

In the November and December issues of the Bulletin, a list of missing books and periodicals was printed. To date, none have been returned. Particularly important on the list are the 1952 bound

JAMA's. If you have any of the missing periodicals listed so far, or any on the new list, please return them immediately as they represent requested items that are needed. The following are also missing from the library:

American Practitioner, Volume 2.

Annals of Internal Medicine, Volume 33.

Archives of Dermatology & Syphilology,
August, 1952, and Volume 44.

Archives of Surgery, May, 1950.

Gastroenterology, Volume 10 and May, 1953.

Journal of Biological Chemistry, Volume 145.

Journal of Clinical Investigation, Volume 10.

Journal of Experimental Medicine, Volume 40.

Journal of Nervous & Mental Disorders,
Volume 103.

Journal of the American Medical Association,
Volume 103.

Medicine, Volume 21.

The maid was ill. Her mistress sent for the doctor, who, upon arriving, asked the lady to leave the room during his examination. When the maid was alone with the physician she confessed, "Doctor, I'm not really ill. She owes me six weeks' salary and I'm not getting out of bed until she pays me."

"She owes me for the last 10 visits I've made her," said the doc. "Move over."

"Doctor," he said, "I've been bothered for the last five years with a superiority complex."

"Lie down on the couch," said the psychiatrist, "and I'll try to relieve you of it."

"But it's not mine," said the visitor, "it belongs to my mother-in-law."

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THE HISTORICAL DEVELOPMENT OF HOSPITALS*

Eleven centuries before Christ, the Pharaohs of Egypt established "official houses" to which the sick were brought to be treated by members of a royal college of surgeons paid by the State for their services to the poor. Although the antecedents of the hospital can thus be traced back 3000 years, the modern institutions which we have today are entirely a product of the last 75 years. The earliest recorded hospitals originated in a sense of civic responsibility for the unfortunate. Under this influence continuing through the years the public hospital became an accessory to other social institutions such as the poorhouse, prison, orphanage, or Church. As recently as the early 19th Century it was customary to house the sick with paupers, prisoners and lunatics and to give them only custodial care.

In a few instances hospitals of a sort developed even before physicians became available. For example the Greek historian, Herodotus, tells us that in the ancient city of Babylon which had no physicians it was decreed that the sick should be brought into the public market place. There all who passed by were required to converse with each sick man about his symptoms and to recommend to them any promising remedy of which they might have knowledge. The ancient counterparts of Father John's Cough Syrup and Lydia Pinkham's Vegetable Compound must have received good mouth-to-mouth publicity through this arrangement. Another example was a refuge known as the "House of Sorrow" founded by an Irish Princess in the 4th Century, B.C. Any patient was entitled to bring his mother with him to this early hospital but it was decreed by law that it be kept "free of debt, dogs, fools and female scolds." Perhaps some of our hospitals today might profit from the latter provisions. These ancient refuges for the sick may account for the origin of the name "hospital" which derives from the Latin word for guest in the sense of extending hospitality to strangers. The word "hotel" has the same origin and the French commonly use this in naming hospitals as the Hotel Dieu which will be mentioned. Another variation is "hospice" as for example the Hospice St. Bernard in the Alps where the well known dogs were trained to guide lost travellers to the monastery.

Other ancient hospitals derived from religious teachings. This evidence of compassion for the sick manifested itself even before the Christian era. The earliest example appears in an edict issued in the 3rd Century, B.C., by a by a Buddhist king in India commanding that hospitals be established along the common routes of travel throughout his dominions. These hospitals were maintained by a tax levied upon the merchants and were provided with herbs, salves and other medicines, surgical instruments, and even drugs to produce insensibility during surgical operations. The earliest hospital under auspices of the Christian Church was probably that at Seasarra near Antioch estab-

lished by St. Basil about the year 400. It was said that here "disease was investigated and sympathy proved" and here the first nursing order, Our Lady of Mt. Carmel, originated. At the same time hospitals were springing up throughout the Moslem world. Their sacred book, the Koran, urges that the privileged share their fortunes with the bereft and specifically admonishes that the insane be treated with kindness. As early as the 6th Century obligatory alms were collected from all Mohammedans to support large hospitals at Bagdad, Cairo, Damascus and elsewhere. These were medical schools as well and attracted students from all of Islam. The Chinese also had hospitals at an early date and we gain an inkling of their antiquity from the fact that a hospital was founded in Japan under Chinese influence in the year 758.

A third influence was a proprietary interest by the State in the welfare of certain groups. The Romans were a very practical people. They regarded slaves and gladiators as valuable property of the State and set up special hospitals for them, leaving the ordinary citizens to shift for themselves. Later as the Roman legions extended their conquests a chain of military hospitals came into being. Some of these were impressive structures indeed and their ruins may still be seen near Bonn in West Germany and at Vienna. They were built in the form of quadrangles with kitchens and pharmacy in the central courtyard and small twelve bed wards opening off the main corridors. The sanitary arrangements included both aqueducts and sewers.

Finally, and only within the span of an ordinary lifetime, with the enormous advances in the medical sciences and the demand by doctors for centers where all these resources might be brought to bear upon the sick patient, the hospital as we know it today came into existence. But, before we come to it, let us consider some of the more interesting developments along the way.

The Crusades created a need to provide for sick pilgrims and for Crusaders wounded in battle. Hospitals were established throughout Europe and the Near East. One of the most famous was the Hospital of St. John at Jerusalem where the Knights of the same name undertook the care of patients in 1099. This ancient order survives to this day although its purposes have changed. Sir Winston Churchill has been photographed proudly wearing the blazer of the St. John's Ambulance Corps and its members manned first aid posts along the route of the procession at the recent coronation of Queen Elizabeth.

During the 13th Century one quarter of all the revenues of the Church was devoted to the support of its hospitals but as the Church became more concerned with the salvation of men's souls than with the repair of their sick bodies, these fine hospitals deteriorated. They became mere pest houses and their control passed to the civil authorities.

St. Bartholomews, the oldest hospital in London, is an example of this transfer from ecclesiastic to municipal control. It was founded in the year 1123

(Continued on Page 19)



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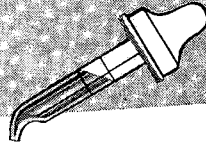
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(Continued from Page 17)

and has been open continuously ever since with the exception of a few years during the reign of Henry VIII when it was closed under the act separating the Church and State. The founder of this hospital was a monk of the Augustinian Order named Bahere, who curiously enough also served as a jester at the royal court. When St. Bartholomew's was reopened the King and the citizens of London both contributed to its support. Its control now rests with the London City Council and the oldest of its present building dates from 1760.

Another old London hospital was St. Mary's of Bethlehem, better known as Bedlam. It began in 1375 in a monastery which had been seized by the Crown and designated for the confinement of lunatics. Later it was deeded to the Corporation of London but, as so frequently happens, there were no accompanying funds for its operation. In consequence the inmates were given identifying dog-tags and daily turned loose on the city streets to beg for their food as Tom o' Bedlams.

As late as 1710 these two hospitals and a third, St. Thomas', were the only ones in London and there were none in the provinces. St. Thomas' incidentally was founded by a woman who had made a fortune operating a ferry boat on the Thames.

Meanwhile in Renaissance, Italy, splendid hospitals were built under municipal auspices. The City of Florence appropriated 25,000 florins in a single year for its 220 bed hospital which "gave its alms freely to all." Even more famous was its foundling hospital, Santa Maria degli Innocenti which erected in 1444 still stands. This became a treasure house of art and is best known today because on its walls are the celebrated medallions of Della Robbia.

Paris has had its Hotel Dieu since the year 600 but for several centuries it was merely a poorhouse. By 1300 it had acquired a medical staff and its 800 beds were open to all Jew and Christian, rich and poor. Here the insane and those with contagious fevers were to be found in the same wards as surgical and maternity cases. Standards of care went from bad to worse and in 1788 King Louis XVI commissioned a committee of the Royal Academy to make a survey of this hospital. Their report produced a scandal. One out of every four patients died but even more startling was the fact that the mortality rate of its medical staff and attendants ran from 6 to 12% each year. Several pages of this report were devoted to urging the provision of additional beds, arguing that the 8½ inches of space allotted to each of the six patients who occupied a bed was insufficient for their comfort. No provisions were made for heating or ventilation. The sanitary arrangements for 600 patients and attendants consisted of five seats over an open sewer. The recommendations of the commission urged segregation of the insane and those with communicable disease from the surgical and obstetrical cases and the reconstruction of the hospital with a series of 36 bed pavillions ventilated with windows extending to the ceiling.

Seven years previously a surgeon in the American Revolutionary Army, Dr. James Tilton had sent

similar recommendations to the Surgeon General. He had urged the adoption of small, well ventilated log huts as hospital wards. These reports were the forerunners of the pavillion type construction of hospitals which exists to this day.

The first hospital on the American continent was built by the Spanish Conquero, Cortez, in 1524, on the exact spot in Mexico City where he had his first meeting with Montezuma. Its humanitarian service has been uninterrupted throughout the four centuries of its existence.

In this country early hospitals developed for the most part from poorhouses. In Philadelphia an almshouse opened in 1732 grew into the present Philadelphia General Hospital. Tradition has it that it was in one of its wards that the Evangeline of Longfellow's poem was reunited with her Acadian sweetheart, Gabriel. Bellevue Hospital in New York originated as a public workhouse and house of correction and not until 1835 were the prisoners and the insane moved elsewhere. Charity Hospital in New Orleans likewise began as an almshouse in 1735. After a disastrous fire in 1815 it was rebuilt as a true hospital deriving its support from taxes levied upon passengers arriving in New Orleans by ship and from the receipts of theaters and gambling houses. The Spanish sovereigns wrote repeatedly to their emissaries in the New World urging them to take special care in the construction of hospitals. As a result hospitals were established in amny of the Spanish missions throughout Santo Domingo, Florida and Louisiana Territory. The first hospital in Texas was opened appropriately enough in the historic Alamo in 1805. The oldest in Dallas is St. Pauls which opened in 1901. The Baylor Hospital will celebrate its 50th Anniversary this Fall.

The Pennsylvania Hospital in Philadelphia claims to be the first institution in the United States founded and continuously operated solely for the sick. Benjamin Franklin tells in his "Autobiography" how he directed the maneuvers to raise funds for its construction. A large sum was first raised by public subscription and with this safely in the bank, the Provincial Legislature was prevailed upon to match it. The Pennsylvania Hospital opened its doors in 1752 and some of its present buildings date from three years later. During the early years considerable public entertainment seems to have been provided by the insane inmates. The Board of Managers who were mainly frugal Quakers took note of this and ordered an encircling fence erected and a charge of four pence made to visitors. Benjamin Rush, a member of the original medical staff and also a signer of the Declaration of Independence, was a leader in the movement for the more humane treatment of the insane and their eventual separation from the physically ill.

The last 75 years have seen tremendous advances in medicine and an amazing transformation of hospitals. The simple structure of wards, kitchens, and pharmacy has expanded to accommodate the complex aggregation of activities devoted to the diagnosis and treatment of the sick. While the

(Continued on Page 21)

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(Continued from Page 19)

population of this country has tripled, the number of hospitals has increased forty-four fold. Some perspective upon the change which has occurred is gained by recalling that 75 years ago in 1878 the first graduate nurses were just beginning their careers, interns were unknown, so-called hospital gangrene and laudable pus were taken for granted, patients with smallpox, tetanus or diphtheria might be found in beds next to maternity cases or those with broken bones. Ten years were to elapse before the introduction of sterilization by steam helped to make the hospital safer than the home for surgical or obstetrical procedures. X-rays were not to be introduced until 1895. It was the early 20th Century before the clinical laboratory began doing some of the simplest of the many tests which are now regarded as so essential. The first social service department in a hospital was organized in 1905 at the Massachusetts General Hospital in Boston. Blood transfusions and intravenous therapy did not become common until the mid-1920's. In 1918 the American College of Surgeons conducted the first of its surveys which have contributed so much to the raising of standards of hospitals over the country. In that year only 89 hospitals in the United States met very modest standards for approval. Today more than 3000 hospitals conform to greatly elevated requirements.

It has been a long journey from the official houses of ancient Egypt, and the last stage has been

covered at a dizzy pace. Small wonder that we are currently baffled and confused by intricate problems of hospital financing, of private, church and governmental control, of hospital insurance plans, etc. The contrast between a simple hospital for the injured Roman gladiators and one as huge and elaborate as the Baylor Hospital in this city epitomizes the transformation which has occurred but many of the problems of today have their roots in antiquity.

—John Paul North, M.D.

*Read before the Doctors Club, Melrose Hotel, Dallas, Texas, May 30, 1953.

BRITAIN AND BARBITURATES

Britain, once proud of the epithet "a nation of shopkeepers," is in danger of becoming a nation of barbiturate addicts, according to Time. At least so thinks Sir Heneage Ogilvie, one of its most eminent surgeons. About one-tenth of all the 200 million prescriptions written annually by the doctors in the National Health Service are for barbiturates. Half the 545 suicides in 1951 were committed with barbiturates.

Writes Sir Heneage in the *Practitioner*: "It would not be a particularly difficult feat . . . to produce quite a convincing thesis that the present lackadaisical outlook of the country, so repeatedly castigated by the Chancellor of the Exchequer, is a symptom of chronic (barbiturate) intoxication."

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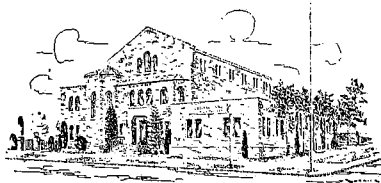
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MEDICAL MEETINGS

American College of Surgeons Sectional Meeting, Reno, Nevada, Riverside Hotel, February 25-26. Dr. Kenneth F. Maclean and his Committee on Arrangements, Fellows in Nevada and the Reno Surgical Society extend an enthusiastic invitation to all surgeons, especially those from the western provinces and states, to attend and to bring their wives with them. Besides an excellent scientific program there will be the unique side attractions of this unusual city. To enable visiting surgeons and their families to stay over for the weekend in Reno—"the fun center of the West"—this meeting is scheduled for Thursday and Friday.

Many practical day-to-day problems will be discussed. In addition, much time will be devoted to the pressing medical aspects of atomic defense, such as, atomic injuries, plasma expanders, mass treatment of burns, and rescue and survival operations.

College of Medical Evangelists Postgraduate Convention, Los Angeles, Biltmore Hotel, February 23 to 25. The three-day convention is open to all physicians regardless of their school affiliation. The Tuesday to Thursday meeting will be preceded by two days of refresher courses on CME's Los Angeles campus at the White Memorial Hospital. These courses are planned primarily for general practitioners and are open to all physicians.

Requests for information about the 1954 APC should be addressed to the Managing Director,

Walter B. Crawford, at 316 North Bailey Street, Los Angeles 33, California.

25th Annual Meeting of the Acro Medical Association, Washington, D. C., Statler Hotel, March 29-31. This being the Silver Anniversary of the Association, an outstanding scientific program and calendar of social events is being arranged under the direction of the President of the Association, Rear Admiral Bertram Groesbeck, Jr., Medical Corps, USN, retired, Director, Department of Health, State of Indiana.

* * *

POST-GRADUATE COURSES

A post-graduate course offered by the University of Washington School of Medicine, Wednesday evenings, January 7 through March 24, 1954. Under the direction of Herbert S. Ripley, M.D., Professor and Executive Officer, Department of Psychiatry. Tuition fee: \$40. Registration unlimited.

* * *

Post-graduate course in Diabetes and Basic Metabolic Problems, January 18, 19 and 20, 1954, at Rochester, Minnesota. The course will be held at the Mayo Clinic and Mayo Foundation, and is under the directorship of Edward H. Rynearson, M.D., and Randall G. Sprague, M.D., Consulting Physicians, Section of Medicine, Mayo Clinic. The course is open to non-member physicians as well as members of the American Diabetes Association but the number of registrants will be limited to 125. Fees are \$40 to members, \$75 to non-members.

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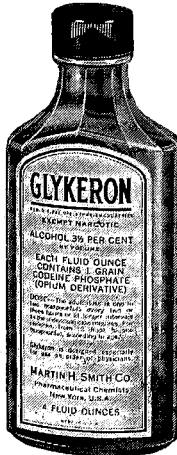
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THE A.M.A. CLINICAL SESSION

The seventh annual Clinical Meeting of the American Medical Association was held December 1st through 4th in St. Louis and whatever you may say about St. Louis, it does have the Kiel Auditorium. No finer facilities for housing extensive scientific and technical exhibits and at the same time providing adequate and well equipped assembly rooms for the scientific sessions can be had in any other city of America. For here under one roof encompassing an entire city block are assembled an opera house, a cafeteria capable of seating five hundred persons, an auditorium which, like the opera house can seat several thousand people, a score of smaller assembly rooms seating several hundred, each with its own stage and projection equipment, a large basement exhibit hall, numerous snack bars, a cocktail lounge, and many additional services such as offices, telephone switchboard center, etc.

The midyear meeting has always been known as the Scientific Session, devoted primarily to the promulgation of scientific information of all types in all branches of medicine and the specialties but with an accent, perhaps, on those subjects of most value to the general practitioner. Space does not permit the inclusion of all the scientific sessions which were held but a few words might be said of some of them and of some of the highlights of the program in general.

Registration was accomplished for the first time this year using IBM machines which reduced to a fraction the staff needed to accomplish this task. A daily Convention Bulletin was published as usual, describing outstanding events of the day, listing the names of all registrants in attendance. Among the Scientific exhibits numbering almost 100 were demonstrations of various fractures together with the application of casts and other means of immobilization and of physical therapy measures in the treatment of each. An intriguing display of models depicting stenotic valvular heart disease and congenital malformations of the heart together with surgical procedures designed for their correction was present. Statistical data covering 1000 peptic ulcer cases treated by extremely large doses of antacid and antispasmodic drugs without any dietary restriction was shown with the results of such treatment comparing favorably to similar cases whose treatment included diet restriction. A portable cardiac kit for use in cardiac emergencies was also shown, designed to be kept in each hospital ward where it would be immediately available and containing pre-sterilized syringes, drugs already measured for use and the whole assembled in a neat and compact form. The ballistocardiogram and encephalogram were likewise demonstrated and explained on various subjects. A large section was devoted to subject of traffic accident prevention showing by vivid pictures and an assembled metal carnage the results of drunk driving and the other causes of death on the highways.

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A national education campaign was depicted dealing with traffic accident prevention and another display was devoted to the research being done by automobile manufacturers as well as state police and medical personnel into crash injuries and the methods by which they may be reduced in frequency and severity.

Among the scientific sessions a few might be selected for mention although here again any attempt to portray one as more interesting than another would be impossible. Edward H. Reinhardt, M.D., of St. Louis discussed dysplensism, a term which he prefers to hypersplensism to denote abnormal function of the spleen and pointed out that two forms may be considered: the primary type in which there is increased destruction of blood elements in the spleen as seen in hemolytic anemia, thrombocytopenic purpura and neutropenia, accompanied by a normal marrow and in which splenectomy the treatment and the secondary type in which there is increased destruction of blood elements in the spleen accompanying some other disease of blood cell formation. In this group are found the leukemias and other blood dyscrasias and Hodgkins Disease. He reviewed the indications for splenectomy and discussed this measure in chronic lymphatic leukemia at the stage where the marrow activity is under reasonable control but hemolytic anemia is failing to respond to such measures as cortisone, ACTH and transfusion.

A brighter picture in the leukemias was painted by Chas. Doan, M.D., from Columbus, Ohio, who revealed that with the newer methods of treating these diseases including radioactive phosphorus, nitrogen mustard, the corticotropins, folic acid antagonists, etc., many of these unfortunate cases survive twenty-five to thirty years after the onset of their disease.

The importance of making a diagnosis in cases of massive gastrointestinal hemorrhage was emphasized by Albert E. Stock, M.D., of St. Louis. Dr. Stock recalled that about 15% of such cases cannot be accurately diagnosed by history and physical examination and in this group other methods are available to locate the cause of the bleeding in time to apply the preferred therapeutic procedure. He outlined the preliminary steps including restoration of blood volume and advocated the Hampden technique of fluoroscopy of the upper gastrointestinal tract with the patient taking a mixture of barium in mineral oil through a glass straw, changing the patient's position, avoiding any palpation and proposed this procedure as a safe one within the first 72 hours of the onset of hemorrhage.

Scholarly surveys of ulcerative colitis, chronic pancreatitis, liver function, pelvic inflammatory disease and other subjects too numerous to mention were available. An outstanding symposium repeated each day was offered by the Joslin group in the complications of diabetes and their management. Dr. Joslin himself was unable to attend the meeting, having succumbed to an attack of appendicitis before leaving Boston but he was ably represented by Priscilla White and Howard Root. I am sure no AMA meeting would be quite complete without these three splendid people. Drs.

White and Root emphasized the need for careful, continuous and complete diabetic control as the only measure known to prevent such diabetic complications as neuropathy, retinopathy and nephropathy, pointing out that these disorders occurred with striking preponderance in the diabetic who get his disease at an early age, had had one or more episodes of coma and who was poorly controlled. The failure of vitamin B12 to influence the pathologic changes in Kummelsteel Wilson's Syndrome was noted with disappointment. Cases of the various complications were shown the audience with opportunity for the audience to ask the patient as well as the lecturer questions of interest.

Too numerous to mention, the other equally fine lectures and demonstrations were well received by an appreciative audience who also watched color television, numerous movies and three dimension films, consumed enormous quantities of coke, pepsi, hotdogs and even big, red, delicious Washington Apples provided by the contingent from Washington State. All in all it was a most informative and enjoyable meeting.

—Herman S. Judd.

THAT QUEER ANIMAL: MAN

The following paragraphs written by Professor William Dock, Long Island College of Medicine, are reprinted as a review of one of the classics of modern literature:

"Man's perversions from normal mammalian or even simian behavior make him the scandal of the biologic world. He not only walks erect like birds and the anthropoids, but continues to drink milk all his life, to eat eggs, and to make love at all seasons. He uses drugs such as nicotine and caffeine daily, alcohol and cathartics almost as often, and sometimes to great excess. In the past century he has outdone himself with new perversions. He has increased his maximum velocity of movement from 18 miles an hour to 60 and then to 500 the hazard increasing roughly as the cube of the velocity. He has taken to living and working on mountain tops and deserts; he rises to heights where the barometric pressure is one-fifth normal, and dives to depths where it is ten times normal. Unlike all other mammals, man sleeps on his back, and lies recumbent when ill. Until the Florence Nightingale era the sick usually got up several times daily for elimination, if not for meals; but, thanks to nursing progress, thousands of people now lie recumbent, at absolute bed rest for days, weeks, or months. As with all other perversions from biologic normality, this too must be paid for by discomfort, invalidism, and death.

"The recumbent posture is unphysiologic; it is, when long maintained, hazardous to the psyche, the physical well-being, and even the lives of adult patients. Since it is widely used, it claims more lives than all other therapeutic agents put together. It must be thoughtfully applied, promptly discontinued when no longer necessary, and its application must be supervised with meticulous attention to its hazards."

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A NATION OF EXPERIMENTAL SUBJECTS

Alfred Soffer, M.D., Editor

Today most new drugs are heralded by a blast of propaganda directed at the practitioner. Clever artistry in technicolor accompanies a *shrewdly chosen* bibliography and the impression is subtly made that the therapeutic agent is the final answer to a particular disease. In actual fact in many instances, the short period of observation before national release, the cost of the drug, and the drug's side effects should, on moral grounds, have cautioned delay in such salesmanship until the completion of more extensive control studies. These tactics are within the law but the end result is that the entire country has become the proving ground for a plethora of new drugs. This is the explanation for the quick fortunes that are made in evanescent drug "fads" such as certain vitamins, anti-histaminic, anti-hypertensive and anti-anemic preparations. The physician is swept by a tide precipitated perhaps by a single hurriedly prepared article and is an unwilling or unsuspecting accessory in the purchase of impotent medicants.

In Rochester we have had personal proof that at this time choline and inositol have no place in the clinical management of arteriosclerosis and diabetes mellitus, and yet even the largest drug companies are promoting such therapy with what we suppose is tongue-in-cheek. An unhappily large number of commercial firms (and a small but adamant number of medical investigators) neglect the fundamental truism that ten years of observation are needed to properly evaluate therapy in such a disease as arteriosclerosis. Until such prolonged follow-up studies are made we cannot sanction the wide-spread clinical use of any agent regardless of how sound it may appear theoretically. A few hundred patients and control subjects will suffice for such study; 160 million subjects are not necessary! What a sad reversal of Osler's dictum that *prolonged* familiarity with a chosen few drugs is the path of pharmacological wisdom. In its own way this situation is "An American Tragedy" as great as Theodore Dreiser ever described.

—*Bulletin of the Medical Society of the County of Monroe.*

HAPPY BIRTHDAY



January

- 1 GEORGE KUNZ
- 3 RALPH H. HUFF
- 5 NORMAN E. MAGNUSSEN
BERNARD OOTKIN
PAUL B. SMITH
- 7 ROBERT M. FERGUSON
- 8 MURRAY K. WALKER
- 9 CARLISLE DIETRICH
- 10 WILLIAM BURROWS
D. A. MARLATT
- 12 WILLIAM H. TODD
- 16 ROBERT H. GIBSON
LEO SULKOSKY
- 18 R. A. NORTON
JAMES F. WARD
- 19 DON FRANCIS CUMMINGS
- 21 FRANK A. PLUM
- 27 JOHN M. HAVLINA
- 29 HUGH F. KOHLER
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SOME DUTIES OF A PHYSICIAN

"Let me advise you, in your visits to the sick, never to appear in a hurry, nor to talk of indifferent matters, before you have made the necessary inquiries into the symptoms of your patient's disease.

"Avoid making light of any case. 'Respice finem' should be the motto of every indisposition. There is scarcely a disease so trifling, that has not directly or indirectly proved an outlet to human life. This consideration should make you anxious and punctual in your attendance upon every acute disease, and keep you from risking your reputation by an improper or hasty prognosis.

"Do not condemn or oppose, unnecessarily, the prescriptions of your patients. Yield to them in matters of little consequence, but maintain an inflexible authority over them in matters that are essential to life.

"Preserve upon all occasions, a composed or cheerful countenance in the room of your patients, and inspire as much hope of a recovery as you can, consistent with truth, especially in acute diseases. The extent of the influence of the will over the human body has not yet been fully ascertained.

"Make it a rule never to be angry at anything a sick man says or does to you. Sickness often adds to the natural irritability of the temper. We are, therefore, to hear the reproaches of our patients

with meekness and silence. It is folly to resent injuries at any time, but it is cowardice to resent an injury from a sick man since, from his weakness and dependence upon us, he is unable to contend with us upon equal terms. You will find it difficult to attach your patients to you by the obligations of friendship or gratitude.

"You will sometimes have the mortification of being deserted by those patients who owe most to your skill and humanity. This led Dr. Turner to advise physicians never to choose their friends from among their patients. But this advice can never be followed by a heart that has been taught to live true excellency, wherever it finds it. I would rather advise you to give the benevolent feelings of your hearts full scope and to forget the unkind returns they will often meet with, by giving to human nature—a tear."

From a lecture of Benjamin Rush, M.D., to the University of Pennsylvania, Philadelphia, Feb. 7, 1789.

FROM A CARTOON SHOWING A PSYCHIATRIST EXAMINING A PATIENT

"It's a perfectly normal reaction. The next time you feel like jumping up and screaming at a Parent-Teacher meeting, why, jump up and scream."

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MY HOW TIME FLIES . . .

20 Years ago—

Drs. Maddison, Creswell and Gullikson motored to Seattle and took part in the King County Medical Society Bridge Tournament.

15 Years Ago—

Editor Walter Cameron said of the holiday season:

On the threshold of this new year The Bulletin extends to its readers and friends the hope for a year of prosperity, health and happiness. And it is a year which is truly new. As the seasons change throughout the year so change the years as they roll by. Life is a flux, nothing remains stationary. The coming days will bring to us new problems to solve, new questions to answer, new difficulties and anxieties and new duties to perform.

It will give us eager anticipation with successful realization, and it will give us disillusionment and disappointment. There will be some success and some failure, some joy and some sorrow, and some will have the blessing of good health while others must bear with the burden of sickness.

*Whatever life gives us we must take
What comes we must meet—
There is no escape*

We have just had a holiday of good cheer when our thoughts were turned from ourselves to others. Our efforts to make the best of what our lot may be will be greatly strengthened if we can carry

with us through the coming days, that spirit of mutual helpfulness, tolerance and charity in thought and deed.

10 Years Ago—

Cecil Hurst has closed his office and is awaiting orders from the Army, in the meanwhile taking a little vacation in Victoria. . . . George Marshall Whitacre, Horace's son, has been given his degree as M.D. at Northwestern University. Plans uncertain with the Army beckoning. . . . Don Willard arrived on December 24th to spend Christmas with his family. He will be located shortly at the Station Hospital, Pyote, Texas. Capt. Willard says he enjoys the Bulletin and even reads the advertisements.

5 Years Ago—

Just in time for Christmas is the new baby girl born to the Murray Johnsons on December 13. . . . 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.

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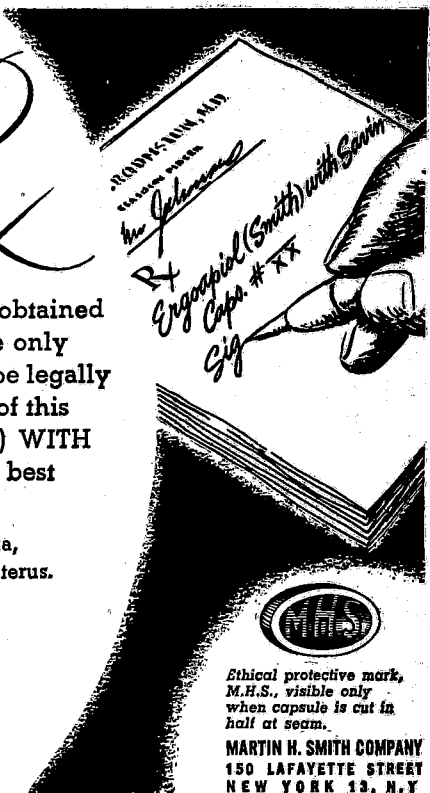
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"LADY LUCK" FORMULA AIDED IN MANY MEDICAL ADVANCES

An alert mind, coupled at times with chance, accident or error, often equal what some people refer to as "Lady Luck."

This "Lady Luck" formula has played a prominent role in many of the great advances of medicine, some of which were recounted by Dr. H. E. Kleinschmidt, Manhasset, N. Y., in the current *Today's Health* magazine, published by the American Medical Association.

The stethoscope, for instance, was invented in 1816 by a French physician, Rene Theophile Hyacinthe Laennec, after he chanced to observe a group of young boys playing in a lumber pile. One of the boys would tap lightly with his fingertips at one end of a long plank while the others would press their ears to the opposite end and listen to the tapping coming clearly through the board. Laennec hurried to the hospital, rolled a paper-backed book into a tube, pressed the tube to a patient's chest, and clearly and crisply heard the heart beat.

Chance also played a role in bringing to the medical profession the valuable technique known as "thumping the chest." Leopold Auenbrugger, a Viennese physician, wondered one day if he could obtain different sounds from the human chest by tapping it as his innkeeper father tapped the wine casks to determine how much wine was left in the casks. Dr. Auenbrugger was able to recognize the different characteristic sounds produced by various conditions of the chest.

The invention of the x-ray machine is another valuable diagnostic aid which occurred through astute observation of an incident of chance. The discoverer, Wilhelm Roentgen, was experimenting with a sort of a light bulb, known as Crookes' tube, in a light-proof box when he happened to observe a screen in the room glowing. The screen was made of a sensitive fluorescent substance that glowed when the slightest beam of light struck it. Roentgen could think of no answer for this phenomenon other than that the Crookes' tube gave off rays through the box that caused this to happen. He later found that these rays also would affect a photographic plate and make a shadow picture of the solid object penetrated.

Ephedrine, a valuable drug used by doctors to shrink the mucous membranes of the air passages when they are swollen and cause stuffiness, is a product of China and "Lady Luck." Used for centuries in China, the drug was brought to the attention of Western medicine by a Chinese laboratory assistant following his visit to an uncle who operated a Chinese apothecary shop. During an animal experimentation in the United States, Dr. Carl F. Schmidt and his Chinese assistant, Dr. Chen, used the drug to revive an animal which was dying. Further experiments led to the refinement of this respiratory stimulant.

In bacteriology there are many examples of how the prepared mind takes advantage of acci-

dental happenings, Dr. Kleinschmidt pointed out in the article. A classic example may be drawn from the experience of Louis Pasteur, father of bacteriology. One day while working on chicken cholera, Pasteur accidentally used old cultures of the cholera instead of fresh ones and found that chickens injected with the old cultures became ill but did not die as expected. Upon infection later with virulent cholera germs, they did not even get sick. Further experiments established the principle which now protects us from a number of deadly diseases—vaccination.

Robert Koch, discoverer of the tubercle bacillus, discovered how more clearly to stain bacilli as a result of accidentally leaving a slide containing the bacilli and a dye on a warm stove over night. The next morning, upon looking at the slide, he could see the bacilli more clearly.

A more recent example of how "Lady Luck" and an alert mind have worked together for the benefit of mankind is the story of how Sir Alexander Fleming discovered penicillin. While working on some bacteria cultures he noted they had become "contaminated" with a mold which destroyed the bacteria. Intensive study as to why this occurred led to the discovery that penicillin is an antagonist of many disease germs in the body.

Still another modern-day example is the story of Selman Waksman's discovery of streptomycin. In 1915, while working as an agricultural chemist he accidentally discovered a fungus that destroyed the tubercle bacillus. It turned out, however, that this fungus was a deadly poison for animals. For 28 years, Waksman and his helpers worked to develop a strain that could be used safely.

"Today most research work is organized," Dr. Kleinschmidt concluded. "A goal is set and each worker is given a specific problem to solve. The day of the spectacular lone eagle is past. Group thinking and experimentation and coordination bring substantial results. The true research worker keeps doggedly to the main road. But he has one ear always cocked to the call of Lady Luck, who may pop out of any unsuspected byway."

—Reprinted from the *St. Louis
County Medical Society Bulletin.*

SOBER UP WITH VITAMIN B6!

Vitamin B6, or pyridoxine, is claimed to sober up inebriates in two or three minutes according to a note published in the April 24th issue of the *British Medical Journal*. Dr. Vernon P. Woodworth announced that he prescribed vitamin B6 in cases of alcoholic hangover. According to him the results were dramatic, much like glucose to the aggressive hypoglycemic. In a "typical case," a 45-year-old drunken woman who was singing, swearing and staggering, 100 mg. of B6 given intravenously, caused her to become quiet in 3 minutes and to apologize for the trouble she had caused. Dr. Woodworth concluded that pyridoxine was a specific antidote to alcohol.

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DISPOSAL OF DRUG SAMPLES

A recent letter in the New England Journal of Medicine from the postmaster in charge of public relations in the Boston district calls attention to the thoughtless disposal of drug samples in public waste receptacles by physicians. Both communications relate to the use or misuse of active and consequently potentially dangerous drugs. The editorial refers to the occasional lack of discrimination in their employment; the letter implies a lack of care in their disposal that seems hardly attributable to physicians.

The physician is at all times a guardian of the public health; it is an obligation he has assumed with the acceptance of his degree, and he cannot escape from his responsibility even if he would. Obviously, the placing of completely unnecessary hazards in the public way represents a form of carelessness that needs to be brought to the individual physician's attention but once.

Any discussion of the subject raises a more fundamental question in relation to the whole pernicious custom of the wide-spread distribution of unsolicited samples by the manufacturers of pharmaceutical products. These concerns must be well aware that the majority of their elaborately packaged offerings go into waste receptacles, public or private, and that the cost of this extravagance is borne by the legitimate consumer. A relatively small percentage of these samples is collected by charitable agencies and sent to needy institutions at home or abroad.

Let the suggestions be made here that the manufacturers will serve a triple purpose by giving directly to charity each year, economically packed for shipment, the same proportion of their products that is now distributed blindly, and send samples to physicians only on request. They will thus contribute usefully where the need may be greatest, effect a saving that might logically reduce the price of the product to the patient, and help to keep potentially dangerous drugs out of the wastebaskets of the nation.

—*The New England Journal of Medicine.*

WARNING ON PENICILLIN

Anaphylactic fatalities following penicillin injection occur more commonly than they are reported, according to Dr. Perrin H. Long, of New York. In relation to the drug's wide use, these deaths are few but the total could be reduced still further if physicians exercised greater caution, he declared. Penicillin should be withheld from patients suffering from bronchial asthma or other conditions due to allergic response to a sensitizing substance, according to Dr. Long.

"Such (anaphylactic) deaths are generally preventable and will not occur if physicians constantly give attention to the reactors which are concerned in the production of anaphylaxis to penicillin."

Men are like steel—of little use when they have lost their temper.

PHYSICIAN EXAM AND REPORTS ON INDUSTRIAL CASES OF THE DEPT. OF LABOR AND INDUSTRIES

It has come to our attention that considerable delay is occasioned in obtaining "commission examinations" scheduled by the State Department of Labor and Industries, and also a considerable lapse in time of receipt by the Department of the physicians' reports after examination of patients.

This matter was presented for consideration to the Committee on Industrial Insurance, the Executive Committee, and the Board of Trustees, with the result it is recommended that:

Our members do all in their power to eliminate any unnecessary delay in the above-mentioned procedures. It is the belief of your State Association, that if we do all in our power to reduce complaints directed toward us, we will be more successful in prosecuting our claims before the Department of Labor and Industries.

Many thanks for your sincere consideration of these problems.

If you can smile when things go wrong . . . if you can whistle when you're scared to death . . . if you can laugh when you want to cry . . . you better see your doctor.

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FOURTEEN POINTS OUTLINED IN OUR MEDICAL CARE SYSTEM

Dr. Louis Bauer, immediate Past President of the A.M.A., in Dec., 1952, and again in May, 1953, in his President's Page in the J.A.M.A., outlined fourteen points in our medical care system which needed special attention. The following six of these points are especially applicable to our society:

Development of more community health councils with physician leadership.

Further extension of emergency call systems.

Further development of grievance or mediation committees, with a backing up of their recommendations by the county societies.

Inculcation on newly trained physicians of the traditions and ethics of medicine.

Revitalization of our county societies to make them influential leaders in health in their communities.

A better balance between general practice and specialization, with greater stress on the importance of the former.

The above listed aims and objectives can be accomplished to the benefit of every member of our society by pushing ahead with positive projects. Forums on popular public subjects sponsored by our society would show the public our sincere interest in promoting good health. A Speakers Bureau, about which you should have received information by this time, would greatly facilitate the performance of such a service. Social and economic matters such as medical insurance and service could profitably be discussed with large local consumer groups. The dispatching of the proper disciplinary action of ourselves when needed, would merit the respect of the public for every member of our society.

MAKE SLOW PROGRESS FOR MENTALLY ILL

Washington, D.C.—In the opinion of Secretary Hobby, the nation is making slow progress in caring for its mentally ill. Talking at the opening of the Greater Kansas City Mental Health Foundation, the head of the Department of Health, Education and Welfare declared:

"We have a pitiful array of organized help, only 420,000 beds when we need at least 750,000. Half our mental hospitals are overcrowded as much as 20%, and some of our mental hospitals are overcrowded as much as 50%. The average American mental hospital has less than half as many doctors as it needs, only a fourth as many registered nurses as it needs, only one-fourth as many psychiatric social workers as it needs. . . . Nationally, our hope of treating mental illness on any sort of thorough basis remains frustrated. First, by the lack of enough facilities to apply the knowledge we now have; and second by the lack of scientific research to find new, easier, quicker, less expensive and surer ways of treating mental illness."

CLASSES IN SWIMMING FOR PHYSICALLY HANDICAPPED

To members of Pierce County Medical Society:

We wish to call to the attention of all physicians of Pierce County the existence of classes in swimming for the physically handicapped children in Tacoma and Pierce County. These classes are now operating their fourth year with great benefit to the youngsters. Parents of handicapped children rarely, if ever, consider swimming (or activity in water) a possibility unless the doctor specifically recommends that form of exercise.

These free swimming classes are taught by Red Cross qualified volunteer swimming instructors who are specially trained to handle the handicapped. They work under the direction of the attending doctor and trained physical therapists. There is often one instructor per child.

Not only orthopaedically handicapped, but also children with heart or other conditions requiring restricted activities can be given lessons under close supervision.

The water temperature is around 80 degrees and children may be dismissed from school for afternoon classes. All services are donated, so there is no cost to the child.

As soon as the child learns to swim and can take care of himself, he may be sent to a regular public swimming class. Some youngsters, particularly the spastics, who may never learn to be independent, find exciting recreation in water exercises.

If you think water activity, however restricted, beneficial for your children patients who are not already swimming, please advise the parents of the existence of this swimming school and have them get in touch with Mrs. Charles McGill, director of swimming for handicapped children at PR. 3085, or the School for Crippled Children at HA. 2175.

—W. H. Goering, M.D.

QUESTIONNAIRE

Note: A.M.A.'s Council on Medical Education and Hospitals recently sent to a number of physicians in Washington State a questionnaire on the views of the practicing physicians with regard to post-graduate education. Names of these physicians are not available, but President A. G. Young of the State Association requests that those who have received the questionnaire but have not yet answered it to do so at the earliest possible moment. You will recall that former Dean Edward L. Turner of our Medical School is now Secretary of the Council on Medical Education and Hospitals.

It is a matter of record that older mothers produce fewer males than younger women. Mathematical calculations used in the evaluation of vital statistics appear to have established that the decrease in the proportion of male children is dependent more on the age of the father (23 percent) than on the age of the mother (1.6 percent).

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YOUR DOCTOR SPEAKS

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January 7—Dr. Mahlon Hosie will speak on Problems of Pregnancy.

January 15—Dr. Herman Judd will speak on Obesity.

January 22—Dr. Lawrence Brigham will speak on Rh Factor Explained.

January 29—Dr. Horace Anderson will speak on Pneumonia.

From the *Childs Guidance Clinic* of Hillsborough County, Florida:

**LAMENT OF THE WIFE OF A
PSYCHIATRIST**

I never get mad; I get hostile
I never feel sad; I'm depressed.
If I sew or I knit and enjoy it a bit,
I'm not handy—I'm merely obsessed.

I never regret—I feel guilty,
And if I should vacuum the hall,
Wash the woodwork and such, and not mind it
too much,
Am I tidy? Compulsive, that's all.

If I can't choose a hat, I have conflicts,
With ambivalent feelings toward net.
I never get worried or nervous or hurried;
Anxiety—that's what I get.

If I'm happy, I must be euphoric;
If I go to the Stork Club or Ritz
And have a good time making puns or rhyme,
I'm a manic, or maybe a schiz.

If I think that a doorman was nasty,
I'm paranoid, obviously.
And if I take a drink without stopping to think,
Alcoholics B Allen, that's me.

If I tell you you're right, I'm submissive
Repressing aggressiveness, too.
And when I disagree, I'm defensive, you see
And projecting my symptoms on you.

I love you—but that's just transference
With Oedipus rearing his head.
My breathing asthmatic is psychosomatic,
A fear of exclaiming, "Drop Dead!"

I'm not lonely—I'm simply dependent.
My dog has no fleas, just a tic.
So if I seem a cad, never mind—just be glad
That I'm not a stinker—I'm sick.

Local Regulations? Excerpt from a magazine article advising housewives what to do in case of an air raid: "Turn off electricity in the house, pull down the window shades, get under the table and cooperate with your local Civil Defense Air Raid Warden."

GUESS WHO?

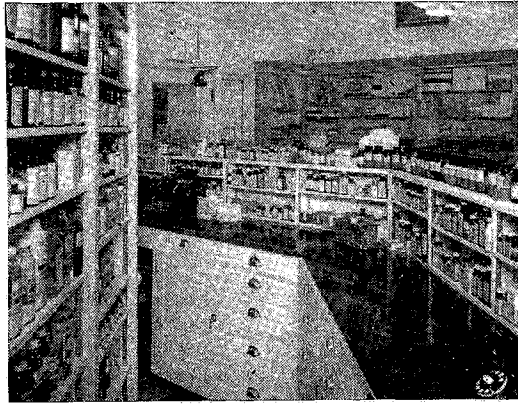
Of all the dunces still alive—
First come the doctors—then their wives.
No matter how tough or bad they feel—
They pile out of bed when their patients squeal.
The goose flesh creeps as they hunt their socks—
As they grope in the dark for the old pill box.
To prove my rhyme that this is true
This morning before the east turned blue—
My telephone did gently clang—
Caressed my eighth nerve with a bang.
Now, in order to prove my point—
It should be known that every joint—
Ached and groaned and cried aloud—
For I lay in a therapeutic cloud.
I'd oiled my nose and soaked my toes—
I'd taken pills by heaps and rows—
And then—so my family I wouldn't bore—
I'd helped to empty the liquor store.
(All this I'd done the night before.)
As wife turned over the phone to me—
I was so damned sore I could hardly see—
Hello! Says I, Hello! Hello!
What in the hell do you want to know?
With the roar of quinine in my ear—
I couldn't tell sounds and the lights looked queer.
So, after a spell—and a cuss or two—
Says wife—"Let me—perhaps I'll do"—
Says I—"I believe perhaps you will—
Tell the fool your old man's ill!"

—Reprinted from the *Sangamon City
Medical Society Bulletin.*

*"Preserve my strength, that I may be
able to restore the strength of
the rich and the poor, the good
and the bad, the friend and the foe.
Let me see in the sufferer the man alone.
When wiser men teach me, let
me be humble to learn; for the mind of
man is so puny, and the art of
healing is so vast . . . Let me be
intent upon one thing, O Father of
Mercy, to be always
merciful to Thy suffering children."*
—Maimonides.

Sir William Osler on imperturbability: "Now a certain measure of insensibility is not only an advantage, but a positive necessity in the exercise of a calm judgment and in carrying out delicate operations. Keen sensibility is doubtless a virtue of high order, when it does not interfere with steadiness of hand or coolness of nerve; but for the practitioner in his working-day world, a callousness which only thinks of the good to be effected, and goes ahead regardless of smaller considerations, is the preferable quality." *Aequanimitas*, 1889.

The best way out of a difficulty is through it.

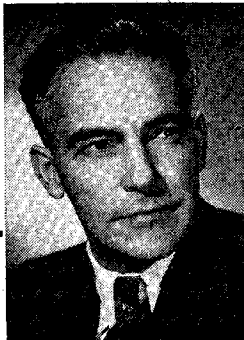


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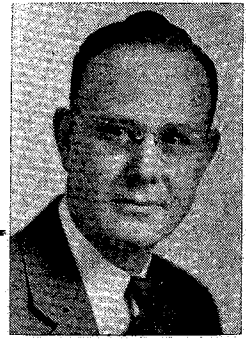
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It will guide you to changes in physiology to
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And you search for a method to avoid the rigor
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"I believe in the profession of medicine. I am thankful for that improbable chance, that in an earlier day, took me out of a school of engineering into premedical study. I would rather be of the physician's guild than a follower of any other occupation of which I know. I believe that no profession offers better opportunity for growth in moral and ethical stature, for contribution to the welfare of society, and for relief of individual human suffering. I believe that no profession permits the practitioner to approach so closely the goals of kindness, loyalty, devotion, and consecration as does medicine. If I find, as you must, flaws in the wide surface of the portrait that represents us, I believe them to constitute only a challenge to us to strive more diligently toward perfection."

(From article "Medicine Today," by Edgar V. Allen, M.D., Rochester, Minnesota, JAMA, June 20, 1953.)

The doctor had almost succeeded in dismissing Mrs. Gassoway, when she stopped in the doorway, exclaiming:

"Why, doctor, you didn't look to see if my tongue was coated."

Doctor: "I know it isn't. You never find grass on a racetrack."

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essential hypertension . . .

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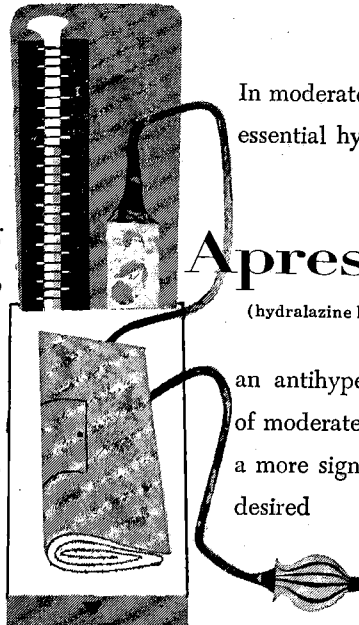
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MONTHLY MEETINGS

STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

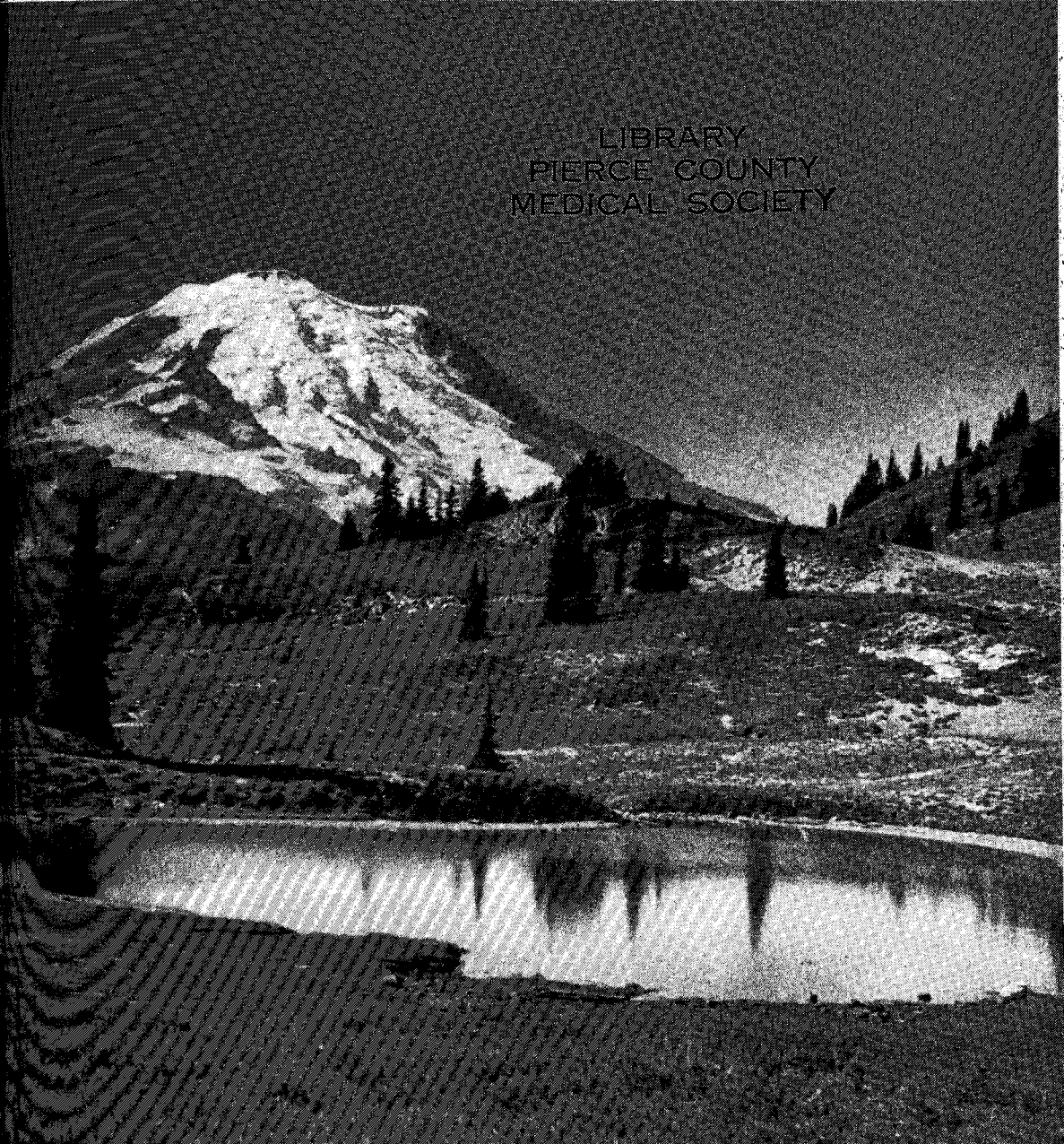
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIV—No. 6

TACOMA, WASH.

FEBRUARY - 1954

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MEDICAL SOCIETY



Pierce County Medical Society

1954

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Program

Tuesday, February 9, 1954

Medical Arts Building Auditorium

8:15 P. M.

MANAGEMENT OF DIABETIC PREGNANCIES AND THE NEONATAL CARE OF THE NEWBORN

Dr. Robert E. Lane, Medical Management

Dr. H. D. Leuken, Obstetrical Management

Dr. Charles Kemp, Pediatric Care

Discussants:

Dr. Rodger Dille

Dr. Fay Nace

Dr. Lawrence Brigham

The following colored movies will precede the regular medical program:

7:25 Types of Screw-Lock Splints and Bone Graft Cases—Temporal-Facial Region.

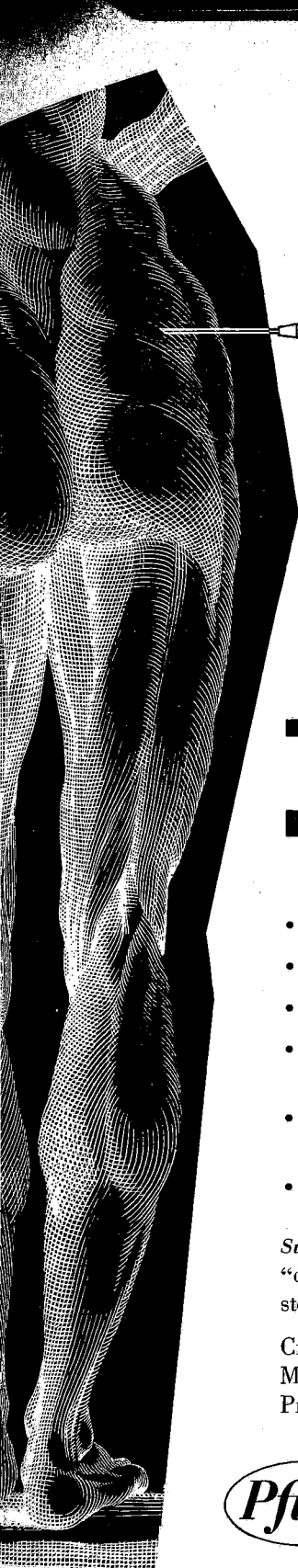
7:35 Abdominal Colostomy Closure—Pauchet Method.

7:50 Surgical Treatment of Carotid Bodies Sensitivity in Man.

NOTICE

Check back page of Bulletin for calendar of special meetings

*Cover photograph of Tipsoo Lake on the Chinook Pass with Mt. Rainier in the background through the courtesy of Ken Ollar.



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Editorially Speaking . . .

Good Public Relations is a most important asset. It has long been so recognized by producers of consumer goods and services and has been credited with a large measure of their successful survival in the free competitive system. No less important, however, is good public relations to the practitioner of medicine. For truly has it been spoken: his public relations are the doctor's only means of advertising. Equally important in the field of public relations is the facet of relations between physicians in the community. Good public relations here means the making of friends and the avoidance of misunderstandings. And in the simple process of referring a patient from one to another doctor a great opportunity exists and is sometimes overlooked for practicing the best kind of public relations.

In the selection of a consultant it is wise to choose someone who will not only give scientifically correct consultation advice but who will meet the patient with a sympathetic and understanding attitude. Lack of patient acceptance of the consultant will reflect itself in no small manner upon the referring doctor and may cost him his entire relationship with the patient he had to begin with. It takes just a little time in arranging for a consultation to acquaint the consultant with the known facts about the patient and the reason for the referral, by telephone or a written note. Failure to properly do this is as serious an error as failure of the consultant to acknowledge the referral and report the results of his investigations together with his advice as to management of the case. And at the conclusion of the referral, a mutual understanding between consultant and referring physician as to fees to be charged, methods of treatment to be followed and information to be given to the patient will go a long way toward instilling in the patient a feeling of confidence that he is receiving the best care possible by physicians interested in his welfare, a strong pre-requisite to his spiritual and moral rearmament and his eventual physical recovery.

Good public relations are synonymous with the Golden Rule. Both are absolute keys to success. Both are as important within the profession of medicine as they are outside of it.

—H. S. JUDD.

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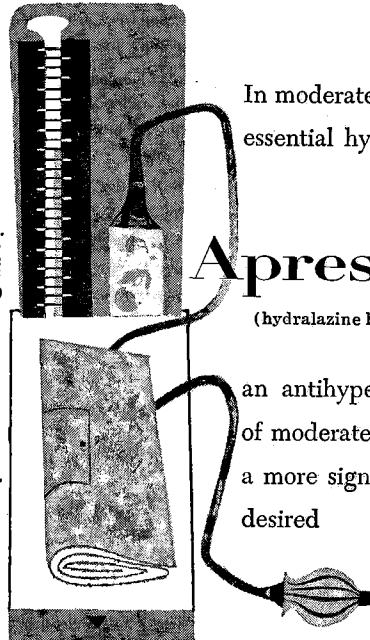
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AMERICAN COLLEGE OF SURGEONS

February 25 and 26

The American College of Surgeons extends an invitation to all physicians to attend its sectional meeting to be held at the Riverside Hotel, Reno, Nevada. The program is as follows:

Thursday, February 25

- 8:45-10:00 a.m.—Medical Motion Pictures:
Fractures of the Humerus, by William A. Larmon, M.D.
Tendon Injuries, by Michael L. Mason, M.D.
- 10:00 a.m.-12:00 noon—Kenneth F. MacLean, M.D., presiding.
Use of ACTH and Cortisone in Surgery, by Lowell A. Rantz, M.D.
- 10:30 a.m.-12:00 noon—Symposium on Trauma:
Fractures of the Carpi, by Edmond Dana Butler, M.D.
Plasma Expanders in the Armed Forces of the United States, by Luther G. Bell, M.D.
Management of Maxillofacial Injuries, by Gerald B. O'Connor, M.D.
- 12:15 p.m.—Committee on Trauma Luncheon.
- 1:15-2:00 p.m.—Medical Motion Picture:
Obstruction of the Small Intestine, by Charles G. Johnston, M.D., and Rudolf J. Noer, M.D.
- 2:00-5:00 p.m.—Panel Discussions:
Mead Clynne, M.D., presiding.
- 2:00-3:25 p.m.—*Intestinal Obstruction*:
Moderator: William H. Moretz, M.D.
Collaborators: Vernon Cantlon, M.D., Jack M. Farris, M.D., Edward C. Pallette, M.D.
- 3:55-5:00 p.m.—*The Prevention and Treatment of Post-operative Pulmonary Complications*:
Moderator: John C. Jones, M.D.
Collaborators: David J. Dugan, M.D., John F. Higginson, M.D., Victor Richards, M.D.
- 6:00-7:15 p.m.—Dinner
Kenneth F. Maclean, presiding.
- 7:15-8:15 p.m.—After-Dinner Addresses
The Responsibility of Medical Citizenship, by Paul R. Hawley, M.D.
Survival Training, by D. G. Stampados, Colonel, USAF.
- 8:30-10:00 p.m.—Symposium on Cancer
Royal W. Rudolph, M.D., presiding
Radical Versus Simple Mastectomy for Cancer, by Ruth Fleming, M.D.
Treatment of Metastatic Cervical Nodes from Head and Neck Cancer, by Lewis W. Guiss, M.D.
Treatment of Problems of Uterine Cancer, by Ludwig A. Emge, M.D.

Friday, February 26

- 9:30-9:25 a.m.—Medical Motion Pictures
Endometriosis, by Edward D. Allen, M.D.
Ovarian Tumors, by Herbert E. Schmitz, M.D.
- 9:30-12:00 noon—James N. Greear, Jr., M.D., presiding
A New Treatment for Trigeminal Neuralgia, by W. James Gardner, M.D.
Subtotal Gastric Resection for Peptic Ulcer, by Gunther W. Nagel, M.D.
Pre- and Postoperative Care in Obstetrics and Gynecology, by Donald G. Tollefson, M.D.
Renal Complications of Aortography, by Frank Hinman, Jr., M.D.
Jaundice, by Walter S. Anderson, M.D.
- 12:00 noon-1:30 p.m.—Panel Discussion during Luncheon
Jaundice
Moderator: Joel W. Baker, M.D.
Collaborators: Walter S. Anderson, M.D., Allen M. Boyden, M.D., R. Bruce Henley, M.D.
- 1:30-2:00 p.m.—Medical Motion Picture
Pneumonectomy for Carcinoma, by William E. Adams, M.D.
- 2:00-5:00 p.m.—John J. Galligan, M.D., presiding
2:00-3:25 p.m.—Symposium on Atomic Injuries
Introduction of Physics of Nuclei, by Eugene P. Cooper, M.D.
Medical Aspects of Atomic Defense, by Victor P. Bond, M.D.
- Burns—Mass Treatment and Handling*, by Victor Richards, M.D.
- 3:35-5:00 p.m.—Panel Discussion
Complications of Peptic Ulcer
Moderator: John H. Clark, M.D.
Collaborators: Frederick M. Anderson, M.D., Gunther W. Nagel, M.D., G. L. Wilcox, M.D.

March 4-6—Ninth Annual National Conference on Rural Health, Dallas Texas (Sponsored by the

American Medical Association's Council on Rural Health).

March 6—Annual Meeting of the Tacoma Academy of General Medicine, Jackson Hall, Tacoma General Hospital. Guest Speakers will be: Dr. George Burch, Professor of Medicine at Tulane University in New Orleans; Dr. Charles Dotter, Professor of Radiology at the University of Oregon and Dr. Robert Bruce, Chief of Cardiovascular Section at the University of Washington.

Starting at 9 a.m. there will be a presentation and discussion of Cardiovascular cases. The discussion will be carried on by the guest speakers. This part of the program is usually very valuable because of the give and take of opinions on a practical clinical basis. Dr. Ralph Huff is in charge of the morning session.

In the afternoon, starting at 1:30 p.m., the guest speakers will present papers. Dr. Dotter will discuss the *X-Ray Diagnosis of Heart Disease*, Dr. Burch will discuss *Aspects of Congestive Heart Failure and Electrolyte Imbalance* and Dr. Bruce's talk will have to do with *Cardiac Catheterization in the Diagnosis of Heart Disease*. A question and answer period will conclude the afternoon session.

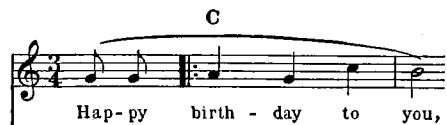
At 7:30 p.m. in the Crystal Ballroom of the Winthrop Hotel, the annual banquet will be held. Dr. Burch will be the principle speaker and his subject is *Cardiac Neuroses*. Dr. Robert E. Lane is Program Chairman.

March 8-12—Course for General Practitioners, Mt. Zion Hospital, San Francisco. This program will be presented by the Visiting Staff of Mount Zion Hospital in collaboration with University of California Medical Extension.

March 22—American Academy of General Practice, Public Auditorium, Cleveland, Ohio.

March 29—Aero Medical Association, Washington, D. C.

HAPPY BIRTHDAY



February

- 1 CHARLES ARNOLD
- 2 WILFRED OLSON
- 3 WILLIAM HAUSER
- 6 DON WILLARD
- 11 LOWELL HUGHES
- 14 FRANK WILLIAMS
- 15 PAUL BONDO
THOMAS WEST
- 16 JOHN BONICA
- 20 GEORGE DELANEY
WARREN HEATON
- 22 JOHN WHITAKER
- 23 FRANK RIGOS

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

Gail Clark Will Speak at February Meeting

"Color Harmony in Your Garden" is the topic Mrs. Gail Clark will discuss at the February meeting of the Medical Auxiliary. Mrs. Clark is familiar to us because of her work for the past five years with the News Tribune and for her program on TV KTNT. Garden Club members know her because of her activity in staging flower shows and garden shows in Tacoma. She has frequently judged exhibits at flower shows. She believes that garden colors near the house should harmonize with the interior color scheme.

Guests will be our state president, Mrs. A. George Hanson, and president elect, Mrs. L. A. Cameron.

The 12:30 luncheon will be at the home of Mrs. William Rademaker, 1244 Fairview Drive. The hostesses will be Mrs. Thomas Smeall, chairman; Mrs. Robert Florence, co-chairman, Mesdames Philip Backup, Dale Doherty, Gerhart Drucker, Robert Evert, Joseph Harris, Michael Irvin, Joseph Lasby, Jack Lee, Glenn McBride, Ross McPhail, Frank Maddison, Charles May, Fay Nace, R. A. Norton, S. S. Sanderson, Leo Scheckner, William Todd, Charles Trimble, James Vadhein, and Richard Vimont.

As usual, the board meeting will precede the luncheon at 11:30 a.m.

January Auxiliary Meeting

Dr. James W. Kirkwood presented the subject, "Emotional Disturbances of Children," in an interesting and dramatic style at the January Auxiliary meeting held at the Pratt home.

In the business session it was voted that the Auxiliary give \$150 to the American Education Foundation, which was an increase of \$25 over last year's total contribution. This Foundation cooperates with the National Fund for Medical Education which was organized in 1949 to get financial support for medical schools. President Eisenhower and five other university presidents are on the Advisory Council. The goal this year remains the same as last: Every Auxiliary a Contributor!

Announcement was made that the April meeting date be changed from the 3rd Friday to the 5th Friday. This change was made at the request of

Officers for 1953-1954

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 President ElectMrs. Eugene Hanson
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 Co-Chairman, Mrs. Joseph B. Jarvis
 Today's Health.....Mrs. L. E. Skinner
 Public Relations.....Mrs. J. Robert Brooke
 Co-Chairman, Mrs. William C. Brown
 National Bulletin.....Mrs. George S. Kittredge
 Civil Defense.....Mrs. G. A. Moosey
 Speakers' Bureau.....Mrs. John F. Steele
 Rummage Sale.....Mrs. Govnor Teats
 Co-Chairman, Mrs. Murray L. Johnson
 Nurse Recruitment.....Mrs. Thomas B. Murphy
 Co-Chairman, Mrs. John Bonica

our Puyallup Valley hostesses who pointed out that the 3rd Friday is Good Friday and comes during the schools' spring vacation.

Clover Park Future Nurse Club

(Third in series describing club activities)

Clover Park high school Future Nurse Club was organized in October; it has an active membership of 25 girls who hope to become nurses and to learn about the profession. Auxiliary advisors to the club are Helen Jarvis and Emilie Irwin, and Doreen Evert will be helping in the future. Mrs. Martha Meyer, school nurse, is the faculty advisor.

The girls are enjoying their informative programs, which include service projects. In December they made sparkling miniature Christmas trees for tray favors for patients at Mountain View Sanitorium.

Saturday, January 16th, the club girls visited Tacoma General Hospital to see a hospital at work.

T.G. Shows Hospital at Work

In spite of snow and ice 82 high school girls from Pierce County, who are interested in nursing as a career, attended the Tacoma General Hospital open house Saturday afternoon. The girls reported an exciting and thrilling afternoon which gave them a chance to see what really goes on within the hospital walls.

Guests first gathered in Jackson Hall where student nurses described their recreation, living in

(Continued on Page 11)

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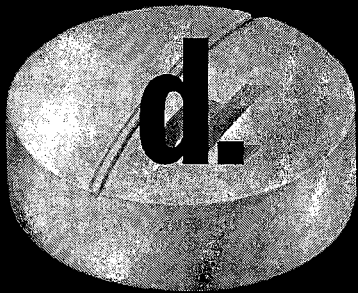
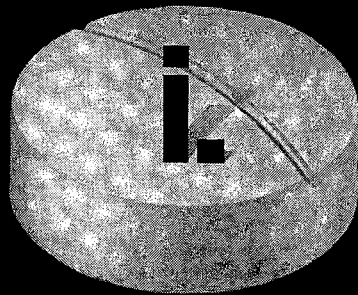
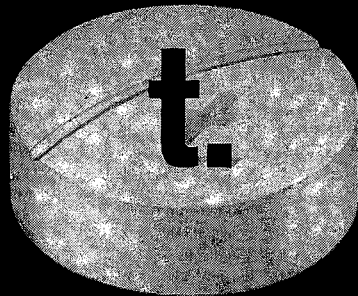
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SQUIBB

(Continued from Page 9)

Jackson Hall, and what it is like to be in training. They visited the hospital, including the nursery and the delivery room; they were shown a film on surgery, the nurses' classrooms and recreation rooms, displays and demonstrations of bed-making, sterile techniques in giving hypodermics, and a life-size doll in the oxygen tent.

Later Mrs. Corbett served coffee in the lounge, and the high school girls were divided into small groups and with student nurses as guides they ended their tours in the student's rooms with coke parties.

Miss Jewett, superintendent of nurses, and her assistant, Miss Johanson, planned an excellent program which created enthusiasm among members of the Future Nurse Clubs. They agreed the trip in the snow was both worthwhile and fun.

* * *

Write Your Congressmen

Legislative chairman, Ruth Light, says a request from our national legislative chairman urges that each member of the women's auxiliary be urged to write a letter to her Congressmen requesting them to vote for the Bricker Amendment this month. Our senators are:

The Hon. Warren G. Magnuson, and Henry Jackson, Senate Office Building, Washington, D. C.

The Bricker Amendment is endorsed by the A.M.A. (If you don't know what it's about, ask your husband, who should know). Or you may call Ruth Light, or Helen Jarvis, state legislative chairman, for information about this, or other legislative topics.

* * *

As everyone realizes by now, dues were raised this year to include the price of a year's subscription to "Today's Health." This change was voted upon and approved at a meeting last spring and became effective this fall. Whether or not the subscription cost will be included in next year's dues will be considered by the Auxiliary at a later meeting, probably in March, it was announced by the president.

* * *

Katharine Humiston is the Auxiliary's representative to the Pierce County Unit of the Washington State Heart Association. In a recent report she stated that the Heart Association Board this year is directing its attention to the following four projects:

1. The program for housewives with heart disease. A course is being given at Mountain View Sanatorium for any housewife who wishes to learn to reduce the effort expended on household work. The teacher is paid by the Heart Association.
2. Rheumatic fever committee.
3. Rehabilitation of cardiacs in industry.
4. Development of plans for a children's heart clinic at Children's Memorial Hospital, which is itself still in the planning stage.

* * *

Clara Goering was selected Tacoma Woman of the Year by Radio KTNT and Gail Clark on New Years Day. In addition to being the only woman

elected to the city council, Clara is active in more than 20 organizations, which were listed in the newspaper story. And she found time to attend the last Auxiliary meeting and to furnish (that means to grow) and arrange the table decorations. As always, we are very proud of her.

* * *

Eight doctors' wives are registered in Mrs. Alcorn's adult education art classes this year (not art for art's sake, they say, but art for recreation): Merle Herrmann, Kay Herrmann, Rose Griffin, Mamie Reynolds, Ruth Johnson, Beth Hennings, Gladys Hanson and Edith McGill. One of Merle's pictures was exhibited at the Puyallup Fair, and others may be ready to exhibit by spring.

* * *

Oleva Jones leaves for Los Angeles February 13th, with her husband, who will attend an O.B. convention.

* * *

Friends were shocked at the sudden death of Dr. Cecil Hurst and wish to express their sincere sympathy to Lucille and to his sister, Pearle Baskin.

* * *

The annual Doctors' Party is scheduled for Saturday, February 13th at Tacoma Country Club. So get your baby sitter lined up early and plan to attend for our president (who got in on some of the plans) says it sounds like fun.

* * *

Jeanne Judd and Midge Geissler served at the Blood Bank one Monday. This was the second Monday this year that the bank has needed our help. Others who had volunteered to be on call in November and December were Helen Kittredge, Jo Kohler, Sally Lane, Dorothy Maier, Anita Parrott, Ruth Light and Oleva Jones.

* * *

Ootkins have moved again: they recently purchased the Doug Barlow's place—still in the Lakes district.

* * *

The exact profit from the December Rummage Sale is \$507.88.

* * *

The McPhees have a new baby boy; the Chambers had their eighth baby in December, a boy,—and Mrs. Chambers served as one of the hostesses at the last meeting; the Kohlers (St. Joseph intern) had a baby recently.

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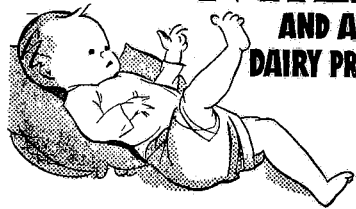
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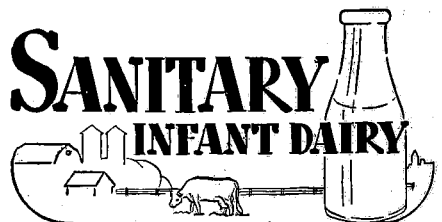


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WASHINGTON MINOR

Mrs. Linnea Curtis, a graduate of York Lutheran Hospital, York, Nebraska, has taken the position of Director of Nursing Service replacing Mrs. Elsie Mercer who was recently married to Mr. A. E. Betz of Tacoma. Mrs. Mercer, a graduate of Tacoma General Hospital, was with the Washington Minor Hospital from October, 1951, to January, 1954.

* * *

Carl N. Rasmussen, former office manager of Tacoma General Hospital has been named director of Washington Minor Hospital. Mrs. Henrietta Button will remain on a part time basis as administrative assistant.

* * *

Mrs. Marjorie Schluss, registered dietitian will be employed, on a part-time basis, at The Washington Minor Hospital. She will be on duty starting February 1st.

ST. JOSEPH'S

At a short ceremony on Thursday evening, January 7th, the local American Legion awarded two scholarships to students from our school of nursing. The girls who received the fifty-dollar scholarships were Marilyn Lynam and Gloria Bergin.

* * *

It is with great satisfaction and pride that we learned that all of the graduates from our school of nursing in 1953 passed successfully the State Board examination.

* * *

A delicious Smörgasbord was held in the hospital cafeteria on Thursday evening, January 14, in honor of those student nurses who had birthdays in November, December or January. The sisters, faculty members and the Senior class were also guests. Square dancing by the nurses followed and everyone reported a most enjoyable evening.

* * *

Orientation of the new student practical nurses was begun on January 4. The class, composed of twenty-seven members, is divided into four groups. Each group is spending one week in the hospital area prior to assignment to hospital practice on February 1. These students are completing five months of theory and practice in the Vocational School and will spend seven months in the hospitals. The neophytes are enthusiastic about their introduction to work in the clinical area.

* * *

The New Year's Baby for Tacoma was born in St. Joseph's Hospital 8 minutes after midnight. This was Dr. Trimble's 3rd First Arrival in 10 years. The happy parents were Mr. and Mrs. Womack.

* * *

A real Christmas baby was born to Mr. and Mrs. John Stockdale. Mr. Stockdale is the physiotherapist at our hospital.

* * *

To Dr. and Mrs. Chambers a little baby boy, weighing 8 pounds and 5½ ounces, arrived on December 23.

* * *

A new addition to Dr. McPhee's family is a baby boy, 7 pounds and 10 ounces, who arrived on January 10.

* * *

A baby girl, weighing 8 pounds and 1 ounce was born to Dr. and Mrs. D. Kohler on January 11.

* * *

Dr. D. F. Cummings was a patient on the surgical floor for a few days.

* * *

Dr. Chung Hi Woo is our new interne. She comes from Seoul, Korea, and arrived here on the 8th of January. Dr. Woo is a graduate of Women's Medical College in Seoul. We are very glad to have her with us and hope that she will enjoy her stay at St. Joseph's.

* * *

The Medical Staff Library was the recipient of two very worthwhile books during the Christmas holidays. One was "Fundamental Psychiatry," by McGoldrich, S.J. This was donated by Dr. Lasby. The other—"Pediatric Surgery," by Dr. Gross—was given by one of our staff nurses in memory of the late Dr. Marye Moosey and Kathleen Murphy. The donator is a personal friend of Dr. Gross and assisted in many of the operations which are published in the book.

* * *

Happy Birthday to all the doctors of the Pierce County Medical Society who celebrate their birthdays this month!

PIERCE COUNTY

Pierce County Hospital is starting 1954, freshened up with cheerful yellow, green and turquoise-tinted walls topped by delightful mauve-colored ceilings throughout the entire hospital. Mr. Carl Severson, who has been in charge of the decorating process is to be complimented on the successful results of his work.

* * *

Also, under the most capable supervision of Supervisor Ed. Hanson, of the hospital's maintenance department, four large flood lights have been installed on the parking lot area. These are proving invaluable, especially for the night force.

* * *

Miss Eileen Ludtke of the Laboratory department has returned from a five day visit with her parents in Minneapolis, Minnesota. Eileen made the trip by plane. While in Minneapolis, her former hospital associates in LaCrosse, Wisconsin, visited her and entertained extensively in her honor.

* * *

Mrs. Margaret Anderson, a former technician at this hospital has returned to the laboratory as part-time worker.

(Continued on Page 15)

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Penicillin-PBZ[®] 200/50

*to minimize or
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to penicillin*

The introduction of Penicillin-PBZ is another step in the direction of effective, reaction-free penicillin therapy. This new product offers all the advantages of high-unitage, oral penicillin — plus Pyribenzamine, an antihistamine which has been shown to minimize or prevent penicillin sensitivity reactions.

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2. Kesten² observed that Pyribenzamine afforded complete relief or suppression of postpenicillin urticarial symptoms in 88% of cases and concluded that Pyribenzamine is a "most useful therapeutic agent in allergic symptoms which follow the administration of antitoxin or penicillin."

3. Loew³ reported Pyribenzamine to be "especially effective in controlling the urticaria induced by penicillin."

Each Penicillin-PBZ 200/50 tablet contains 200,000 units penicillin G potassium and 50 mg. Pyribenzamine hydrochloride (tripelennamine hydrochloride Ciba). Also available: Penicillin-PBZ 200/25 tablets (25 instead of 50 mg. Pyribenzamine). Both forms in bottles of 36.

Literature available on request. Write Medical Service Division, Ciba Pharmaceutical Products, Inc., Summit, N.J.

1. SIMON, S. W. / ANN. ALLERGY 11: 218, 1953. 2. KESTEN, B. M. / ANN. ALLERGY 6: 408, 1948. 3. LOEW, E. R. / MED. CLIN. N. Y. 34: 351, 1950.

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Penicillin-PBZ 200/50

(penicillin 200,000-unit tablets PLUS Pyribenzamine[®] HCl 50 mg.) 2/1927M

(Continued from Page 13)

* * *

Mrs. Ida Rasor has returned from a two week's vacation spent in Whittier, California, with her daughter, son-in-law and family, Mr. and Mrs. Solum, Patricia, Kathleen and Ronald. Mrs. Rasor enjoyed several delightful trips about southern California and particularly enjoyed the Pasadena Carnival of Roses.

* * *

Mrs. Lou Hershey of Social Service was happily surprised by visits from her brothers, Gordon Smith of Salt Lake City and Ted Smith of Windsor, Ontario, during the first of the year. Mrs. Hershey and her brothers drove to Portland for brief visits with Mrs. Hershey's daughters.

* * *

A new member of the Social Service office force is Angeline Johnston. Angeline is making her home in Tacoma while her husband is a patient at Madigan Hospital.

* * *

The members of Social Service were entertained, January 15, at a dinner party at the home of Mrs. Helen McKibbin. The affair honored Mrs. Patt Stephen, who is leaving the department. Mrs. Stephen was presented with numerous parting gifts.

* * *

During the past three months three of the Pierce County Hospital internes became fathers to new babies. A daughter, Sarah, arrived at Dr. George Stewart's home, a son, Richard, became Dr. and Mrs. Philip's pride and joy, and Dr. William Coburn proudly passed out cigars because of a son, Robert William. Congratulations to all.

* * *

A meeting of the members of District No. 3, Washington State Nurses' Association was held at the University Union Club. Miss Katherine Mooney, Superintendent of Nurses at Pierce County Hospital was elected secretary for 1954.

* * *

The dietary department of the hospital is now in charge of Miss Anne Johnston, University of Michigan graduate, in charge of therapeutic diets and Miss Kathleen Tarum of the College of St. Scholastica, Duluth, Minnesota, who is head of the department.

* * *

The dental department is greatly enlarged in scope. Drs. Reggie Edmundson, Kermit Mead, George Clark, Joseph Bowles and Burton Goodman are in charge of the large practice. Mrs. Kay Long is dental assistant and Miss Muriel Angelel is secretary for the department.

* * *

Mrs. Susted, business office, has received word from her daughter, Major Jeanette Susted of the Marine Corp that she has recently completed a duty inspection with Admiral Radford, Chairman of Joint Chiefs of Staff. Major Susted went in the capacity of Escort Officer and journeyed with the party through Germany, Norway and England.

* * *

Dr. and Mrs. Jewel Severson have as their guests Dr. Severson's brother and wife, Mr. and Mrs. L. O.

Severson. Mr. Severson is owner and operator of Pine Lodge, in Cornelius, Oregon, one of Oregon's most delightful entertainment spots.

* * *

The Washington Society of X-ray technicians has formed a new district in Tacoma. This includes the surrounding towns. The meetings will be held on the first Wednesday of each month. All technicians are cordially invited to attend. The next meeting will be held in Jackson Hall, Tacoma General Hospital, on February 3, 1954, at 8:00 p.m. The meeting will be conducted by Robert Anderson of Tacoma General Hospital with Dr. Frank J. Rigos the speaker. His subject will be the *Wonder of the Fairchild Camera and X-rays*. Mary O'Neal, R.T., Pierce County Hospital, is Executive Chairman of District No. 2.

TACOMA GENERAL

The Department of Anesthesiology has two new Residents, both of whom served internships in Tacoma. Dr. Edward S. Eylander, who arrived in December, interned at Pierce County Hospital in 1951-1952. Dr. Dale Hadfield, who started his residency in January, interned at Tacoma General Hospital in 1942-43.

* * *

Dr. Jesus V. Chaves, Jr., of the Philippine Islands joined the interne staff this month. His Medical School is the University of Santo Tomas, Manila. He comes to Tacoma from Spokane where he had been serving an internship at St. Luke's Hospital.

* * *

Dr. David Johnson has been greatly missed by all the staff of the OB Department for the past few weeks. Part of this time he was a patient on Second East, an unaccustomed part for him to be playing.

Tacoma General Hospital adds its congratulations to those which Dr. and Mrs. Jack W. Mandeville have been receiving on the birth of a daughter, Linda Ann on December 23, 1953.

* * *

The crowning joy of the holiday season for the School of Nursing was the news that all the members of the 1953 graduating class had passed their State Board Examinations.

Karen Rynning

PHYSICAL THERAPY

Member of

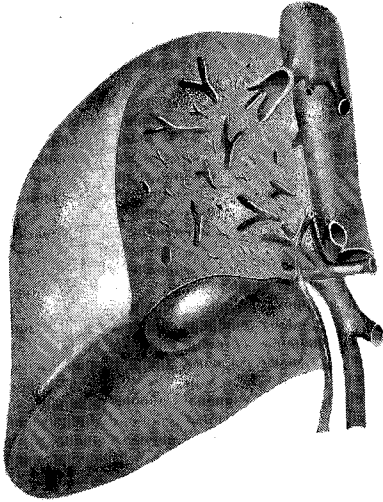
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 Inositol 100 mg.

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Dosage: One capsule three times daily.

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LIBRARY CORNER

Books Received, January, 1954

1. "Ocular Surgery," by Arruga.
2. "Childhood Experience and Personal Destiny," by Silverberg.
3. "The Neurosis," by Alvarez.

* * *

We are happy to announce the addition of Mrs. Shirley Imeson to our library staff. In nine days, Mrs. Imeson has become admirably acquainted with our library through preparing all unbound periodicals for the bindery and compiling a complete list of all missing periodicals. She has also completed a research study for the purpose of discovering what periodicals should be added to our library. This was mainly based on findings from a file we keep of periodicals that we order through inter-library loan.

* * *

Library projects for 1954 are:

Cataloguing of all non-catalogued books.

Replacement of missing periodicals so that they may be bound in 1955.

Reorganization and alphabetization of bound periodicals.

Reorganization of "out-periodical" files so that notices will automatically be sent when periodicals or books become overdue.

Repainting and re-decoration of the library. Plans are being made to clear odds and ends of furniture from the rear of the library and replace with easy chairs.

Regarding all of the above items: both the librarians and the library committee are eager for suggestions and criticisms which will make a better library. Particularly welcome are suggestions on book ordering.

* * *

Re: Research on medical problems—

It is the goal of the library committee and the librarians to provide doctors with increasingly better research service. Some of the ways in which doctors can help in this are as follows:

1. Extensive bibliographies should not be telephoned, but preferably typed neatly on paper. If typing is impossible, writing should be neat and legible.
2. When requesting periodicals it greatly simplifies the task of the researcher if the following items are available:

Name of the Journal.

Volume.

Pages

Monthly date.

Yearly date.

Author's name.

* * *

Real thanks to the many doctors who ferretted out long-missing and badly needed unbound periodicals from their offices and homes. The result—165 volumes were sent to the bindery!

* * *

Needed: 1953 copies of

NORTHWEST MEDICINE

for exchange purposes.

MY HOW TIME FLIES . . .

20 Years ago—

An event of January 14 was the marriage of Miss Ruth Ellen Fridlund and Dr. David Johnson. Dr. and Mrs. Johnson spent their honeymoon in California.

15 Years ago—

The announcement by the State Medical Association of the plan for hospital insurance in this State as very timely. Coming as it did at the opening of the session of the State Legislature, it made a very favorable impression upon the members of that body. It made them realize that the doctors of the State were well aware of the agitation for some change in the methods of rendering medical service, and that they were willing to adopt sensible plans to meet the wishes of the public. . . .

10 Years ago—

Bill Norton, looking large and handsome, was in Tacoma on January 8th, on a short leave. He has now been in the Army fourteen months. At present attached to an outfit which examines cadets for the air service, as a psychiatrist. Very important job, as the rate of rejection in this branch is four psychiatric to one physical. Bill has been in the army fourteen months, looks well, big and handsome as ever. Expects to get a captaincy, maybe in another four months. Still at the Air Base at Santa Ana, California.

5 Years ago—

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 AMA will or can put forth during the next few months, some type of government sponsored and controlled medical plan ranging between that of Senator Taft and of Senators Wagner and Murray will become law.

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.

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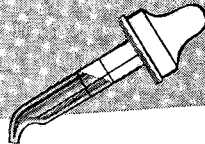
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Ascorbic acid	50 mg.
Thiamine	1 mg.
Riboflavin	0.8 mg.
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Vitamin A	5000 units
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Ascorbic acid	50 mg.

All vitamins are in synthetic, hypoallergenic form.

Available in 15 cc. and 50 cc. bottles, with calibrated droppers.

PIERCE COUNTY HOSPITAL LIBRARY

NEW BOOKS

July - December, 1953

- Psychology Applied to Nursing. (2d ed.)—Averill, L. A. and Kemp, F. C.
 Sexual Behavior in the Human Female—Kinsey, A. C. and others.
 Sexual Behavior in the Human Male—Kinsey, A. C. and others.
 Webster's New International Dictionary (2d ed.)—Webster, Noah.
 Atlas of Medical Mycology—Moss, E. S.
 American Illustrated Medical Dictionary (22nd ed.)—Dorland, W. A. N.
 Directory of Medical Specialists (vol. 4)—Advisory Board for Medical Specialties, Comp.
 Directory for 1953—American College of Surgeons.
 A Doctor's Pilgrimage—Brasset, E. A.
 This Hospital Business of Ours—Sloan, R. P.
 The Clinical Use of Fluid and Electrolyte—Bland, J. H.
 July, 1953, Symposium on Bedside Management; Sept., 1953, Symposium on Specific Methods of Treatment; Nov., 1953, Symposium on Clinical Medicine—Medical Clinics of North America.
 The Management of Pain—Bonica, J. J.
 The Physician in Atomic Defense—Sears, T. P.
 Annual Report. 129th, 1952-1953—Institute of Living.
 Surgery of Infancy and Childhood—Gross, R. E.
 Aug., 1953, Symposium on Vascular Surgery; Oct., Symposium on Ambulant Surgery; Dec., 1953, Symposium on Orthopedic Surgery—Surgical Clinics of North America.
 Pathology in General Surgery—Schafer, P. M.
 Pharmacology of Anesthetic Drugs. (3d ed.)—Adriani, John.
 Analgesia and Anesthesia in Obstetrics—Greenhill, J. P.
 Inhalation Therapy and Resuscitation—Saklad, Meyer.
 Rehabilitation of the Physically Handicapped—Kessler, H. H.
 Athletic Injuries: Prevention, Diagnosis and Treatment. (3rd ed.)—Thorndike, Augustus.
 Thoracic Surgery and Related Pathology—Lindskog, G. E. and Liebow, A. A.
 Manual of Diagnosis and Management of Peripheral Nerve Injuries—Groff, R. A. and Houtz, S. J.
 Living with a Disability—Rusk, H. A. and others.
 Effective Inhalation Therapy—Levine, E. R. and others.

- Therapeutic Meal Plans; a New Diet Manual—Kansas University, School of Medicine, Department of Dietetics and Nutrition.
 The Low Sodium Cook Book—Payne, A. S. and Callahan, Dorothy.
 Muscles, Testing and Function—Kendall, H. O. and Kendall, F. P.
 Electrotherapy and Light Therapy, with Essentials of Hydrotherapy and Mechanotherapy. (6th ed.)—Kovacs, Richard.
 New and Nonofficial Remedies—A. M. A. Council on Pharmacy and Chemistry.
 Food and Beverage Analysis. (3d ed.)—Bridges, M. A. and Mattice, M. R.
 Food Values of Portions Commonly Used. (7th ed.)—Bowes, Mrs. A. LeP. and Church, C. F.

MEDICAL MEETINGS

- February 1-3—American Academy of Allergy, Shamrock Hotel, Houston, Texas.
 February 1, 2, 3, 4, 5—Postgraduate Course in *Cardiovascular Diseases*, University of California Medical Center, San Francisco, California (mornings).
 February 1, 2, 3, 4, 5—Postgraduate course in *Electrocardiography*, University of California Medical Center, San Francisco, California (afternoons).
 February 6—Twenty-first Annual Conference of Teachers of Clinical Radiology, Drake Hotel, Chicago, Illinois.
 February 7-9—50th Annual Congress on Medical Education and Licensure, Palmer House, Chicago, Illinois. (Sponsored by the AMA's Council on Medical Education).
 February 8-19—Postgraduate Course in *Diagnostic Exfoliative Cytology for Physicians*, University of California Medical Center, San Francisco, Calif.
 February 19, 20, 21—Symposium on Heart and Lung, University of California Extension Building, 540 Powell Street, San Francisco, California.
 February 23—Alumni Postgraduate Convention of the School of Medicine, College of Medical Evangelists, Biltmore Hotel, Los Angeles, California.
 February 23-25—14th Annual Congress on Industrial Health, Brown Hotel, Louisville. (Sponsored by the American Medical Association's Council on Industrial Health).

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AMERICAN MEDICAL ASSOCIATION

Report of

Reference Committee on Amendments to
the Constitution and By-Laws

"The Committee has considered that portion of the report of the secretary on payment of back dues which is found on Page 33 of the Handbook. This refers to a resolution presented to the House of Delegates in June, 1953, by George A. Earl of Minnesota concerning the payment of membership dues. This Committee presents a substitute resolution as follows:

"RESOLVED, That any active member of the American Medical Association who failed to pay dues for the year 1950, and who was suspended for such delinquency, may be reinstated during the first six months of 1954 by payment of 1954 dues only.

"Should such an individual fail to pay his 1954 dues by July 1, 1954, he shall continue to be considered delinquent."

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ADULTS MUST UNDERSTAND CHILD ACCIDENT PROBLEMS

Chicago.—It's the adult's job to prevent childhood accidents.

As children do not always conform to the practices that would insure the greatest safety, adults must be made to understand the accident problem of children and must be as concerned about it as they are about childhood diseases, it was stated editorially in the January 2nd Journal of the American Medical Association.

"A notable decrease in infant mortality and in the death rate from childhood diseases has been brought about by the nation's physicians during the last half century," the editorial pointed out. "However, despite the efforts put forth by the medical profession to protect the country's future citizens, childhood mortality continues high because of accidents—accidents that, for the most part, are preventable.

"The accident rate among children is being reduced only about one-third as fast as the rate for death by disease. Preventable accidents are the leading causes of death in the age group of 1 to 14 years, killing more children than the combined mortality of the next six causes of death—pneumonia, congenital defects, cancer, tuberculosis, leukemia, and heart disease—and killing many, many more children than poliomyelitis."

Only by the understanding and cooperation of adults can the toll of childhood death and disability

due to preventable accidents be cut, the editorial stressed. It urged physicians to take the initiative to instruct parents and school personnel, specifically, and the entire community, generally, in childhood safety problems.

Recent reports indicate the 1949 death rate of children under one year of age was 72.1 per 100,000, according to the editorial. Home accidents of various kinds accounted for infant deaths at the rate of 43 per 100,000. The largest single cause of accidental death in infancy was the inhalation or ingestion of objects; fire, explosions and burns, and motor vehicle accidents followed. Children one to four years of age died from accidents at the rate of 37.8 per 100,000, with motor vehicle accidents, fires, explosions and burns, and drownings as the leading causes.

In school buildings, about one-third of the injuries occur in gymnasiums; classrooms are next with vocational shops, stairways and corridors following. On school grounds, injuries occur somewhat more frequently during organized activities than during unorganized ones. In organized activities, they happen most frequently in football and baseball; in unorganized activities, they occur most frequently in falls and running accidents.

"Children deserve the chance to grow up—it is up to every adult to give them that chance" the editorial concluded.

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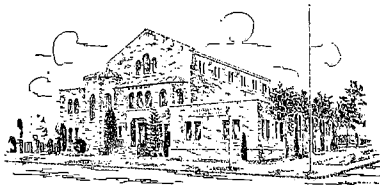
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NEW HORIZONS

New horizons in the field of under-graduate and postgraduate medical education were opened today as the California Medical Association voted to establish a subsidiary, non-profit corporation, called the Audio-Digest Foundation.

Through a system of tape recordings and synchronized visual slides or film strips, current medical literature and lectures will be summarized and distributed to doctors throughout the world.

A board of editors will be established. This advisory group will consist of leading physicians representing all specialty groups. Three types of service will make Audio-Digest of equal value to the specialist, the general practitioner and the medical student.

These services will be:

1. A weekly, one-hour tape summarizing the current medical literature (approximately 600 journals) from the standpoint of significance and practical usage. This is designed primarily for the general practitioner and covers all fields of medicine. The tape summary was started as an experiment in March of this year and current subscriptions are going all over the world. This material is distributed on a subscription basis. Starting January 15 a bi-weekly, one-hour tape will be available for surgeons. Starting February 15 a similar service for specialists in internal medicine will be provided. March 15 is the beginning date for a tape-digest for obstetricians and gynecologists.

A new technique has been developed which makes it possible to make taped literature of lectures available in any language.

2. A complete medical lecture library is being established. This has been available on a limited basis since March. Material is accumulated from on-the-spot recordings at medical conventions, and specially prepared lectures for the Audio-Digest library. This material is either sold or rented.

3. The California Medical Association will begin immediately to assemble "master" lecture tapes from the leading medical school professors in the nation's 79 medical schools. These tapes, covering the entire field of undergraduate education, will be made available to medical school libraries to supplement local lectures.

All lecture material will be reviewed each six months to be kept up to date medically.

Both the taped literature digests and medical lectures can be duplicated and ready for distribution in less than 24 hours after the "master" tape has been made. Profits accruing from the Audio-Digest Foundation will be earmarked for the nation's medical schools.

The rapid early weight loss in persons receiving Dexedrine may be due to the diuretic and natriuretic action of the drug. This effect, which is apparently directly attributable to an increased glomerular filtration rate, may lead to consideration of the possibility of utilizing some of the sympathomimetic drugs in the treatment of edema.

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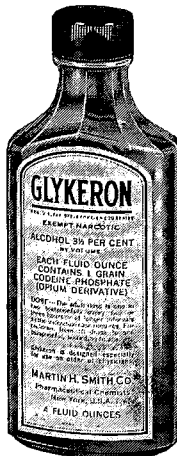
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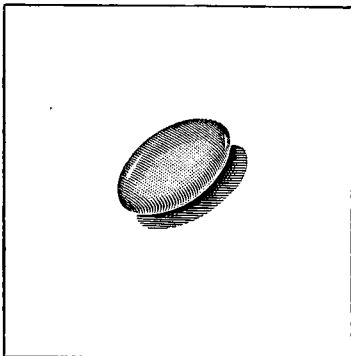
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In Memoriam

CECIL HURST, M. D.

Born July 4, 1914, Died January 6, 1954

Into this short life was crowded a great deal. These 40 years encompassed a full lifetime of study and happiness.

The son of Doctor and Mrs. Samuel Hurst in East Chicago, Indiana, he completed his schooling there and then went to the University of Indiana where he did his pre-medical work and graduated from the Medical school in 1937. He served an internship at the University of Indiana hospitals and then came to Tacoma where he was a resident at the Pierce County Hospital. Following this, he spent a year at Soap Lake at the McKay Memorial Hospital where he was associated with the research that was being done on Burgers disease.

In 1940 he started to practice and the following year he was married to Lucille Feist of Tacoma. To this union were born three children, Richard, Janice and Jonathan.

He served his country in the Army from 1944 to 1946 and saw service in the Philippines. He was discharged as a Captain.

He returned to practice in Tacoma then and was here until 1951. In that year he decided to limit his practice entirely to orthopedics and entered the residency training program at the University of Washington. It was during this service that he died suddenly of a coronary thrombosis.

All of his patients loved him. His sympathy and understanding were virtues that are given to few men. His intense loyalty to his colleagues and his fine appreciation of the art and science of Medicine endeared him to all who knew him. His quizzical smile, his sharp wit and his fine sense of humor will be remembered and missed by all of us.

Into these short years of the life of Cecil Hurst, M.D., were crowded a great deal—a happy and full life.

—L. S. Baskin.

URGE TESTS FOR PENICILLIN

The American Foundation for Allergic Diseases urged yesterday that doctors give patients allergy tests before administering penicillin.

Dr. Horace S. Baldwin, president of the foundation, reported that asthmatics, for example, were abnormally sensitive to penicillin injections. He estimated that there were 1,000,000 asthmatics in the United States and between six and seven million others affected with allergic ailments.

The doctor remarked that some day persons afflicted with asthma or severe allergy might wear tags warning against use of penicillin in case of accident.

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- February 4—"Why You Need a Family Doctor," by Dr. Darcy Dayton.
 February 11—"Heart Disease, a Killer," by Dr. Frank Maddison.
 February 18—"Congenital Heart Disease," by Dr. Ralph Huff.
 February 25—"Sinusitis," by Dr. Robert Bond.

What's Said in the Bulletins of Other Medical Societies

LONG ISLAND

Can You Qualify? The switchboard in the Medical Society office has received requests for specialists of various classifications not listed in the American Directory of Medical Specialists. Anyone wishing to have patients referred to him when requests for any of these "specialists" are received, kindly notify the office staff:

Localist, Jennycologist, Anthropologist, Deotologist, Post-nozzle drip, Kinecologist, Pro-Psychologist, Endocrineman, Ubrician, General Prackshuneer, Naturopath, Jeanealogist, Pediatricus, Optician, Ureologist, Dignotician, Sexologist, Obstretatrician, Gentle Urologist, Jeanechologist, Goneologist, Physiatic Board, Consulate (Diplomate), Nervous Doctor, Someone with good nutritional background, and Someone with access to Gamman Globsum, and Globular Globsum.

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WHICH PATIENTS MAY FLY

Flying is not harmful to the vast majority of sick people. Still, there are some medical conditions that make flying hazardous.

Diseases of the gastrointestinal tract. As one ascends, gas in the gastrointestinal tract expands. At 18,000 feet it is double the volume at sea level, and at 27,000 feet it is triple the amount. It is logical that flying should be interdicted for patients having lesions of the gastrointestinal tract that might perforate under the stress of rapidly expanding gas. This applies to patients with active peptic ulcer. Patients with quiescent ulcers may travel in pressurized aircraft. They should be given carminatives for flatulence, and hyoscine to prevent air sickness. Patients with diverticulosis should not fly. Entrapment of air in a diverticulum is quite painful, and perforation is possible. Duff, from experience gained from pressure chamber experiments, believes that diaphragmatic hernia is another contraindication. A patient with a colostomy would be well advised to stay on the ground. While there he may have perfect control over the colostomy, but at higher altitudes expansion of intestinal gases may be attended by disagreeable and embarrassing results.

Blood diseases. Severe anemia is characterized by a greatly reduced oxygen capacity of the blood. If an anemic patient is taken to high altitude, anoxic anoxia is superimposed and clinical signs of anoxia may appear. To prevent this complication, oxygen

may be administered during flight, but it would be better for the patient to stay on the ground.

Diseases of the lungs. Patients with mild asthma may fly. However, a patient who is subject to frequent attacks should not fly. Nor should any asthmatic fly during an acute attack. Pneumothorax is a definite contraindication to air travel. Flying is especially hazardous for those who have pneumothorax complicated by adhesions, as they may break, causing hemorrhage, or they may pull hard enough to rip the surface of the lung. If flight is absolutely necessary for a patient having artificial pneumothorax, there should have been a lapse of at least 72 hours since the last refill. Patients who have recently hemorrhaged from the lungs should postpone any thought of flying because of the danger of reopening the blood vessel. Pulmonary cavities are another hazard. Roper and Waring listed contraindications for flying over 10,000 feet in tuberculosis patients as follows: severe toxemia, large cavities, pneumothorax and extensive loss of air-bearing lung tissue.

Cardiovascular diseases. In the opinion of some authorities patients having cardiac decompensation or severe hypertension or a history of hypertension with complications should not fly. May, however, takes a more sanguine attitude. He believes that there is no valid objection to air travel for cardiac patients and that they readily adjust to low oxygen tension in the inhaled air. The altitude of flight makes some difference. Generally speaking, cardiac patients should not undertake flight at an altitude greater than 10,000 feet. On the other hand, a patient able to travel by any conveyance can be flown safely at altitudes below 10,000 feet. With some types of cardiac disease and respiratory embarrassment, experienced attendants and oxygen equipment should be available. Heights from 14,000 to 20,000 feet without oxygen may induce congestive failure or angina pectoris in persons with heart disease.

Diseases of the nose and sinuses. Patients with acute upper respiratory infections, stricture of the Eustachian tube, acute sinusitis or acute otitis should not fly.

Miscellaneous conditions. Patients with mental diseases are more subject to air sickness than normal patients. In addition, when they have disorders that might make them dangerous to themselves and other passengers, they should not fly.

Infants tolerate air travel well and appear to be less susceptible to the early stages of oxygen lack. They are also less susceptible to air sickness than adults. However, once anoxia appears in an infant, the subsequent decline is more rapid, and counter measures must be instituted. There is no reason that a woman should not fly during pregnancy up to the last month.

—Taken from *Current Medical Digest*,
November, 1953.

Johnny's report card was very unsatisfactory, and he was asked to explain.

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THE USES AND ABUSES OF ANTIBIOTICS

Excerpts from an article entitled "The Uses and Abuses of Antibiotics" by Perrin H. Long, M.D., which was published in the October 1, 1953, issue of the N. Y. State Journal of Medicine.

Probably the commonest and most serious abuse of antibiotics by physicians today is the prescribing of these agents as prophylactic or curative remedies for patients suffering from mild forms of respiratory tract infections. Clinical investigation indicates that the antibiotics are of value in certain bacterial infections of the respiratory tract and in occasional viral or rickettsial disease.

Despite these clear indications for the use of antibiotics physicians prescribe them for the treatment of common colds, influenza or other suspected 'viral' infections of the respiratory tract or they assume that the use of these agents will protect sufferers from secondary infection.' This is not only sheer nonsense from the medical point of view but also may be dangerous because of the known risk of sensitizing patients to an antibiotic by frequent administration. With the exception of patients who have chronic sinusitis, frequent otitis media, disturbances of the bronchial tree which renders it susceptible to infections—such as bronchiectasis, a debilitating illness in which protection against infection is needed, recurrent rheumatic fever or in connection with surgical procedures on the nose, throat or lungs there should be no exception to the

rule that antibiotics should not be used to treat or protect against certain, primary viral or 'secondary bacterial infections' of the respiratory tract.

Antibiotics are abused as well in their use in digestive upsets characterized by nausea, vomiting and diarrhea—the so called 'food poisonings.' These illnesses may be caused by the toxin of certain strains of staphylococcus, aureus, by infection with members of the Salmonella Bacterial group or by other agents. None of the currently available antibiotics has shown any therapeutic effect in these disturbances.

Another form of abuse of antibiotics is in the treatment of asthma. There is little doubt that either bacterial infection or the absorption of products of bacteria are a definite factor in the production of acute exacerbations of certain types of asthma. While antibiotics are needed in the treatment of infections of the lungs and bronchial tract it is an unwise procedure to try to control certain types of established asthma with them and especially with penicillin. The risk of making the asthma worse, producing an anaphylactic reaction or establishing an infection with monilia are just too great.

Antibiotics are used to frequently in treating the 'unknown disease.' Many times patients are heard to say "I went to the doctor. He gave me a 'shot' of penicillin and told me to come back in a couple of days if I didn't feel better." This is not the way to practice medicine and is again a reason why so many patients have become sensitized to penicillin.

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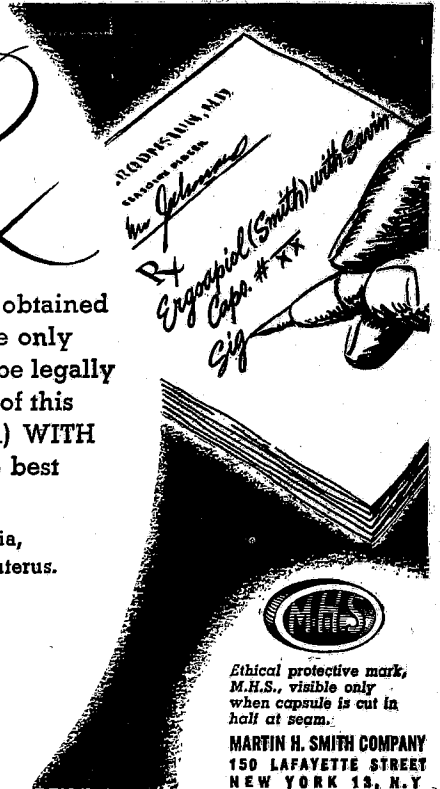
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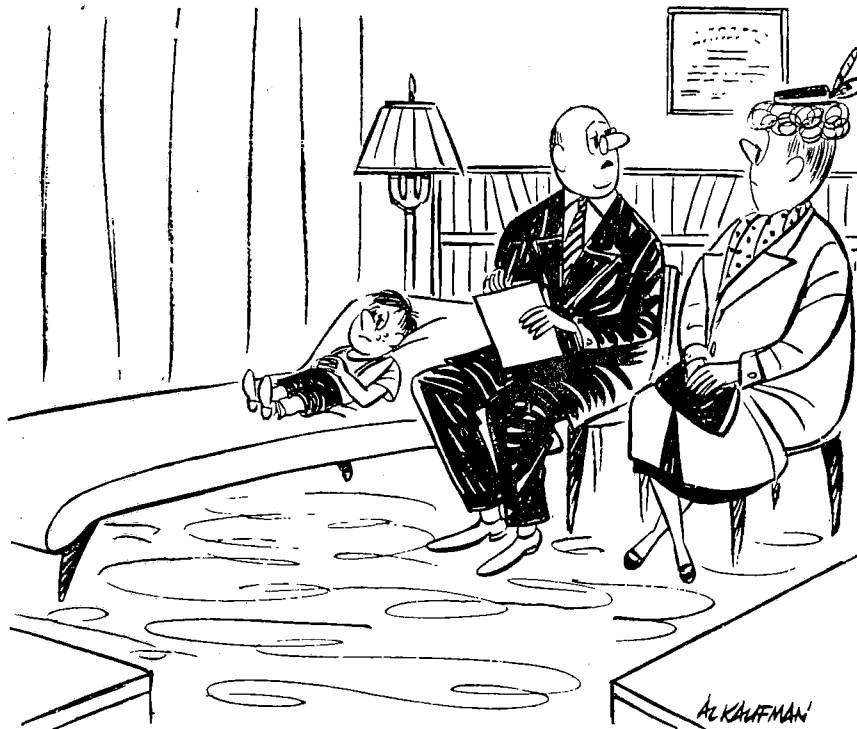


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**DID "OLD TIME" FAMILY
DOCTORS PRACTICE
PSYCHIATRY?**

Yes, most of them did, although they didn't call it psychiatry and they didn't learn it from textbooks.

Dr. William C. Menninger, of Topeka, Kan., said in a recent address that the early family physicians reaped many of the benefits of modern psychiatry by listening, by making frequent visits to the homes of patients, and by becoming well acquainted with them and their environments.

Dr. Menninger pointed out that the personal relationship between doctor and patient provided one of the outstanding advantages of psychotherapy whether he knows it or not. It may be good or bad, depending upon the attitude and conduct of the physician, for it is important for the doctor to know what to say and the right time to say it.

With today's highly professionalized offices, coupled with the impersonal wards of hospitals, modern doctors have little opportunity to consider personality and environment as possible causative factors in illness.

Dr. Menninger believes that a complete diagnosis cannot be achieved without fully considering the psychological and social, as well as the physical factors of disease.

—By Joseph Whitney, Consulting Psychologist,
—Philadelphia Inquirer.

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SENILITY OR SENESCENCE

There is considerable difference in the significance of the words "senile" or "senescent" when applied to a man of more than advanced years. Used properly, the word "senescent" refers to people of advanced years in whom careful investigations by a physician disclose no pathology. The word "senile" portrays evidence, after careful examination, of physiologic disorders occurring in one advanced in years. Emphasis on these contrasting definitions is currently timely because of the increasing number of aging ones whose years beyond 65 may bring them into the medical category of geriatrics.

In 1940 there were 9 million people in the United States over the age of 65 (6.7% of the total population). In 1950 the number had risen to 12 million (8.2% of the total population), and in 1975 economists prophesy 19 million people over the age of 65 (11.3% of the total population). In other words, in less than four decades the number of oldsters will have increased from 1 in 16 to 1 in 9.

The results of medical research and subsequent application of findings is given considerable credit for this significant development and students of the subject look to many phases of the science and art of medical practice to postpone the onset, or to ameliorate the results of advance senility. That the subject of geriatrics is of growing importance in the practice of medicine is illustrated by the many signs of promising activity in medical teaching institutions, in medical societies and in medical publi-

cations. The Pennsylvania Medical Journal, beginning with the September issue (see page 794) and continuing for the next year, will carry editorials, case reports and other forms of instruction and advice in the prevention or failing in that, in the management of the patient with the all too familiar pathology of old age. Some of these responsibilities for prevention and relief may reach the office of specialists in the field of medicine, but the greater percentage will undoubtedly first come to the attention of the family doctor or general practitioner. It should be a great satisfaction to each practitioner to be able to assist the family of the geriatric patient, including those with the evidence of mental deterioration. Great improvement may follow intelligent attention to the patient's environment, diet, vitamins and entertainment.

—From the *Bulletin of Allegheny County Medical Society.*

INVITING ACCIDENTS

Do Mishaps "Follow" Some Persons?

Tom has had five accidents in the last three years. Dick has had two "lost-time" and two first-aid accidents at his industrial job since early 1951. Harriet has been hospitalized once and treated by a physician twice for accidents in her home during a two-year period. All three belong to the growing fraternity of accident-prone people whom accidents seem to "follow."

The accident-prone person was first "discovered" about 25 years ago when a study in Germany demonstrated that the more accidents a person has had in the past, the more he is likely to have in the future.

Once isolated and studied, he was found to be a fellow whose behavior and attitude were largely influenced by emotional and personality problems.

He has been called impulsive, rebellious, resentful of authority, pleasure-seeking, etc.

Miss Mary Donlon, chairman of the New York State Workmen's Compensation Board, believes that family worries, personal problems and insecurity are just as dangerous in factories as they are to pedestrians and motorists.

Whatever the emotional factors involved in accident-proneness, the outward manifestation seems to revolve largely around hostility to rules and regulations.

NEW YORK PLANS LUNG CANCER TESTS

Albany, Dec. 20—Governor Dewey will ask the 1954 Legislature to provide financial backing for a new state research program to determine whether there is a relationship between cigarette smoking and cancer of the lung.

State health officials reported today that Mr. Dewey was alarmed over the mounting toll of such cancer in New York. In the last thirty years the lung cancer death rate for men has risen nearly fivefold and more persons in the state now die of this disease than of tuberculosis.

—*New York Times.*

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DEFENSE DEPARTMENT'S SCHOLARSHIP LEGISLATION READY FOR CONGRESS

Defense Department's draft legislation for medical and other federal scholarships is receiving a final checking over before presentation to the Budget Bureau for approval. Budget Bureau approval is necessary if the plan is to be presented as an administration bill, but regardless of the bureau's action, the proposal could be offered by any member of House or Senate. Essential provisions of the plan:

1. Any medical, dental, nursing, or veterinary student accepting a scholarship would be obligated for one year of federal service for each scholarship year.
2. Payment would be made directly to the schools for tuition and other incidentals and to the student to cover living expenses during the school year.
3. Scholarships limited to four years, would not be offered to pre-medical students or others preparing for professional courses.
4. Deans would make recommendations, but final selection would be by the Defense Department.

According to a department spokesman, there are two objectives: First, to meet armed forces needs after expiration of the doctor draft in 1955, if the regular draft obligation does not produce enough officers. Second, to interest enough young officers in regular military careers to maintain the regular corps at the necessary level. Currently regular medical officers make up only about 25 per cent of the medical corps total; it is hoped to reverse this ratio.

PERIODICAL PEARLS

THE POSTCHOLECYSTECTOMY SYNDROME

It is well known that cholecystectomy performed for cholelithiasis is followed by relief of symptoms in all but 10 to 15 percent of cases, while removal of a noncalculous gallbladder gives unsatisfactory results in more than 20 percent of patients. Tropoli and Cella have evaluated the many reasons given for the high percentage of unsatisfactory cholecystectomy results. Among them are dilatation of the common duct (due to loss of the water-absorbing mechanism existing in the gallbladder); reformation of the gallbladder from a persistent large portion of the cystic duct (the so-called "reformed gallbladder" or "cystic duct stump syndrome"); distortion of the common and cystic ducts by adherent vessels or adhesions, and inclusion of nerve fiber bundles in the scarred walls of the cystic duct.

Since the common duct is surrounded by a delicate network of nerve fibers throughout most of its extent and one of the points of maximum concentration of nerve fibers is in the triangle formed by the cystic and hepatic ducts, the nerve inclusion theory does not seem out of order. It has been demonstrated experimentally that stimulation of sympathetic nerve fibers will produce epigastric pain primarily, whereas vagal stimulations will chiefly bring about dyspepsia and vomiting. The authors have presented two cases in which symptoms following cholecystectomy persisted for several

years, and necessitated re-exploration of the gallbladder area. Masses of scar tissue were removed from the common and cystic ducts and these contained many nerve bundles which were removed from the common and cystic ducts and these contained many nerve bundles which were distorted and showed a typical nerve proliferation. Both patients were relieved of symptoms following excision of the nerve-bearing scar tissue.

The authors stated that all nerve fibers should be stripped from the cystic duct at its junction with the hepatic duct before the cystic duct is ligated, and fibers should also be stripped from the cystic artery since sympathetic pain fibers follow the course of the artery. It was their feeling that if this were carried out in every case, the incidence of postcholecystectomy symptoms would decrease.

—(Ann. Surg., 137, 250, 1953.)

MISSISSIPPI VALLEY MEDICAL SOCIETY 1954 ESSAY CONTEST

The Thirteenth Annual Essay Contest of the Mississippi Valley Medical Society will be held in 1954. The Society will offer a cash prize of \$100.00, a gold medal, and a certificate of award for the best unpublished essay on any subject of general medical interest (including medical economics and education) and practical value to the general practitioner of medicine. Certificate of merit may also be granted to the physicians whose essays are rated second or third best. Contestants must be members of the American Medical Association who are residents and citizens of the United States. The winner will be invited to present his contribution before the 19th Annual Meeting of the Mississippi Valley Medical Society to be held at Chicago, Sept. 23, 24, 1954, the Society reserving the exclusive right to first publish the essay in its official publication—the *Mississippi Valley Medical Journal* (incorporating the *Radiologic Review*). All contributions shall be typewritten in English in manuscript form, submitted in five copies, not to exceed 5000 words, and must be received not later than May 1, 1954. The winning essays in the 1953 contest appear in the January 1955 issue of the *Mississippi Valley Medical Journal* (Quincy, Ill.)

Further details may be secured from:

Harold Swanberg, M.D., Secretary,
Mississippi Valley Medical Society,
209-224 W.C.U. Building, Quincy, Ill.

Medical practice is not knitting and weaving and the labor of the hands, but it must be inspired with soul and be filled with the understanding and equipped with the gift of keen observation. These, together with accurate scientific knowledge, are the indispensable requisites for proficient medical practice.

—Maimonides.

A psychiatrist saw another psychiatrist plodding down the street carrying a couch on his head.

"Why the couch?" he called after his colleague.
"House call," replied the burdened one.

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LILLY OFFERS GRADUATE TRAINING SCIENCE PLAN

The National Research Council has announced that Eli Lilly and Company is offering postdoctoral fellowships in the medical sciences and natural sciences.

The council which administers the fellowships, points out that applicants must be under 36 years old.

The medical science fellowships are limited to American citizens who have the degrees of M. D., Ph. D. or Sc. D., or their equivalent in training. The applicants must agree to devote themselves to research in the basic medical sciences—atomy, biochemistry, biophysics, histology, immunology, microbiology, pathology, pharmacology, physiology, and related subjects.

The fellowships are designed to offer opportunity for research in the preclinical sciences, and not to provide practical experience in the clinical field.

\$4,042,000,000 YEARLY FOR CIGARETTES

The weekly Journal of the American Medical Association cancelled all tobacco advertisements effective as of January 1, 1954. The AMA attributes it to criticisms from so many physicians of recent cigarette advertising. The stock market during December may have reflected the effects of this announced cancellation although the repeated publicized statements regarding the part played by long continued heavy daily cigarette smoking in the recent great increase of lung cancer undoubtedly tended to depress the market value of securities issued by some tobacco companies.

It is to be expected that tobacco companies engaged in the tremendous production of cigarettes (394,000,000,000 in 1952), an increase of 9.4% over 1950, with yearly retail sales totaling \$4,042,000,000 will bend every effort to disprove the alleged part played by tar derived from smoking cigarettes in the production of cancer of the lung.

VOLUNTEERS NEEDED FOR HELPING HANDICAPPED ADULTS

The Pierce County Spastic Society has recently formed an Adult Planning Board to consider the number of severely handicapped adults in Pierce County, their needs, and a solution to their problems. It is felt that pre-vocational training, therapies and a sheltered workshop possibilities should be carefully examined. Several medical men have been named to the board. Any others interested in helping or in learning more about this effort please contact Mrs. E. E. Bashaw, SKYline 2723.

Beginning March 29th a three-week postgraduate course in cerebral palsy will be conducted by the College of Physicians and Surgeons, Columbia University, sponsored by United Cerebral Palsy Ass'n., Inc. Starting concurrently and running for two

months a postgraduate course in cerebral palsy for physical therapists and occupational therapists is being offered in the same program. Scholarships are available from various sources. For further information regarding admission requirements, fees, housing, etc., brochures may be obtained by writing Mrs. E. E. Bashaw at 1907 North Prospect, Tacoma, or by calling Skyline 2723.

MEDICAL SCHOOLS SHORT OF FUNDS

A critical shortage of operating funds for the nation's 79 medical schools is threatening the future of American medicine, Dean Stanley E. Dorst of the University of Cincinnati College of Medicine said recently.

In a prepared talk at a meeting of the medical advisory committee of the National Fund for Medical Education and the Council on Industrial Health of the American Medical Association at Mellon Institute, Dean Dorst said:

"Something must be done to remedy the situation or the nation will have been found guilty of one of the most costly economies in its history. We are neglecting the goose that lays the golden eggs of the future."

Dorst, president of the association of American Medical Colleges, said progress in medical education within the past 30 years has made possible the best medicine the world has seen. He added:

"But today the entire achievement is threatened. At a time when the prospects for further advancement seem brighter than ever before, the schools of medicine are threatened with a critical shortage of non-restricted funds."

Please do your part for your medical school. Give through your AMEF (American Medical Education Foundation) or direct to your alumni office.

AMERICAN FOUNDATION FOR ALLERGIC DISEASES

The American Foundation for Allergic Diseases has been established with offices at 525 Lexington Avenue, New York City, under the joint sponsorship of the American Academy of Allergy and the American College of Allergists, according to an announcement from Foundation headquarters.

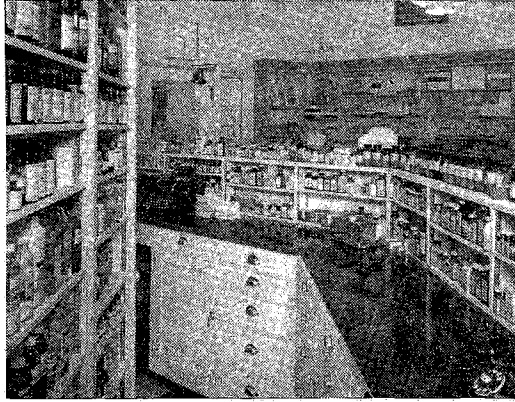
The Foundation is incorporated under the laws of New York State as a national, non-profit, voluntarily supported organization. Under the articles of incorporation its aims are: To promote through public education an accurate understanding of the problem of the allergic diseases; to inform and educate the medical profession in the problems of allergy; to cooperate with medical institutions, hospitals and other organizations for the development of facilities for the treatment and prevention of allergic diseases; and to provide facilities for research including fellowships and residencies.

We don't say that Webster's is in error,

We simply remark in pure fun,

A tourist's a tramp who has money

And a tramp is a tourist with none.

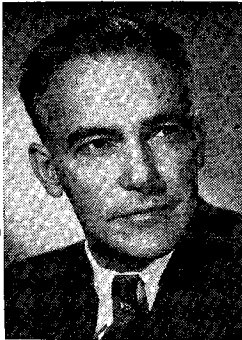


LAKEWOOD PHARMACY

D. W. McDowell

J. C. Lowe

Lakewood Center - Tacoma, Wash. - Phones Lakewood 2191-2192



J. ARTHUR THOMPSON



WILLIAM VAN WELL



RAY CHAMBLIN

Under the leadership of these men the "Everything in one place" idea has been gaining wider and wider acceptance. Mountain View Memorial Park is the only institution offering all burial facilities under one management—mortuary, cemetery, chapel, crematory and outdoor columbarium. The Mortuary, while being a part of the park, will conduct services **at any church** and make **burial in any cemetery selected.**

MOUNTAIN VIEW FUNERAL HOME

LOCATED IN MOUNTAIN VIEW MEMORIAL PARK

Steilacoom Boulevard

Lakewood 2195

HOW TO AVOID WIDOWHOOD

There is only one practical way for women to avoid widowhood and that is to marry men younger than themselves, a noted scientist said recently.

Dr. Ernest Albert Hooton, professor of anthropology, Harvard University, was replying to an inquiry from the United Press science editor if science could tell women how to avoid widowhood.

There are almost 7,000,000 widows in the United States but only a little over 2,000,000 widowers because women live longer than men and marry when younger.

Short of re-introducing the practice of suttee (by which Hindu women cremated themselves on their husbands' funeral pyres) I think of no really effective method of equalizing the life spans of wives and husbands, he wrote.

There can be no doubt that the female of our species is the more durable animal. Since females are probably unwilling to be immolated on the graves of their deceased consorts, there remains only one alternative. That would be to change the current practice of age superiority of the husband so that wives would secure spouses sufficiently younger than themselves to offset the difference in their expectations of life.

IS THIS TRUE?

Rep. Robert W. Kean (R., N.J.), influential Republican member of House Ways and Means Committee, claims rank and file of American physicians favor social security coverage for themselves, despite official A.M.A. stand to contrary? ? ?

—*Washington Report on the Medical Sciences.*

FREE TEST

To test doctors' appetites for free samples, George A. Kellogg, a New Jersey pharmaceutical researcher sent out 1,000 postcards announcing new "cures" for four obviously phony diseases, "gastraposis," "Hemingway's Syndrome," "Hyglochycocephelicia" and "Gallardia." No fewer than 80 cards were returned with requests for samples.

ACTIVITIES OF COUNTY MEDICAL SOCIETIES

The heart of medical organization is the County Medical Society. The Council on Medical Service of the A.M.A. compiles bi-annual surveys on activities of 927 societies. Their findings include:

1. 309 have hospital relations committees.
2. 479 have grievance committees.
3. 38 have collections bureaus.
4. 432 have emergency call plans.
5. 283 have telephone answering services.
6. 185 have bulletins.
7. 4% own their own buildings, 10% rent office space by the month and the rest use other available facilities.
8. About a third report some speaker's program in operation.
262 have radio programs.
75 have regular TV programs.
9. 577 take an active part in providing medical care for indigent citizens.

Especially in mild, labile essential hypertension . . .

NEW
Serpasil^{T.M.}
(reserpine Ciba)

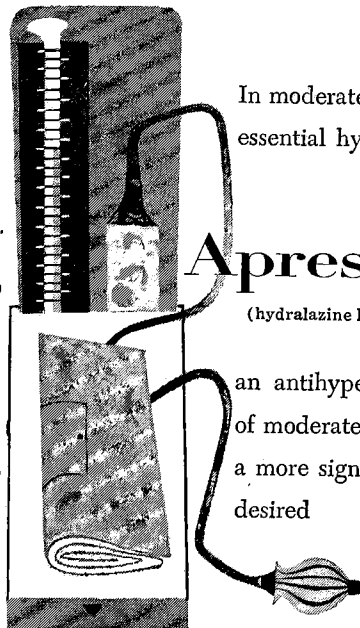
a pure crystalline alkaloid of *Rauwolfia serpentina*

a tranquilizer-antihypertensive for gradual, sustained effect

In moderate and severe essential hypertension . . .

Apresoline[®]
hydrochloride
(hydralazine hydrochloride Ciba)

an antihypertensive agent of moderate potency when a more significant effect is desired **Ciba**



Pierce County Medical Society

Medical Arts Building
Tacoma 2, Washington

Sec. 34.66, P. L. & R.

U. S. POSTAGE

PAID

TACOMA, WASH.

PERMIT NO. 300

MONTHLY MEETINGS

STAFF OF TACOMA GENERAL

First Tuesday of each month

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

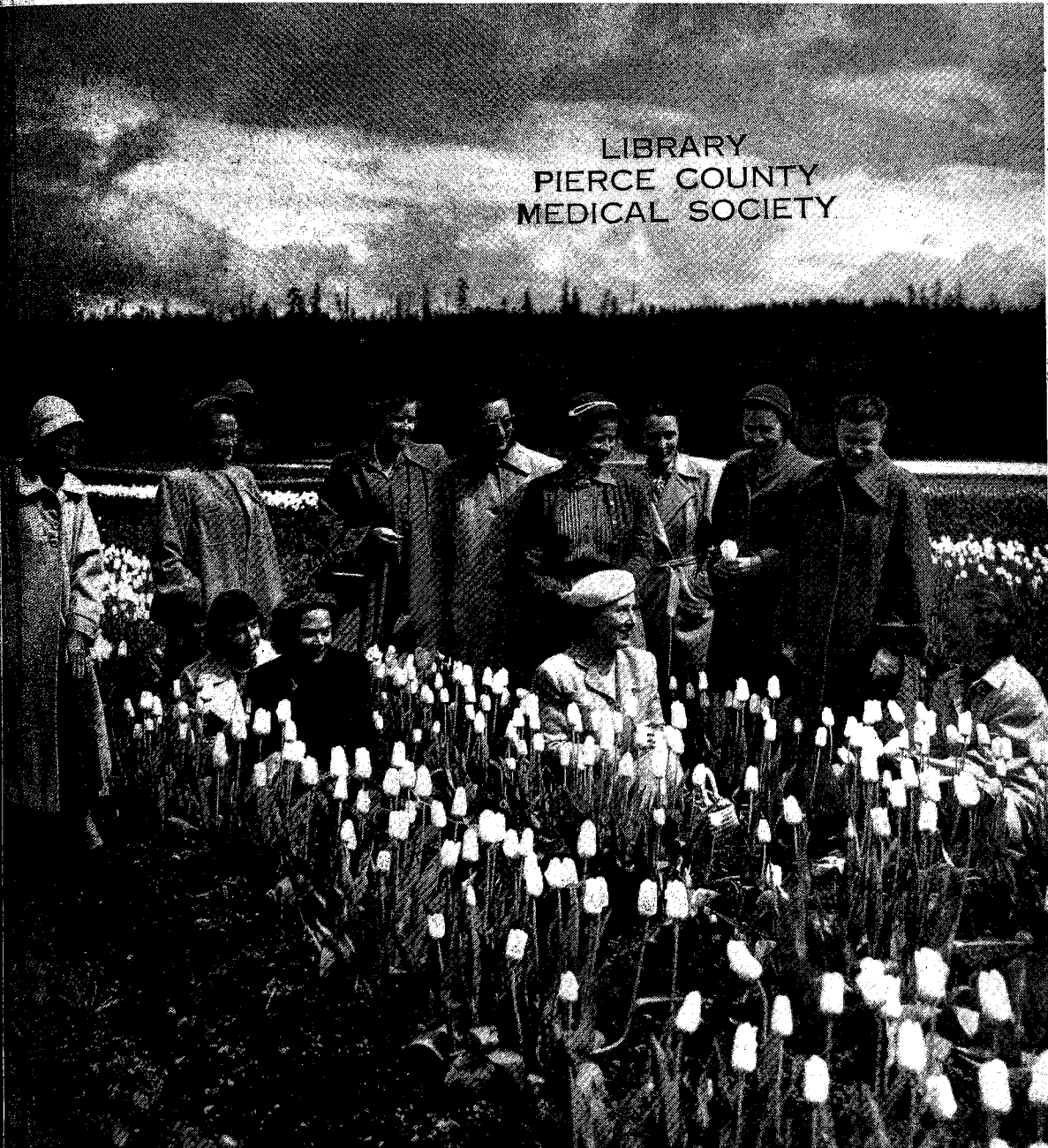
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIV—No. 7

TACOMA, WASH.

MARCH - 1954

LIBRARY
PIERCE COUNTY
MEDICAL SOCIETY



Pierce County Medical Society

1954

OFFICERS

President Jess Read
 President-Elect Walter Cameron
 Vice-President Samuel Light
 Secretary-Treasurer Arnold Herrmann
 Executive Secretary Joyce Murphy

TRUSTEES

Walter Cameron	Murray Johnson
Edwin Fairbourn	Robert Lantiere
John Flynn	Samuel Light
Hillis Griffin	Miles Parrott
Arnold Herrmann	Jess Read
Ralph Huff	Warren Smith

DELEGATES

Siegfried Herrmann	Gerald Kohl
Herman Judd	Chris Reynolds
Frank Rigos	

ALTERNATE DELEGATES

Philip Grenley	Wendell Peterson
Miles Parrott	Cyril Ritchie
Frederick Schwind	

COMMITTEES

Civil Defense

Murray Johnson, Chairman	
Fay Nace	Leo Sulkosky
Cyril Ritchie	Edwin Yoder
Daniel Hunt, Admiral, U. S. Navy, retired	

Diabetes

Horace Anderson, Chairman	
Joseph Harris	George Whitacre

Entertainment

Robert Ferguson, Chairman	
Samuel Adams	John Gullikson
J. Robert Brooke	George Moosey
John Whitaker	

Ethics

Burton Brown, Chairman	
Ralph Huff	Warren Smith

Grievance

Miles Parrott, Chairman	
William Goering	John Steele

House

Woodard Niethammer, Chairman	
John Flynn	William Rosenblatt

Legislative

Bernard Harrington, Chairman	
Lester Baskin	Mahlon Hosie

Library

Isadore Drues, Chairman	
Edwin Fairbourn	William Mattson, Jr.
George Whitacre	

Program

Max Thomas, Chairman	
Dale Doherty	Murray Johnson

Public Health

Hillis Griffin, Chairman	
Cecil Fargher	George Kittredge

Public Relations

Homer Humiston, Chairman	
Louis Hoyer	Robert Lantiere

Speakers

Chris Reynolds, Chairman	
Robert Lane	Wayne Zimmerman

United Good Neighbor Fund

Philip Grenley, Chairman	
Douglas Buttorff	Frederick Schwind

Bulletin Staff

Editor	Herman Judd
Business Manager	Joyce Murphy
Auxiliary News Editor	Mrs. Charles McGill

Program

Tuesday, March 9, 1954

Medical Arts Building Auditorium

8:15 P. M.

(See opposite page for schedule)

WHAT DO YOU REMEMBER ABOUT?

1. Renal function postoperatively?
2. Gastric diverticula?
3. Alkali reserve?
4. Surgical treatment of cancer of anus?
5. Survival from breast cancer?
6. Pyloric obstruction in peptic ulcer?

Answers on Page 10

NOTICE

Check back page of Bulletin for calendar
of special meetings

*Cover photograph of Tulip Fields and Ladies of the
Auxiliary through the courtesy of Ken Ollar.

PROGRAM

Strictly Local . . .

Tuesday, March 9, 1954
 Medical Arts Building Auditorium
 8:15 p. m.

**1953 ANNUAL REPORT TO BOARD
 OF TRUSTEES, TACOMA-PIERCE
 COUNTY BLOOD BANK**

**TAXES, BUSINESS PLANNING AND
 ESTATE PLANNING**

By Robert T. Knight, CPA

From the Director, M. J. WICKS, M. D.

Colored sound movies completed during 1953 at the University of Washington Medical School will precede the regular program.

1953 has been a year of beginnings and endings, of expansion and yet of consolidation for the future. The Blood Bank began supplying plasma for Gamma Globulin in June, and began operating a unique type of mobile unit in July. The end of the Korean War saw an end to drawing blood for the Armed Forces. Financial solvency has been attained and the future finances appear to be secure.

Congenital Malformations of the Heart

In order to help the Polio Foundation obtain as much gamma globulin as possible and to cushion the effect of the loss of contract with the American Red Cross for while blood, a contract was let in June with Courtland Laboratories of Los Angeles to supply plasma to them for fractionation. This has been done at some financial loss to the Blood Bank and plasma has been sent for this activity only after adequate supplies of liquid plasma for local use have been achieved. We have been paid a total of \$567.00 for 378—250 cc. units of plasma which is about \$1.50 return for each unit of blood disposed of thusly. The contract with Courtland will be renewable May 13, 1954. The public relations aspect has been favorable during the latter summer months and our participation in this "Polio" program was undoubtedly been reflected in the ample stocks of whole blood for community use during these months when stocks are usually low. The Blood Bank retains no control of this gamma globulin which is distributed by state health authorities.

Part 1, 7:05—*Development of the Normal Heart*—
 Development of the heart in initial stages illustrated by photomicrographic motion pictures of the growing chick embryo. Later stages illustrated by animated drawings.

Part 2, 7:20—*Acyanotic Congenital Heart Diseases*—
 Aberrations of normal development leading to simple defects in the partitioning of the heart. Location of defects shown through pathology specimens and animated drawings. Functional disturbances are indicated by animation, roentgenograms and cinefluorographic pictures. Includes presentation of patent ductus, aortic septal defect, inter-ventricular septal defect, interauricular septal defect and aberrant pulmonary veins.

Part 3, 7:35—*Cyanotic Congenital Heart Disease*
 Illustrates nature of cyanosis in congenital heart disease, emphasizing role of (a) abnormal resistance to blood flow through lungs, and (b) shunting of venous blood into systemic circulation. Includes presentation of tricuspid artresia, tetralogy of Fallot, Eisenmenger complex, and complete transposition of great vessels.

Coffee and beer will be served during the movies and during the main program.

(These films have been previewed and I think are well done. If any criticism is justified it is that the subject has been over-simplified in order to obtain clarification. Physicians primarily interested in general practice and internal medicine as well as pediatricians, vascular surgeons, roentgenologists and cardiologists will enjoy seeing these films, especially Parts 2 and 3.

—Max Thomas, M. D.

The American Red Cross allowed all contracts with blood banks to lapse after the Armistice in Korea and our participation ended July 1, 1953. The American Red Cross has been continuing to draw some blood for completion of national stock piles of plasma however information has come to me that they will finish this contract in the next few months. It is to be urged that the Tacoma-Pierce County Blood Bank keep its license with the National Institutes of Health and be ready to draw blood for a national emergency if such should again arise. It should also be kept in mind that in such a future emergency that local facilities might be used at the military installations in Pierce County to the exclusion of Red Cross mobile operations from distant points such as Portland.

A new endeavor has been launched in the form of a bus, renovated to operate as a truly Mobile Blood Bank. In this unit blood donations can be made at places of business, factories, etc. As far as can be ascertained, this type of operation has not been tried before in this country. The success of this work can be measured in the amount of blood obtained, as given below, but must also be considered in the intangible form of the advertising obtained as the bus is driven through the streets and is in operation at a location. Units of blood obtained on the Bloodmobile in the first six months

ROSTER CHANGES

BROWN, WILLIAM C. General Practice—Wednesday Office, 10011 Gravelly Lake Drive.....	LA 4433
AMERSON, WALTER C. Home, 6600 Flanigan Road.....	HA 6228
BOUFFY, JAMES P. Office, 913 Kincaid, Sumner.....	Sumner 3-4474
BOYD, WALLACE Home, 703 4th S.W., Puyallup.....	Puyallup 5-6336
BRVIN, MICHAEL J. Office, 10011 Gravelly Lake Drive.....	LA 4433
AMES, FRANK H. Home, 172 Lake Louise Drive.....	LA 4848
LUM, FRANK Eye, Ear, Nose and Throat, Neurosurgery Office, Lakewood Center.....	LA 9292
ERRY, BENJAMIN 604 9th Avenue, Rochester, Minnesota	
ICH, RICHARD J. Office, 10011 Gravelly Lake Drive.....	LA 4433
KINNER, LAWRENCE Office, 10011 Gravelly Lake Drive.....	LA 4433
LANDEVILLE, JACK Home, 8823 South 36th.....	SK 4568

of operation total 2,049. From the auditors account this would be an expense of about \$6.76 per unit.

The use of liquid pooled plasma has dropped markedly due principally, no doubt, to the fear of transmitting homologous serum jaundice. The product as dispensed by the Blood Bank has been found to be essentially free of this danger, however. Previous information received is corroborated in an editorial in the Journal of the American Medical Association, January 9, 1954. It is to be anticipated that this product will be used more frequently, particularly in cases of hypoproteinemia and shock.

A supply of fibrinogen fraction of plasma is now carried by the Blood Bank as well as serum albumin. This is done as a public service and the Blood Bank passes on to the hospitals and patients the savings made by buying these products in large amounts at wholesale prices.

As noted in the financial statements sent monthly to the Members of the Board, the mortgage has been paid in full as of July, 1953. This loan of \$44,500 from the Labor Temple Corporation was paid back in twenty-two months from the date taken out. Any surpluses of moneys in the later months of 1953 have been used in purchase of much needed refrigeration space and finishing items of interior decoration on the building. It is not to be anticipated that income will continue at such a high level since the lapse of the contract for Armed Forces Blood. A detailed financial statement has been prepared by Racine and Knight, Certified Public Accountants, and is attached hereto.

Your Director is thankful to the Board of opportunities for service in the Blood Bank field that will I trust be reflected in better work for the Tacoma-Pierce County Blood Bank. I have been reappointed to the Governing Council of the American Association of Blood Banks and will also serve as President of the Washington State Blood Bank Association in 1954.

	WHOLE BLOOD		PLASMA
	Total Donations	Units Used in Pierce County	
		Hospitals	Units Used
1953	9,061	6,025	69
1952	10,349	5,164	82
1951	5,389	3,149	111
1950	5,158	4,598	194
1949	5,499	4,931	252
1948		4,061	138

Summary of cost accounting over the past four years is as follows:

	Cost per unit	Net income
1950	\$8.73	\$1.88
1951	7.19	3.80
1952	5.89	2.81
1953	7.84	3.33

DR. MURPHY TO PRESENT PAPER

Dr. Robert Murphy is going to the Orthopsychiatric convention in New York for the week of March 8th. He will present the results of a two year research study of three brothers who have almost identical autistic childhood psychoses.

THE PIERCE COUNTY MEDICAL SOCIETY MILITARY FAMILY HOSPITAL FUND

There was begun in October 1942, a fund for the paying of hospital bills for doctors' families, while the doctor is serving in the armed forces. This fund was subscribed voluntarily, by those doctors not in uniform, by a voluntary monthly assessment of \$2.00. Contributions were discontinued January 1, 1944, by which time \$2,800 had been raised. The last bill was paid in August, 1946. There has been paid \$1,148.87 in hospital bills. The balance has accumulated interest, until the fund now amounts to \$1,981.24.

The family of any doctor in the armed services, incurring hospital expense will be re-imbursed, if they will send the receipted hospital bill to the Military Doctor's Hospital Fund, in care of Dr. Burton A. Brown, Medical Arts Building.

MY HOW TIME FLIES . . .

20 Years ago—

Dr. C. V. Lundvick was elected new president of the Tacoma Rose Society.

15 Years ago—

Drs. Wright and Plum were elected to membership. Dr. Christian Queveli gave a very entertaining as well as searching paper on "The Neuroses as Seen Through the Eyes of the Internist," in which he drew attention to the fact that approximately 65 per cent of the internist's practice deals with neuroses primarily or combined with organic or autonomic nervous system disease. He gave several interesting and practical suggestions as to treatment, reminding us that there is a greater amount of neurosis among professional men than among others and closing with the quotation "Physician know thyself."

10 Years ago—

Sig Herrmann was one of the fortunate few who won a trip on the British airplane carrier to Vancouver, B. C. They were royally entertained on the trip and in Vancouver. . . . Darrell Running was given a medical discharge from the army and returned to practice. . . . Marshall Whitacre finished his Cook County internship and was in the army at Camp Barkley, Texas. . . .

5 Years ago—

Barbara and Joey Lasby welcomed a baby sister, Michele Agnes on January 19th. . . . Ruth Light reported a very happy vacation in California. . . . Merle and Dr. Herrmann left on February 18th for a two week's stay in San Francisco. . . .

FROM DR. JOSEPH KANE

Palo Alto, California
February 6, 1954

Thank you for the invitation to the grand party. I'm sorry I can't be there to mingle among the young doctors and their lovely wives—and perchance a couple or two medievalists from the dark ages when I made merry.

I have been in Palo Alto since before Christmas and shall remain here a few weeks longer.

DO YOU GET DUPLICATE AMA JOURNALS?

As you know, your \$25.00 annual A.M.A. dues entitles you to a year's subscription to the Journal of the A.M.A.

In addition to this publication, the A.M.A. also publishes the following eight specialty journals:

- American Journal of Diseases of Children.
- Archives of Neurology and Psychiatry.
- Archives of Dermatology and Syphilology.
- Archives of Surgery.
- Archives of Ophthalmology.
- Archives of Pathology.
- Archives of Internal Medicine.
- Archives of Industrial Hygiene and Occupational Medicine.

If you would like one of these specialty journals instead of the J.A.M.A. which you are now receiving, write to the Subscription Department of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, and tell them of your preference.

We repeat this information because it has come to our attention that two journals often come to the same office when two A.M.A. members share office space. If you object to this duplication, we suggest that one member change his subscription to one of the above journals.

ANNUAL DINNER-DANCE A SUCCESS

The annual dinner-dance of the Pierce County Medical Society and Women's Auxiliary was held Saturday, February 13th at the Tacoma Golf and Country Club. This formal affair has become increasingly popular through the years, and attendance exceeded that of any previous year.

Of particular enjoyment was the introduction of local talent from within the Society, Dr. Leo Scheckner, baritone, and Drs. Wicks, Durkin, Ferguson and Zimmerman, barber-shop quartet par excellence.

A hearty thanks to entertainment chairman Bob Ferguson and his hard working committee members, Sam Adams, Bob Brooke, John Gullikson, George Moosey and John Whitaker for a very enjoyable evening. Particular thanks is due Mrs. Joyce Murphy, our Society Secretary and librarian, for her efficient help in handling ticket sales. You may look forward to the next medical society program in the form of the doctor-lawyer banquet and the spring golf tournament and fishing derby.

RESEARCH IN CARDIOVASCULAR DISEASE

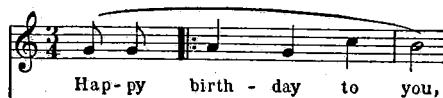
Announcement was made this week that grants will be awarded for research in cardiovascular disease by the Washington State Heart Association.

Dr. Herman G. Korey, chairman of the Association's committee on research, said that applications must be submitted no later than April 1. Awards will be made for the year beginning July 1, 1954, and ending June 30, 1955.

Application blanks and further information may be obtained from the Heart Association Office, 5100 Agrade Building, Seattle.

HAPPY BIRTHDAY

C



Hap - py birth - day to you,

MARCH

- 4 LOUIS ROSENBLADT
GOVNOR TEATS
- 5 HOWARD PRATT
- 6 EDWARD McCABE
- 7 JOHN ERICKSON
- 9 ROSS McPHAIL
- 11 J. EDMUND DEMING
- 15 BRYCE BETTERIDGE
- 18 ROBERT O'CONNELL
- 20 FRANZ HOSKINS
ALBERT SAMES
- 22 CHARLES MARSHALL
- 24 ROBERT CRABILL
- 25 GERALD KOHL
- 26 ROSS WRIGHT
- 28 CLAUDE WISEMAN
- 31 FREDERIC PAINE

SOCIETY FOR CRIPPLED CHILDREN

The Washington Society for Crippled Children and Adults is now providing counselling service for parents of blind babies and pre-school children in King and Pierce Counties, according to an announcement from Bryan Hankins, the agency's director.

Doctors in King and Pierce Counties wishing to make this service available to their patients may refer them to Mrs. Constance Pierce, Counselor, at EL. 6681.

Physicians in counties other than King and Pierce may obtain a similar service by writing to Mrs. Esther Skeels, Division for the Blind, Department of Public Assistance, Olympia.

It has been found that counselling is most beneficial to families as soon as possible after the diagnosis has been told them.

YOUR DOCTOR SPEAKS

Thursday, 7 p.m., KTNT

- March 4—"Alcoholism and Problem Drinkers," by Edwin Fairbourn.
- March 11—"Communicable Diseases," by Dr. Charles Arnold.
- March 18—"Acute and Chronic Coughs," by Dr. Samuel Adams.
- March 25—"Sprains and Bursitis," by Dr. Wayne Zimmerman.

DOCTOR—PLEASE NOTICE

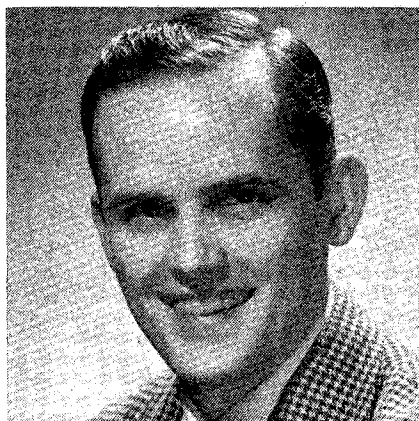
Frequently the Society Office learns via the "grapevine" of the change of address of one of our members. In order to keep our records straight, will you please complete the following if you have changed your telephone number or address in the past year:

CHANGE OF ADDRESS

Name _____ New Address _____
Old Address _____ New Phone No. _____

New Members . . .

ELECTED AT THE REGULAR MEETING OF THE SOCIETY, FEB. 9, 1954



JERRY J. DRAGOVITCH, M. D.
Eye, Ear, Nose and Throat

Born January 7, 1919 at Everett, Washington. Graduated from Marquette Medical School, 1945. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on January 14, 1946. Previous place of practice, Everett, Washington. Recommended by Drs. Wahlberg and Lee.



JOHN D. ERICKSON, M. D.
General Practice

Born March 7, 1923 at St. Maries, Idaho. Graduated from Hahnemann Medical College, 1951. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on August 1, 1952. Recommended by Drs. Meier and Banfield.

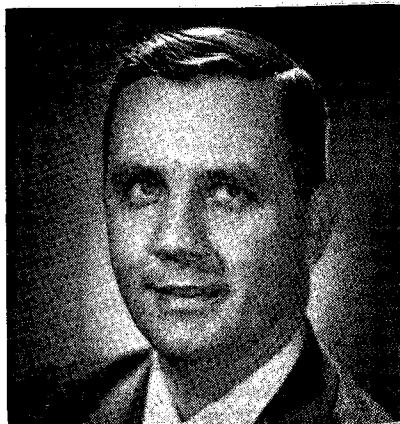
RODNEY BROWN, M. D.
General Practice

Born January 19, 1925 at Puyallup, Washington. Graduated from the University of Washington, 1952. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on August 1, 1953. Recommended by Drs. Florence, Gibson and Nace.



JACK J. ERICKSON, M. D.
General Practice

Born June 8, 1920 at Salt Lake City, Utah. Graduated from University of Utah College of Medicine, 1951. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on August 1, 1952. Previous place of practice Auburn (King County) Washington. Recommended by Drs. Fargher and Vimont.



WAYNE FUNK, M. D.
Psychiatry

Born April 24, 1922 at Sedan, Kansas. Graduated from Kansas University School of Medicine, 1947. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on July 12, 1948. Previous places of practice: Residency training at VA Hospitals in Waco, Texas and Framingham, Massachusetts (Psychiatry). Two years in the Medical Department of the United States Air Force. Recommended by Drs. Kass and Robert Murphy.

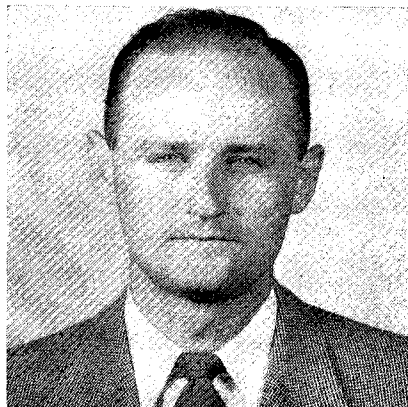


FRANZ P. HOSKINS, M. D.
General Practice

Born March 20, 1915 at Sioux City, Iowa. Graduated from the University of Washington, 1951. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on August 1, 1952. Previous place of practice, Children's Clinic, Seattle. Recommended by Drs. Bonica and Vadheim.

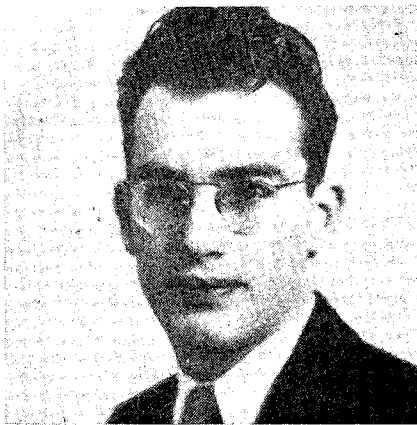
HAROLD B. JOHNSTON, M. D.
General Practice

Born April 21, 1924 at Aberdeen, Washington. Graduated from the University of Texas Medical School, 1949. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on August 1, 1952. Previous place of practice, United States Army Medical Corps. Recommended by Drs. Max Thomas and Kemp.



HAROLD D. LEUKEN, M. D.
Obstetrics, Gynecology and Surgery

Born June 10, 1917 at Vancouver, Washington. Graduated from the University of Michigan, 1946. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on January 19, 1948. Previous places of practice, Vancouver, Washington; Ann Arbor, Michigan (residency); Army—two years. Recommended by Drs. Jones and Kohl.



THEODORE SMITH, M. D.
Internal Medicine

Born November 26, 1921 at Stamford, Connecticut. Graduated from the University of Washington School of Medicine, 1946. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on January 28, 1953. Previous places of practice, Scott and White Clinic, Temple, Texas; USAF Hospital, Randolph Field, Texas. Recommended by Drs. Bastin and Yoder.

STANLEY TUELL, M. D.
Surgery

Born December 9, 1918 at Tacoma, Washington. Graduated from Northwestern University Medical School, 1944. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on August 13, 1946. Previous place of practice, Ritzville, Washington (Adams County). Recommended by Drs. Buttorff and Kittredge.



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INSTRUMENTS

WOMAN'S AUXILIARY

To The Pierce County Medical Society

Meeting Place Changed

The place of the March 19th meeting of the auxiliary will be changed. Because the Murray Johnsons plan to be in Mexico at that time, the meeting will be held at the home of Mrs. William Hauser, 4141 Madrona Way.

Exchange students from the College of Puget Sound will be featured at the meeting. Laureen Sakugawa from Hawaii will dance and speak on classic Hula and native dances. Paul Hang will speak, probably of Singapore, Malaya, which is his home.

Whether or not to include the cost of subscriptions to "Today's Health" in membership dues next year will be considered by the membership.

Hostesses for the 12:30 luncheon will be Mrs. Robert Gibson, chairman, Mrs. Robert Lane, co-chairman, Mesdames Lawrence Brigham, Douglas Buttorff, Edwin Fairbourn, E. Johnson, Harold Kahler, Charles Kemp, Hugh Larkin, W. Peterson, R. Rich, Justin Schwind, John Sheppard, Warren Smith, Max Thomas, John Whitaker, Thomas West, Don Willard, and Ross Wright.

State Officers Entertained

Officers of the State Medical Auxiliary were guests at the February meeting at the Rademaker's spacious home. Mrs. A. George Hanson of Seattle, president, and Mrs. L. A. Campbell of Olympia, state president-elect, both spoke of the auxiliary's aims and activities and complimented the Pierce County group on their projects, particularly legislative and nurse recruitment.

Guest speaker, Mrs. Gail Clark, was both charming and informative in presenting "Color Harmony in Your Garden." She gave valuable tips and suggestions in planning desired garden effects, use of native shrubs, choice of evergreens for permanent plantings and flowers for year-round color. Both novice and experienced gardeners took notes while they listened.

State public relations chairman, Muriel Nelson, reported that she has contacted all county chairmen in Washington, encouraging all public relations committees to cooperate with *Today's Health* committees in concerted effort to sell more subscriptions.

"*Today's Health* is our educational program," stated Muriel, "and we should make every effort to get the magazine into homes, schools, beauty parlors, barber shops, and clubs." She suggested that younger groups, such as Future Nurse Clubs, might sell subscriptions for money-making projects. She has extra free samples now to be passed on to possible subscribers.

Muriel is presently working with the Spokane auxiliary in plans for development of their television program on medical topics.

Puyallup Future Nurse Club

(Fourth in series describing club activities)

Puyallup High School has the oldest Future Nurse Club in Pierce County. A year ago January

Officers for 1953-1954

President	Mrs. S. R. Lantieri
President Elect	Mrs. Eugene Hanson
First Vice President.....	Mrs. George S. Kittredge
Second Vice President.....	Mrs. Joseph B. Jarvis
Corresponding Secretary.....	Mrs. William C. Brown
Recording Secretary.....	Mrs. Haskel L. Maier
Treasurer.....	Mrs. Elmer W. Wahlberg

Chairmen of Committees

Membership	Mrs. Hugh F. Kohler
Co-Chairman, Mrs. Robert Ferguson	
Publicity, Press.....	Mrs. Arnold J. Herrmann
Bulletin, Mrs. Charles McGill	
Program.....	Mrs. G. M. Whitacre
Co-Chairman, Mrs. Lester S. Baskin	
Social.....	Mrs. Scott S. Jones
Co-Chairman, Mrs. S. F. Herrmann	
Telephone	Mrs. John R. Flynn
Co-Chairman, Mrs. Robert Bond	
Blood Bank.....	Mrs. Gerald G. Geissler
Legislative.....	Mrs. S. E. Light
Co-Chairman, Mrs. Joseph B. Jarvis	
Today's Health.....	Mrs. L. E. Skinner
Public Relations.....	Mrs. J. Robert Brooke
Co-Chairman, Mrs. William C. Brown	
National Bulletin.....	Mrs. George S. Kittredge
Civil Defense.....	Mrs. G. A. Mosey
Speakers' Bureau.....	Mrs. John F. Steele
Rummage Sale.....	Mrs. Govnor Teats
Co-Chairman, Mrs. Murray L. Johnson	
Nurse Recruitment.....	Mrs. Thomas B. Murphy
Co-Chairman, Mrs. John Bonica	

the club was organized with Edith Scheyer as advisor and Evelyn Sturdevant as her assistant, after months of planning by the medical auxiliary committee, chaired by Ruth Murphy.

Of the 35 active members more than two-thirds are upper classmen who are considering nursing as their career.

After Miss Katherine O'Connor from the United States Tacoma Indian Hospital spoke to the Club early in the fall, the girls decided to take service at that hospital as their project. They have been in to read to the children on the pediatrics floor and at Christmas time they presented a program and left books for the children. A Valentine party has also been planned for patients.

A tour of the hospital facilities of Puyallup is planned for this month. Several of the senior girls are employed as nurses aides at the Lutheran Minor Hospital.

* * *

Our Future Nurse Club program is gaining recognition throughout the state. On February 19th Ruth Murphy, Jo Kohler, and a Lincoln high school club officer led a panel discussion at the Washington State Nurses' association in Seattle, explaining how the clubs have been organized and how they function.

* * *

Our president is scheduled to tell about our nurse recruitment program at the State Board meeting in Seattle, February 26th, of all county presidents and presidents-elect.

Swimming Given to Student Nurses

Student nurses of both hospitals again have free swimming classes at the Y.W.C.A. because of the annual gift from the Pierce County Medical Auxiliary. The \$50 which we pay the Y.W.C.A. provides for a weekly plunge for any or all student nurses for at least three months. Those who cannot attend the nurses' class Thursday night may swim at other scheduled plunges.

This is the fourth year the auxiliary has made the gift of recreational swimming to the students at Tacoma General and St. Joseph.

* * *

Those who volunteered to be on call at the Blood Bank during February are: Dorothy Maier, Lenora Goodson, Hilda Lantiere, Oleva Jones, and Ruth Light.

* * *

The nurse recruitment committee of our auxiliary attended a no-host dinner at the University-Union Club March 3rd.

* * *

The Everett Nelsons recently flew to Tuscon, where they rented a car to drive to Guaymas, Mexico, on the Gulf of California. They reported a delightful drive and sunny weather.

* * *

The Walter Sobbas have a new baby—a boy after three girls. Ann is on the telephoning committee.

* * *

The R. W. Osbornes have a fourth boy (Evelyn is one of the four Herrmann girls). The baby, David Ross, born February 9th, is Merle Herrmann's 9th grandchild.

* * *

The annual party given us by our doctor-husbands was a most enjoyable affair. Nice to have talent within our profession.

* * *

The MacRaes (Oza), who have moved to Allyn since the doctor's retirement, report that their family enjoys living on the water after years in Tacoma.

* * *

News of the Mandevilles: a baby girl born just two days before Christmas and a move from Tacoma Avenue to 8623 So. 36th. The doctor has been rabbit hunting in the San Juans with his bow and arrows.

* * *

Lela Robson invited a number of the doctors' wives to a buffet luncheon at her home to meet Mrs. Michael P. Goodson, who has recently come here from England. Dr. Goodson is practicing neurology with Dr. Robson.

* * *

Another son of a Tacoma doctor attending medical school is Paul Smith, Jr., who is in his first year at Stanford Medical. He is the third doctor's son preparing to follow his father's footsteps that we know of in Pierce County. Are there others?

* * *

The Robert Burts had a baby boy, their third child, born January 5th in Rochester, Minnesota,

where Dr. Burt is completing his third year of residency in surgery at the Mayo Clinic. The family will return to Tacoma this summer.

* * *

Kay Wright, who is National Defense chairman for Washington State D.A.R., has been speaking to various groups of Americanism and the Bricker amendment. She has spoken to about a dozen audiences, including some in Seattle, Olympia, and Vancouver.

* * *

Attending the Disaster Preparedness Workshop at the Salishan Center March 6th will be Civil Defense Chairman Janet Moosey, Gladys Hanson, Hilda Lantiere, Betty Maddison, and Edith McGill.

* * *

Kay Herrmann has been ill—"up and down" she says, for several weeks.

ANSWERS

What Do You Remember About?

(Continued from Page 2)

- In the first twelve to forty-eight hours post-operatively, renal function is depressed in degree proportionate to the magnitude of the operative procedure; sodium chloride and water are retained within the extracellular compartment.
Bland, J. H.: Clinical Use of Fluid and Electrolyte, W. B. Saunders Co., Philadelphia, 1952.
- Diverticula of the stomach are comparatively rare. Rivers, Stevens, and Kirklin reported that only 10 were removed in 11,234 exploratory operations on the stomach at the Mayo Clinic.
Welch, C. E.: Surgery of the Stomach & Duodenum, Year Book Publishers, Inc., Chicago, 1951.
- It is the base available to neutralize any acid entering the system from without or from within through metabolic changes. It includes base in inorganic and organic combination in the tissues and tissue fluids as well as the blood stream.
Review of Physiological Chemistry, 2nd Ed., University Medical Publishers, Chicago, 1944.
- It may include abdominal-perineal rectal resection, bilateral iliac and obturator node dissection, and bilateral groin dissection in continuity.
Pack, G. T. and Baldwin, J. C., American Journal of Proctology, 4, Dec. 1953.
- The total survival of a group of 261 women at five years after operation was 34 per cent.
Shimkin, M. B., et al., Cancer, 7, Jan. 1954.
- It may be due to edema secondary to an active ulcer, spasm of the duodenum adjacent to the ulcer, scar tissue formed in the healing of the ulcer, or a combination of all three of these factors.
Roth, H. P., Annals of Internal Medicine, 40, Jan. 1954.

Library Corner . . .

The library is still in need of 1953 copies of *Northwest Medicine* for exchange purposes. Also needed are 1953 copies of the *Western Journal of Surgery, Obstetrics and Gynecology*.

At the February 9th meeting of the Board of Trustees it was voted that Mr. White of the Tacoma Public Library be instructed to proceed with revision of the library cataloguing system. The original Dewey Decimal Classification System which was never suitably adapted to medical literature will be replaced by the Library of Congress system. Thanks to the help of the Library Committee and assorted specialists, literature not worth cataloguing has been culled. Those books old or rare enough to be of value are being sold with the aid of Mr. White.

Another innovation recently completed is the painting of the library walls. The green has now been replaced by a grey-blue. A nice change!

Books Received February, 1954

1. *Vaginal Infections, Infestations and Discharges*, by Bernstine and Rakoff.
2. *Textbook of Gynecology*, by Brewer.
3. *Manual of Gynecology*, by Taylor.
4. *Diseases of the Retina*, by Elwyn.
5. *The Esophagus and Its Diseases*, by Palmer.
6. *Physiologic Therapy for Obstructive Vascular Diseases*, by Starr.
7. *Surgical Practice of the Lahey Clinic* (1952 edition).
8. *Textbook of Medicine*, by Cecil (8th edition).
9. *Unipolar Electrocardiogram*, by Barker.
10. *Textbook of Bacteriology*, by Zissner.
11. *Psychoanalytic Theory of the Neurosis*, by Fenichel.
12. *Diseases of the Metabolism*, by Duncan.
13. *Clinical Biochemistry*, by Canatrow and Trumper.
14. *Child Psychiatry*, by Kanner.
15. *Heart Disease in Pregnancy*, by Jones.
16. *Circulatory Dynamics*, by Wiggers.
17. *Emotional Problems of Living*, by Pearson and English.
18. *Diseases of the Nervous System*, by Brain.
19. *The Kidney*, by Homer Smith.
20. *Textbook of Clinical Neurology*, by Wechsler.
21. *Clinical Hematology*, by Wintrobe.
22. *Surgery of the Pancreas*, by Cattell & Warren.
23. *Clinical Auscultation of the Heart*, by Levine and Harvey.
24. *Thoracic Surgery*, by Sweet.
25. *The Clinical Use of Fluid and Electrolyte*, by Bland.
26. *Physical Examination of the Surgical Patient*, by Dunphy and Botsford.
27. *Hypertensive Diseases—Causes and Control*, by Schroeder.
28. *Diseases of the Endocrine Glands*, by Soffer.
29. *Clinical Parasitology*, by Craig and Faust.
30. *Annual Review of Physiology*, Edited by Hall.
31. *Nash's Surgical Physiology*, edited by Blades.
32. *Peripheral Vascular Diseases*, by Collens and Wilensky.

33. *Clinical Roentgenology*, by De Lorimer, Moehring and Hannon.
34. *Roentgen, Radium and Radioisotope Therapy*, by Delario.
35. *Office Orthopedics*, by Cozen.
36. *Principles and Practices of Rehabilitation*, by Kessler.
37. *Comroe's Arthritis*, by Hollander and Collaborators (5th edition).
38. *Physiology*, by Main and Richardson.
39. *Yearbook of General Surgery*, 1953-1954.
40. *Yearbook of Medicine*, 1953-1954.
41. *Yearbook of Obstetrics and Gynecology*, 1953-1954.
42. *Yearbook of Pediatrics*, 1953-1954.
43. *Clinical Management of Behavior Disorders in Children*, by Bakwin and Bakwin.

Re: Periodicals. The following periodicals have been added to the Library:

1. *Anesthesiology*.
2. *Journal of Criminology and Police Science*.
3. *Journal of Pathology and Bacteriology*.
4. *Proceedings of the Royal Society of Medicine*.
5. *Pediatric Clinics of North America*.
6. *Proceedings of the Society for Experimental Biology and Medicine*.
7. *Lahey Clinic Bulletin*.
8. *British Journal of Urology*.

BOOK REVIEWS

HOLT PEDIATRICS

This is the Twelfth Edition of this standard Pediatric text. It was published in the fall of 1953, by Appleton-Century-Crofts.

The co-authors are: L. Emmett Holt, Jr., Professor of Pediatrics, New York University College of Medicine, and Director, Children's Medical Service, Bellevue Hospital; and Rustin McIntosh, Carpenter Professor of Pediatrics, Columbia University, and Director of the Pediatric Service in Babies Hospital. In addition, there are 72 contributors including Doctors George Thorn, Helen Taussig, Lawson Wilkins, Daniel Darrow, John Caffey, Hattie Alexander and Joseph Stokes. All are specialists in their respective fields.

A new edition of this Pediatric classic has long been overdue. The last one was published in 1941. This edition has been completely rewritten and new pictures, charts and x-ray reproductions are included.

I know that Doctors Holt and McIntosh reviewed all of the manuscripts carefully. Having experienced Dr. McIntosh's restrained and thoughtful criticism, I knew the book would be intelligently written and well integrated. One does not get the impression of several short monographs collected in a large book, despite the multiple authorship.

I have always been unable to understand how one reviews a fifteen hundred page text. Obviously, I cannot study every page. I tried sampling here and there and picked some sections which I thought would be interesting or that I needed brushing up on. As with every medical text, some sections on treatment are obsolete even before they leave the printer. In the treatment of some diseases when lesser known drugs are mentioned, specific dosage

schedules are neglected, making necessary reference to original articles. This is unfortunate.

I enjoyed the first chapter on the general care of young infants. The section on adolescence with the description of hormone development in both sexes with normal and pathological development is superb. In writing of the onset of menses, the author states that the time of onset may be predicted more accurately from bone age than from chronological age. He states that the menses occur within two years of the time of the appearance of the sesamoid at the distal end of the first metacarpal.

The chapter on the Biochemical Aspects of Early Life is interesting and discusses general principles. A detailed discussion of the therapy of diarrhea and acidosis is clearly presented in the chapter on diarrhea.

There are probably fewer charts and tables in this new edition. The ones that are included are more instructive. The grid for recording the weight of premature infants should be very helpful.

On the back covers are complete tables of body measurements, with standard deviations, from birth to seventeen years.

Holt's *Pediatrics* should be invaluable to the Pediatrician and General Practitioner, and an excellent reference work for other specialists.

—L. Brigham.

ARRUGA'S OCULAR SURGERY

With the help of many different members of the society, the library has been culling out the books which are no longer of any use to us and buying outstanding books in each specialty to the limit of its budget.

One of these outstanding books is "*Arruga's Ocular Surgery*," translated from the Spanish. It is a large, comprehensive volume starting with instruments and anesthesia and covering every conceivable type of eye operation from chalazion to keratoplasty. Every eye surgeon will do better surgery by frequently consulting this work, and the hundreds of beautiful illustrations which make it much easier to understand.

—I. A. Drues.

Memoirs . . .

(We are happy to present the second in a series of memoirs written by retired members of our society.)

Recently I received a letter from the executive secretary of the Pierce County Medical Society stating it was the desire of the editors of the Medical Society Bulletin to publish the memoirs of retired members.

It was stated that the article must be kept within certain limits, hence only the highlights of my career, together with some observations and opinions will be presented. With two or three exceptions my early life, which was quite normal in every respect, will not be gone into, since it would be of little interest to the reader. When about nine years of age, my father taught me the game of checkers, which was a very popular game in small towns at that time. At the age of thirteen I was called the champion player of the town. My hobby a little later was rifle shooting and I joined a rifle club. Rifle shooting at targets, especially around San Francisco bay, was one of the most popular sports of that period. The newspapers gave long and full reports of the scores of the different clubs. Practically all the shooting was at standard targets at a distance of 200 yards. There was no rest shooting; all was done off-hand and mostly on the German ring target, which had a twelve inch bull's eye with rings three-fourths of an inch apart. The center ring $1\frac{1}{2}$ inches in diameter and numbered 25. Next ring 24 and on down to one. The rifles used were mostly of thirty-two calibre, heavy and with long barrels. My best score for twenty consecutive shots, offhand, was 471. The target was saved and with a compass to measure the exact distance from the center of the bull's eye it was found that the 20 shots averaged one and three-fourth inches from the exact center. This was a California record and within two points of the world record.

While attending college in San Francisco, I did considerable boxing and was rated a very good boxer. A boxer from another college challenged me. I accepted. We went at it hammer and tongs. I gave him a left hand upper-cut to the chin and knocked him out. I was frightened. I did not want to kill anybody and never boxed after that.

In the year 1900 I entered Rush Medical College and graduated in 1904 when I became an interne in Cook County Hospital. My course in college was quite eventful. In one important examination with over 150 students, the teacher told me I had made the highest mark. At the University of Chicago Professor Donaldson asked me to be his assistant in his course of anatomy, mostly microscopic anatomy, of the central nervous system. I acted as his assistant for one term.

During my course at Rush I was presented with a medal and made a member of the Alpha Omega Alpha society. This is for scholarship.

I was very anxious to secure an internship in Cook County Hospital and entered a quiz class in preparation for the competitive examinations. Students of Northwestern Medical and University of Illinois were doing the same. There were 28 positions to be filled. A large number of graduate students took the three day examination. Most of the clinicians at the hospital were professors of the medical colleges. One of the excellent features were the large numbers of autopsies held by the teachers of pathology. In the examinations Dr. Rendleman made the highest, I made the fourth highest and Dr. Kellogg Speed the fifth. We four, all graduates of Rush, occupied the same room the whole time we were internes. Dr. Phemister later became one of the faculty at Rush and finally head of the department of surgery. Dr. Speed likewise became one of the faculty of Rush and one of the leading orthopedic surgeons of the United States.

I passed the state examination to practice in the state of Illinois. In 1906 I moved my family, wife and two children to Tacoma where I took the state

examination. I also went to Portland, Oregon, and took the state examination which was an unusually stiff one, lasting three days. Two weeks after I returned to Tacoma I received a very nice congratulatory letter from the Oregon state board secretary stating that my ninety-three and a half percent mark was the highest. The secretary said 65 percent failed to pass. The 35 percent that passed were mostly from Eastern colleges.

In Tacoma I did a general practice up to 1914 though most of my work was surgical. In November, 1914, I became a member of the American College of Surgeons and thereafter did nothing but surgery up until the time I retired in October, 1932. I was fortunate in having about as much work as I could handle. During a busy period I had twenty-one operative cases in St. Joseph's Hospital at one time. One day I remarked to my nurse, Miss Nora Williams, a graduate nurse of St. Joseph's who was not only my office secretary but my first assistant in all my operations for thirteen years, that it had been quite a while since we had a death following an operation. She said she would carefully examine our records. We kept accurate and full records of all cases and we found to our surprise that I had performed one hundred and forty consecutive major operations without a death besides a large number of minor operations, especially tonsillectomies. I reported this result at a special meeting of the medical society at St. Joseph's Hospital, classifying the operations and giving the numbers of each. Dr. Horace Whitacre remarked that was a record for Tacoma up to that time.

I did many tonsillectomies and in preparation for a meeting of the state Medical Society Dr. Charles Hunter, who was on the program committee, asked me to hold a tonsillectomy clinic. I had done two operations on members of his family. I told him some of the specialists might object and one or two did. I accepted.

There were sixteen children gathered at St. Joseph's Hospital for a free operation. Between 8:00 a.m. and noon I operated on all of them under ether. I used the Sluder method which is bloodless if expertly used. I had no bleeding whatever in a single case and every tonsil came out whole. Of course there was the usual bleeding from removal of the adenoids.

I have never split fees. I have operated on a number of physicians and a good many members of physicians families. In 1929 I built my present home on Madrona Way, a street one block long with eleven homes. It is somewhat noteworthy in that in the past five or six years seven heads of families have died but not one woman has died. It might be called "Widow's Row."

I retired from practice in October, 1932, and have never regretted it since I found plenty to occupy my mind and hands.

Following world war one, there was a bear market in stocks, beginning in 1921. I pondered the situation for some time and finally concluded it would be profitable to purchase high grade stocks like U. S. Steel, American Telephone and Atchison R.R. and others and hold them for a bull market which I was confident would develop in a few

years. I bought a large number of stocks on margin and held them until 1928 when the stock average was very high. I then sold half of them at a handsome profit. I sold the other half in the last week of September, 1929, when the stock average reached the highest level ever known—before or since.

Now as to how I have spent my time since retiring. I was very fond of billiards and had a 5 x 10 billiard table placed in a large basement room especially designed for it. Dr. Edwin Janes lived near by and he used to come over once a week for an evening at the game. Gardening was another diversion. Driving the automobile was of much interest. Since 1909 I have owned eleven autos and have never had an accident, but my son had one with my machine. My wife's hobby is driving and in over thirty years of almost daily driving she has never had an accident. Up to the present time we drive down town and she visits friends or goes to a show while I spend a couple of hours at the Elks Club, which I find an excellent place to loaf. I am very fond of reading and have quite a large library. We take two newspapers and five magazines. I have read aloud to my wife over one hundred books which provides mutual interest and instruction. I have read, since retiring, over one hundred and fifty books—history, travel, geology, astronomy, philosophy, religion, etc. I have read the Bible from cover to cover but am still a Unitarian in thought. I have eliminated all my comments on books since I was informed by the Bulletin management that my article was too long.

Two other subjects have been of special interest to me. My father, a physician, was much interested in hypnotism, studied it diligently and read all available literature and thought he had become rather proficient in it. Finally he tried it several times in minor operations. It failed completely and he gave it up in disgust. Many years ago a professional hypnotist came to Tacoma and gave one week of two performances daily at a local theatre. He had large audiences and I attended one show. A young man who travelled with the hypnotist was not well and came to me for an examination and treatment. He was bright and well educated. I gained his confidence and upon my promise not to reveal what he would tell me, he fully unburdened himself of all he knew about hypnotism. He said there was a group of young men in an Eastern state gathered together by the hypnotist who gave them a course of special training before starting out on a tour of the United States. They were stooges. Always when volunteers were called for one of the stooges, seated in the audience, would go up with the volunteers. Always the main feature was by the stooge. He would be put to sleep(?) and rendered helpless by being thrown into a cataleptic state. Two chairs were placed some distance apart, the heels on the back of one chair and the back of the neck on the other, the face turned a little toward the audience so the expression could be seen. He would press downward on the body which seemed rigid. Long hat pins would be thrust through the legs and arms and yet the face showed no expression of pain. I asked him if he felt any pain and he said, "Just

the same as you would right here." "Were you really hypnotized?" "No, I do not nor do any of the stooges." He said many people believe in it and for that reason it is profitable to exploiters and profiteers.

The Kinsey book on the sex life of the human female has been of much interest to me. I have read some of the book and most of the long magazine articles on the subject and, strange to say, not one has mentioned the main and basic factor in this subject. This is due, I think, to the Biblical teaching that man is created in the image of God, hence is essentially different from all animals. The main factor is that we are mammals and closely related, anatomically and physiologically, to the higher mammals. Darwin's theory of evolution is almost universally accepted by scientists. The male of most of the higher mammals is nearly always ready to function. While the female is ready for a sexual union only at long intervals. To a considerable extent, my surgical practice was in the department of gynecology and I had a good opportunity to learn a great deal about the sex life of women. Married women, to a considerable extent, deliberately deceive their husbands because they realize that if they do not please them the man in many instances, will be discontented and may wander. From my investigations I would estimate that about forty percent of all women are sexually frigid.

Some remarks on longevity. Many factors are involved, but my observations lead me to the conclusion that heredity is the chief one. Recently I met a prominent business man and an old friend who remarked that he had just had a birthday—he was sixty. He said that so far as he could learn he was the first one of his name to ever reach the age of sixty. A number of years ago I met an old friend, a physician whom I had not seen for a long time. He looked well and when I inquired as to his health he said it was good; that he had no physical trouble that he knew about. Pretty

soon he looked me in the eye and said—"I won't be alive much longer."—He was about 55 years of age. "You just told me your health was good." "Well, I had four brothers and a sister and they were all dead before reaching the age of sixty from arterial degeneration." In about two years he died from a heart attack.

My forebears were long lived. My mother and father both reached the age of 84 and only three months ago my sister passed on at the age of 93—almost 94. Mother's people were long lived, one brother reaching the age of 90. Father dabbled in politics when about the age of 60 and was elected to the State Legislature in California from Stockton. On one occasion he rose to speak and enumerated the given names of his brothers and half brothers and sisters and half sisters. Including himself, there were nineteen brothers and seven sisters. They lived on a large farm in western Illinois. Father was one of the youngest. He said nearly all of them lived to a good old age. My wife's people likewise were long lived—Father 80, Mother 86, and one of her father's brothers, 90.

My wife and I have lived a happy life with never any serious differences and I think I could not have selected a more desirable mate. We are proud of our two children. A son living here has been successful in business and owns a fine home and has three children. His wife is prominent in musical circles and in the Unitarian church. Our daughter lives in Seattle. She and her husband graduated in the same class at the University of Washington. She is a Phi Beta Kappa and has twice been elected president of the Ladies Musical Club of Seattle. Her husband, Dr. Erroll Rawson, about four years ago, was voted the outstanding general practitioner of Seattle and King County by the King County Medical Society.

November 30, 1953, I reached the age of 83. My wife and I are still leading quite active lives.

—B. H. Foreman, M. D.

Hospitals . . .

PIERCE COUNTY

Associates of Dr. John L. Whitaker at Pierce County Hospital are hoping for a speedy recovery for him from his recent illness and that he will soon be able to return to his hospital duties.

* * *

A most delightful coffee and cake hour, arranged by Kathleen Tarum, head dietitian, and given in honor of Mrs. Jean Leavitt, was enjoyed by the hospital employees on February 12. Mrs. Leavitt, who is leaving on an extended leave of absence was showered with numerous parting gifts. Her duties as secretary to Dr. Brady will be assumed by Martha Beck McMeel. Mrs. McMeel was a former, valued member of the hospital office staff.

* * *

The Social Service department is boasting of the added number of baby girls that has swelled the ranks of the members. Mrs. Helen McKibbon has just returned from welcoming her grand daughter,

Helen (for Mrs. McKibbon), born in Eugene, Oregon, on February 10 to Mrs. McKibbon's son and daughter-in-law, Mr. and Mrs. David McKibbon. Mrs. Lou Hershey leaves Friday to meet her new grand daughter, Virginia, born February 19 in Portland, Oregon, to Mrs. Hershey's daughter and son-in-law, Mr. and Mrs. Frank Scioscia. Then, also, Mrs. Doris Shelton and Mrs. Pat Stevens of the Social Service office staff are receiving congratulations upon the arrivals of their daughters, Phyllis Shelton and Heide Stevens. "Women"—Necessary.

* * *

Gordon Krenzler, R.T., has completed his service with the United States Army and has returned to his position in the hospital x-ray department. Mrs. Eleanor Schwartz, R.T., who filled Mr. Krenzler's place during his absence, is accepting a similar position at St. Joseph's Hospital.

* * *

Mrs. Margaret Ayers and Mrs. Patricia Smith have lately joined the technician staff of the Laboratory.

* * *

Friends in the hospital housekeeping department will be interested in the engagement of Mrs. Pauline Lohan's grand daughter, Claudia Cochran to Ronald Grunert. There will be a June wedding.

* * *

Rachael Johnston has just returned from Kansas City where she was called by the death of her mother.

* * *

Friends of Florence Macomber, who has been with the Library Record Department of Pierce County Hospital for the past five years, regret her leaving to take another position with the Record Department of Doctor's Hospital. In appreciation of her services the personnel entertained her at a coffee hour on Friday the 19th. Gifts were presented to Florence by her many hospital friends with well wishes for her future success.

ST. JOSEPH'S

Sister Valeria, the administrator of our hospital, has announced that St. Joseph's will open a school for Medical Records Technicians September 1, 1954. This is a new field in hospitals and is open to high school graduates who are desirous of working in hospitals. As sufficient personnel is not available in the field of medical records work, the A.M.A. and the A.A.M.R.L. has approved this new program.

A very excellent curriculum is being planned for the coming year, consisting of Anatomy, Physiology, Medical Terminology, Sociology, Medical Records Library Science, Medical shorthand, Ethics and Psychology.

St. Joseph's Hospital is very fortunate to have a Registered Medical Records Librarian and an Assistant Medical Records Librarian.

This is a community service, as doctors and other health agencies will be benefitted by having adequately trained personnel with medical and secretarial backgrounds.

St. Joseph's Hospital has served the people of Tacoma for over fifty years and its good name is dear to all our people.

* * *

Our X-ray technicians attended the meeting of the X-ray Society at Tacoma General Hospital on February 3, 1954. Everyone enjoyed the talk of the evening given by Dr. Rigos.

* * *

A Valentine tea was given by the student nurses for all sisters and faculty members of the School of Nursing on February 14. A most enjoyable time was had by all.

* * *

At the meeting of District No. 3 of the Washington State Nurses' Association, Sister Evrard was appointed chairman of the Legislation Committee and Sister Barbara Ann chairman of the Committee on Constitution and By-Laws.

* * *

On February 8, 1954, Dr. and Mrs. Sobba and their three daughters welcomed a new member of the family. This time it was a baby boy, weighing 7 pounds and 5½ ounces. No need to say—everyone

was thrilled, especially the three little girls. Congratulations!

* * *

Sister Celine Magdalen and Sister Evrard attended the meeting of the Nurses' League at the University of Washington on February 19. They said it was very interesting, especially dinner at the Chieftain.

* * *

Dr. and Mrs. Larkin just returned from a two weeks' vacation in the Hawaiian Islands and reported to have had a wonderful time.

* * *

Dr. and Mrs. O'Leary went to Portland for a few days. Doctor attended an OB Convention there.

* * *

Some of our doctors and interns were seen at the piano concert of Leonard Pennario at the Temple Theatre on February 16. We hope everyone enjoyed it.

* * *

Our Business Office has been remodeled lately with new linoleum on the floor, painted walls, furniture, etc. It makes the department look very attractive.

VETERANS ADMINISTRATION

American Lake, Washington

A two-day regional meeting of the American Psychiatric Association at the University of Washington, was attended by several of our psychiatrists and psychologists.

* * *

Dr. Robert J. Sayer, who was with us for a six-month residency training period, has returned to the VA Hospital in Seattle.

* * *

Miss Florence Naske, Miss F. Muehlhauser and Mr. Robert Devroy, attended a two-day meeting in Portland for key members of the Nurse Professional Standards Boards from V.A. hospitals in the Western states. Mrs. Gertrude Abraham from VA Central Office conducted the discussions, which centered around problems encountered in the recruitment, assignment, promotion and counselling of nurses in the V.A.

* * *

Mrs. Verna McDougall, Instructor of Hospital Aides, and Miss Joann Prouty, Staff Nurse, attended the second in a series of institutes on Auxiliary Personnel in Nursing Service at the University of Washington February 18 and 19. This institute was concerned with the responsibilities of graduate nurses in orientation on-the-job training and in-service education for auxiliary personnel.

* * *

Mrs. Winifred Walker and Miss Mary Louise Troy are new on the nursing staff and are reported to be enjoying their work at American Lake.

* * *

Mr. Oscar Greenlee, our new Personnel Officer, has reported for duty, coming to us from the Veterans Administration Hospital, Walla Walla, Washington.

* * *

Mr. Carl Moe has recently joined our staff as a physical therapist. He has a long record of activity in this field, has worked at the Mayo Clinic and Tacoma General Hospital.

* * *

Mr. Sam Hewston, a graduate of the Pacific

Lutheran College, was recently enrolled at this hospital as a Corrective Therapist.

* * *

Mrs. Patricia DeFries, Physical Therapist, recently resigned in order to devote her time to her home and the new baby, which is expected soon.

Case Report . . .

Patient: Male, Age 68.

First Seen: March 1, 1945.

Died: September 6, 1953.

When this house painter was first seen, he was generally in good health but had numerous complaints. In 1946, he had a four-lead electrocardiogram done which was within normal limits.

In January, 1947, he had a sudden acute attack of severe epigastric and precordial pressure pain accompanied by nausea, dizziness, syncope and profuse sweating. Upon physical examination in the hospital, he had blood pressure of 92/60 and some bilateral basal rales posteriorly. PMI was faint in the 5th intercostal space—1 centimeter to the left of the mid-clavicular line. The rhythm was regular. Electrocardiogram showed a regular rhythm of 72 with a deep Q in the 2, 3, AVF, inverted T in leads 2 in AVF. There was no deviation of the ST segment.

Following this acute episode, the patient returned to his home to the maternal care of his wife and only on a few occasions ever ventured out of the house again. He asserted he was too weak to work but paced many miles in his apartment. Amongst his multitudinous minor complaints he had almost a daily recurrence of precordial anginal pain re-

lieved by nitroglycerin. A twelve-lead electrocardiogram in October of 1947 showed a rate of 74 with regular rhythm. Q waves in leads 2, 3, AVF, with inverted T's in 2, 3, AVF and V6. There was no change in the ST segment.

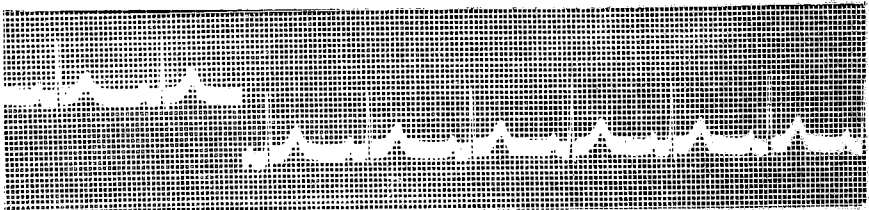
In July 1947 he complained of pain in his shoulders and upper arms as well as his precordium.

In January, 1948; he complained of dyspnea on exertion, gaseous distress which was relieved with nitroglycerin and aminophyllin. Electrocardiogram, in July, 1949, was virtually unchanged as compared to the one in 1947 except there now was some deviation of the T wave in V5. Blood pressure ranged from 138/80 to 176/104. Both arms were equal. In February, 1953, because of increased shortness of breath and had rales in both bases, the patient was started on Digitoxin and continued thereafter. Report of a chest x-ray taken at that time was as follows: "Examination of the chest shows the cardiac shadow to be distinctly large with prominence particularly in the region of the left ventricle. The cardiothoracic ratio is approximately 0.60. The hilar shadows are rather dense and there are prominent trunk markings about them and there are stringy shadows in both lower pulmonary fields. Both lower pulmonary fields are clouded. The right costophrenic sinus is poorly defined."

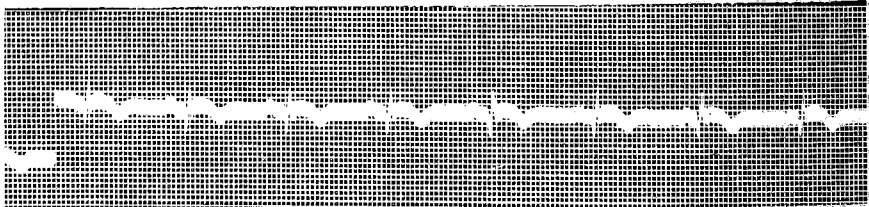
In June, 1953, the patient became orthopneic and

EKG 1/10/47

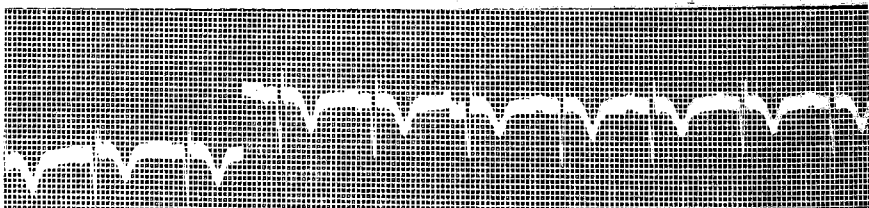
LEAD I



LEAD II



LEAD III



required more frequent use of aminophyllin. A grade II systolic apical murmur was heard. In September, 1953, he was re-admitted to the hospital because of unusually severe pain in his right upper quadrant of abdomen and lower chest. Upon admission to the hospital he was very thin, slightly cyanotic and dyspnic. He had coarse, moist rales in both lung bases anteriorly and posteriorly. Blood pressure was 156/90. The heart was enlarged to the left anterior axillary line with grade II systolic murmurs at apex. There were numerous ventricular extrasystoles. Upon examination of the abdomen, the belly was full and soft. The patient was tender to palpation in the right upper quadrant and epigastrium. There was a large nodular mass which came 2 inches below the costal margin and was slightly tender and questionably moved on respiration.

Laboratory examination: Prothrombin time was 27½%; BUN 59.7 milligrams percent; Creatinine 2.2 milligrams; hemoglobin 11.0; white cell count 11,650 with normal differential; Urinalysis showed a specific gravity of 1.018; Thymol turbidity was 3 units; Cephalin flocculation was negative in 48 hours and the protein was 6.39 grams with albumen

of 4.7 and globulin 1.6. Kahn was negative. Alkaline phosphatase was 8.3 Bodanski units.

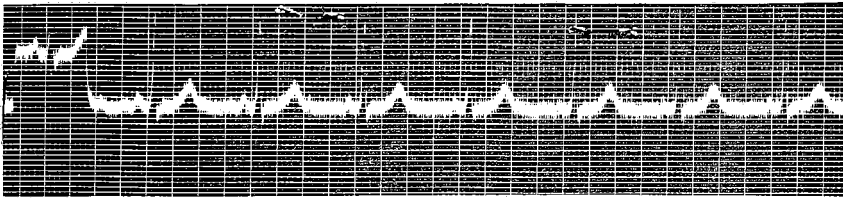
The patient continued to have severe pain in the hospital, was uncooperative and demanded to go home to the care of his wife. Temperature curve was hectic with daily elevations of 101.

The patient continued to have his difficulties with dyspnea, orthopnea, edema of the legs and pain in the upper abdomen and lower chest. He was re-admitted to another hospital on September 1, 1953. Upon physical examination, there were rales in his right lower chest with dullness at the right base posteriorly. The heart was said to be of normal size and have weak heart tone. Abdomen was flat with tenderness in the epigastrium but no masses were noted. The x-ray at this time showed an infiltration of the right lower lobe with some effusion and had the appearance of the pneumonic process. Electrocardiogram showed a regular rate of 102. The QRS measures 0.12. The intrinsic deflection was measured at .05-.06 seconds over the left side of the heart. There was QS deformity in VI. The ST segment was depressed V4-V6. The T wave was inverted in leads 2, 3, and AVF. The patient died quietly in shock.

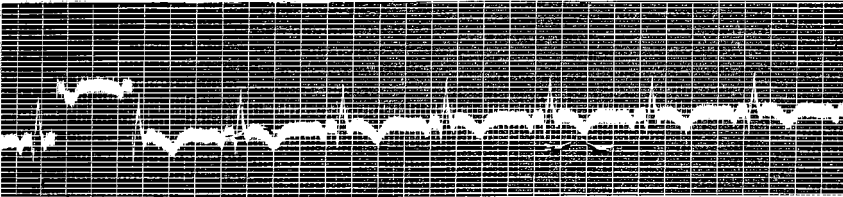
In autopsy the heart weighed 600 grams. There

EKG 10/22/47

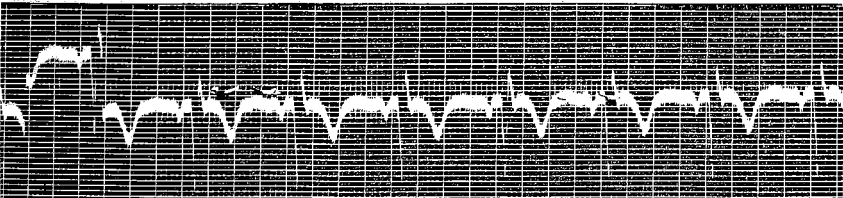
LEAD I



LEAD II



LEAD III

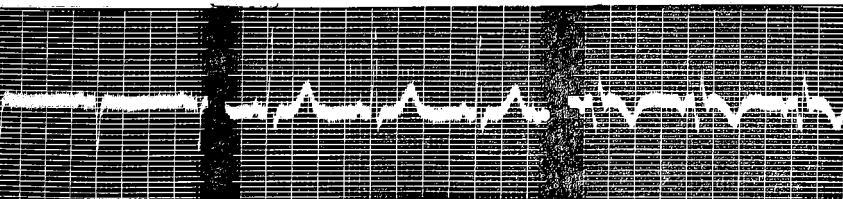


LEAD IV

AVR

AVL

AVF



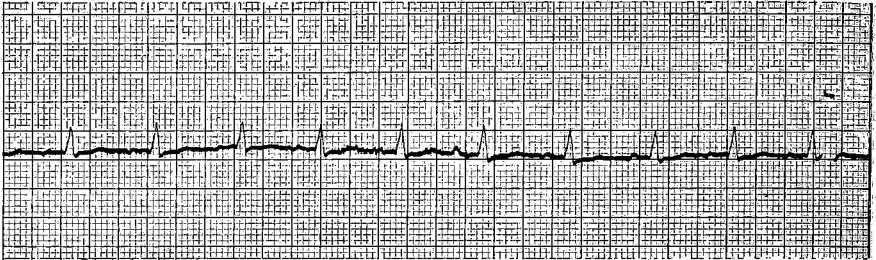
was a posterior lateral wall infarct to the left ventricle. The wall was densely scarred and had a thickness of 2-4 mms. There was a moderate aneurismal dilatation to the left ventricle. The heart valves were intact. The right coronary artery had been occluded but was partially recanalized. The aorta was extremely atherosclerotic with scattered atheromatous plaques. There was a fusiform aneu-

rism measuring 5 cm just below the left renal artery. There was organized thrombus within the aneurism and there was a 3 cm. recent rupture anteriorly with hemorrhage on both sides. The hemorrhage was estimated to be about one quart. The lungs showed multiple bilateral pulmonary infarcts.

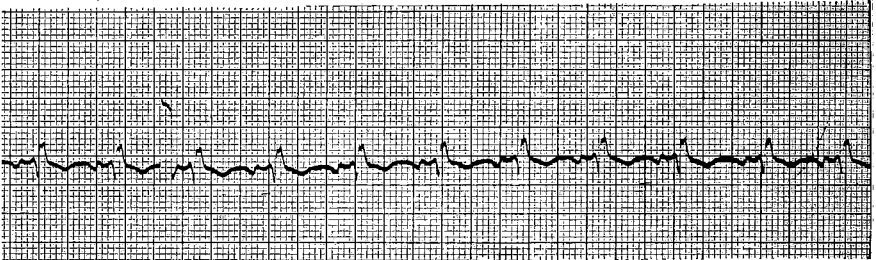
—Theodore Smith, M.D.

EKG 9/1/53

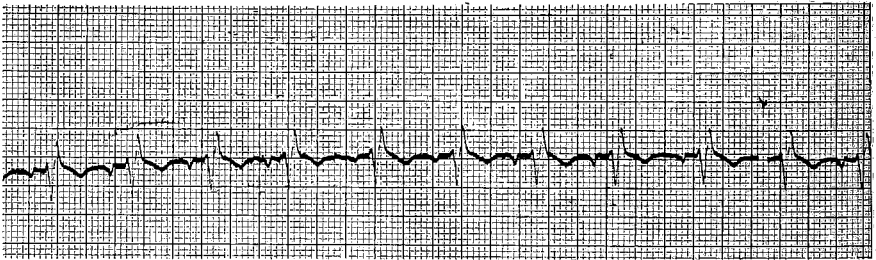
LEAD 1



LEAD 2



LEAD 3



Special Article . . .

BRoadway 3166

The official "If No Answer Call"
number for the Members of
Pierce County Medical Society

BRoadway 3166. It's without doubt the most often listed number in the Tacoma telephone directory and probably the most often dialed.

Through it virtually every doctor in the city may be reached, but the number—and the organization back of it—have become such integral parts of the medical and dental service picture that they are pretty much taken for granted today. What makes them tick?

BRoadway 3166 came into being in January, 1931, following the formation of the Physicians and Dentists Business Bureau, Inc., with the late Dr.

Horace Whitacre as president and Dr. Louis Hopkins as secretary. The original office was in the Medical Arts Building and for a number of years John Schlarb, Jr., was the bureau's manager.

In October, 1944, the organization was split following negotiations conducted by Dr. Woodard Niethammer and Dr. Joseph L. Hansen. The bureau's telephone service was purchased for a valuable consideration by George Jackson, who still conducts it as the Physicians and Dentists' Telephone Exchange. The bureau's collection service was taken over by other interests.

Jackson retained the number, BRoadway 3166, and the Nurses Registry of the Washington State Nurses Association became a part of the same service.

The exchange is located on the second floor of the Floral Building, 911½ Pacific Avenue, where seven operators, more than double the staff of 10 years ago, work in shifts to provide a 24-hour

answering service for approximately 90 per cent of the doctors of the city.

Your office is left unoccupied for a few minutes? Never worry. A light flashes on the battery of telephone switch boxes in the Floral Building, the message is taken and relayed or held for your return, as you desire.

It's after hours and you're going to be unavailable for a while? Again the exchange operators go to work, sifting, relaying and messaging.

Another special exchange service is a special operator, supplied during monthly meetings of the Pierce County Medical Society.

The Nurses Registry has been maintained by the exchange for 10 years. All Washington State

Nurses Association calls are received there daily after 5 p.m. and throughout Saturdays, Sundays and holidays. Members are thus assured 24-hour service in the obtaining of available nurses.

The Physicians and Dentists' Telephone Exchange is the official service of the Pierce County Medical Society.

"If No Answer Call BRoadway 3166." You'll get one there.

(Members are reminded the Pacific Telephone and Telegraph Co., preparing a new Tacoma directory, will be contacting members soon to verify listings in connection with the official "Doctors' Exchange" number—BRoadway 3166.)

Medical Meetings . . .

ANNUAL MEETING OF THE TACOMA ACADEMY OF GENERAL MEDICINE

Jackson Hall, Tacoma
March 6, 1954

Speakers will be: Dr. George Burch, Professor of Medicine at Tulane University in New Orleans; Dr. Charles Dotter, Professor of Radiology at the University of Oregon and Dr. Robert Bruce, Chief of Cardiovascular Section at the University of Washington.

Starting at 9 a.m. there will be a presentation and discussion of Cardiovascular cases. The discussion will be carried on by the guest speakers. This part of the program is usually very valuable because of the give and take of opinions on a practical clinical basis. Dr. Ralph Huff is in charge of the morning session.

In the afternoon, starting at 1:30 p.m., the guest speakers will present papers. Dr. Dotter will discuss the *X-Ray Diagnosis of Heart Disease*, Dr. Burch will discuss *Aspects of Congestive Heart Failure and Electrolyte Imbalance* and Dr. Bruce's talk will have to do with *Cardiac Catheterization in the Diagnosis of Heart Disease*. A question and answer period will conclude the afternoon session.

At 7:30 p.m. in the Crystal Ballroom of the Winthrop Hotel, the annual banquet will be held. Dr. Burch will be the principle speaker and his subject is *Cardiac Neuroses*. Dr. Robert E. Lane is Program Chairman.

COURSE FOR GENERAL PRACTITIONERS March 8 through 12, 1954

Herbts Auditorium, Mount Zion Hospital, San Francisco, California, in collaboration with the University of California School of Medicine. Fee \$60.

DISEASES OF THE CHEST March 15 through 19, 1954

Bellevue Stratford Hotel, Philadelphia, Pennsylvania. Sponsored by the Council on Postgraduate Medical Education for the American College of Chest Physicians and the Laennec Society of Philadelphia.

SIXTH PACIFIC NORTHWEST INDUSTRIAL WASTE CONFERENCE

March 18-19 (Tentative)

University of Washington, Seattle, Washington. Sponsored by the Department of Civil Engineering, Department of Chemical Engineering, and Environmental Research Laboratory.

(Note: The Conference is interested in suggestions for program topics and speakers on: Specific examples of industrial waste control programs by industry; air pollution; and problems in locating new or relocating old industries as regards air and water pollution. The sole purpose of this Conference will be to assist the PNW Industries by showing them how others in the area have handled their waste disposal problems.)

AMERICAN ACADEMY OF GENERAL PRACTICE

March 22 through 25, 1954

Public Auditorium, Cleveland, Ohio

AERO MEDICAL ASSOCIATION

March 29-31, 1954

Washington, D. C.

AMERICAN COLLEGE OF PHYSICIANS April 5 through 9, 1954

Conrad Hilton Hotel, Chicago, Illinois

AMERICAN ASSOCIATION OF RAILWAY SURGEONS

April 6 through 8, 1954

Drake Hotel, Chicago, Illinois

AMERICAN COLLEGE OF ALLERGISTS April 8 through 10, 1954

Roney Plaza Hotel, Miami Beach, Florida

INDUSTRIAL MEDICAL ASSOCIATION

April 27 through 30, 1954

Civic Auditorium, San Francisco, California

DAMMEIER Printing Co.

BROADWAY 8303

811 Pacific Ave.

Tacoma

Medical Minutes . . .

ALLERGY—

There is no stimulation of gastric secretion and no increase in acidity following oral administration of Neophylline. Waxler, *Ann. Allergy*, 11:717, '53.

ANESTHESIOLOGY—

Studies of 155 tracheotomies are presented. Tracheotomies should be recommended whenever pt's ability to maintain airway or remove secretions is seriously impaired. Davis, et al., *J.A.M.A.*, Nov. 28, '53.

CARDIOLOGY—

Gitalin has a more favorable toxic-therapeutic ratio than other digitalis preparations. *Am. Heart J.*, Jan., '53.

CLINICAL PATHOLOGY—

Virtually all known abnormalities of blood coagulation except those involving thromboplastin are detected by prothrombin time; latter detected by coagulation time plus platelet count. Mann, *Am. J. Cl. Path.*, July, '53.

DERMATOLOGY—

Basic facts concerning otitis externa. McLaren, *J.A.M.A.*, Jan. 16, '54.

GASTROENTEROLOGY—

Advantages of simultaneous sigmoidoscopy and barium enema presented; include increased patient comfort and cooperation plus value of complete exam. Jampel, et al., *J.A.M.A.*, Jan. 9, '54.

GENERAL PRACTICE—

Antibiotics for local infections have reduced incidence hematogenous osteomyelitis. Overwhelming, resistant infection unfortunately may be due to same practice. Heath, et al., *S.C.N.A.*, Dec., '53.

GENERAL SURGERY—

Prophylaxis post-thrombotic syndrome consists keeping legs edema free by frequent elevation and rebandaging; may require a Pratt, *S. Cl. N. Am.*, Oct., '53.

INDUSTRIAL HEALTH—

Cardiac disability and death caused by strain: Problems in Workmen's Compensation. Sigler, *J.A.M.A.*, Jan. 23, '54.

NEUROPSYCHIATRY—

There is greater incidence of low blood pressure among young schizophrenics than among normal persons. Lingjaerde, et al., *Acta Psychiat. & Neurol.*, Supp. 60, '51.

NEUROSURGERY—

Subdural hematoma may occur as delayed complication of surgical treatment of congenital hydrocephalus. Davidoff, et al., *J. Neurosurg.*, Nov., '53.

OBSTETRICS & GYNÉCOLOGY—

Good discussion of psychological aspects of Ca. and Ca., surgery. Sutherland, et al., *Cancer*, Sept., '53.

OPHTHALMOLOGY—

Congenital obstructions of tear duct always should be treated early, preferably before end of 2nd month of life. Nelson, *A.J.O.*, Nov., '53.

ORTHOPEDIC SURGERY—

Internal fixation with screws alone gives satisfactory results in unstable fractures of tibial shaft. Best results obtained when internal fixation is done at time soft tissue injury is surgically treated. White, et al., *Mod. Med.*, Dec., '53.

OTO-RHINO-LARYNGOLOGY—

Patients with acute URI, stricture of Eustachian tube, acute sinusitis or acute otitis should not fly. Kreinin, *G.P.*, Aaug., '53.

PEDIATRICS—

A single pathogen in the family can cause a variety of clinical diagnosis. Kempe, *J.A.M.A.*, Apr. 25, '53.

PROCTOLOGY—

Adenocarcinoma of cylindroma type is atypical in that it is neither polypoid nor deeply ulcerating. It will feel like submucosal nodule. Johnston, et al., *Proc. Mayo Cl.*, Dec. 16, '53.

RADIOLOGY—

Abnormal motility is basic mechanism of peptic ulcer pain. Ruffin, et al., *Gastroent.*, Feb., '53.

TUBERCULOSIS & CHEST—

Cortisone is indicated, and may be life saving in management of bacterial pneumonia associated with adrenal insufficiency. Marvel, et al., *Dis. of Chest*, Jan., '54.

UROLOGY—

Four basic hazards of uretero-enteric anastomosis are infection, obstruction, leakage and electrolyte imbalance. Bohne, *J. Urol.*, Oct., '53.

Karen Rynning

PHYSICAL THERAPY

Member of

American Physical Therapy Association

REFERRED WORK ONLY

507 Medical Arts Building

BRoadway 2862

From Other Bulletins . . .

MEDICAL BRIEFS

Attention has been called repeatedly to the fact that hemoglobin and erythrocyte values obtained from capillary ear-lobe blood are not only quite variable but also run distinctly higher than those of venous blood. The use of the ear lobe should therefore be discouraged. Estimations made from finger-tip blood, on the other hand, essentially parallel those from venous blood.

* * *

It has been known for a long time that tobacco chewing results in a greater absorption of nicotine than cigarette smoking. Over an 8-hour period the "chewer" may absorb as much as 87 mg. of nicotine and the blood level of the drug may rise to 56 mcg. per 100 cc.

* * *

A recent, really novel approach to the therapy of brucellosis consists in the weekly, deep subcutaneous injection of a microform (3 to 10 micra) suspension of terramycin. This method was based on the theory that the relatively insoluble terramycin base would be phagocytized by infected macrophages and reticuloendothelial cells and that the drug could then readily destroy the previously protected intra-cellular organisms.

* * *

The value of antihistamines in oral surgery has been recently demonstrated in a series of cases in which these drugs were given both pre and post operatively. Beneficial effects included: decreased amount of anesthetic needed; lighter plan of anesthesia; immediate or early reaction time; better maintenance of blood pressure; absence of apnea, hiccupping, sneezing and tremor; decreased headache, pain, swelling, bleeding and trismus; absence of slough; obviation of need for narcotics, etc. In addition, dry sockets of long standing responded rapidly.

Aplastic anemia which fails to respond to a vitamin B12 and folic acid combination, and which is also refractory to cortisone alone, will sometimes yield to concurrent administration of all three of these chemicals.

* * *

A study of the various pharmacological actions of eight antihistamines singly and in binary, ternary and quaternary combinations showed that the greatest synergistic potentiation (almost two and one-half times) resulted from a combination of Neoantergan 40 per cent, Neohetramine 30 per cent and Trimeton 30 per cent ("Hista-3, 15"). Furthermore, this ternary mixture had the highest coefficient of efficiency of all those investigated, exhibiting a marked degree of histamine antagonism (bronchial and vasospasm), a moderate anticholinergic action, and a low toxicity.

* * *

The Council on Pharmacy and Chemistry of the American Medical Association periodically reevaluates the drugs and pharmaceuticals which it has at one time accepted for listing in the N.N.R. Whenever the Council decides accumulating evidence

clearly indicates that the adverse effects or sensitizing potentialities of any chemical can be considered to outweigh its usefulness, this product is deleted from its official publication. Preparations of the following drugs, designed for local use, were ordered removed from the N. N. R.: Sulfonamides, 1947; Penicillin, 1950; Antihistamines, 1952.

* * *

Some ophthalmologists consider Banthine the mydriatic of choice for small children and young adolescents. For the age group 1 to 6, a 4 per cent ointment used t.i.d. for two days prior to refraction, is the most satisfactory. For those 8 to 14, a 2 per cent ointment or solution used twice early in the morning of the day of examination, is preferred. Banthine is satisfactory for adults but the long duration of its action makes it less practical than the drugs usually employed.

* * *

Therapy of the black widow spider (*Latroctes mactans*) bite has included the use of antivenin (when quickly available), morphine, prostigmin, calcium gluconate and magnesium sulphate. Parenteral magnesium sulphate (10cc of a 25 per cent solution given I.V.) was first advocated 20 years ago and used successfully in a series of 96 consecutive cases. More recently (1952) it was demonstrated that the early subcutaneous injection of 0.45 to 0.65 mg. of epinephrine resulted in rapid relief of all signs and symptoms of the spider-bite syndrome.

* * *

The early manifestations of leukemia are often atypical and may precede clinically recognizable forms of the disease by several years. One syndrome which frequently occurs as a precursor to leukemia is characterized by severe anemia (usually hemolytic), leukopenia with neutropenia, thrombocytopenia, hyperactive bone marrow and a normal or only slightly enlarged spleen. It is important to recognize the fact that these findings do not represent hypersplenism and that splenectomy is without benefit.

—Spokane County Medical Society.

THERAPEUTIC HINTS

"From the clinical observations we have made, it would seem reasonable to conclude that cortisone affects calcium metabolism so that a negative calcium balance is produced. The effects on calcium metabolism is not great enough in the average patient receiving cortisone therapy to produce clinical evidence of tetany unless there is already present an underlying condition that tends to produce tetany in its own right."

* * *

"There is no specific antidote for damage to the eighth nerve from streptomycin. There is usually some spontaneous recovery of function in the first six months after therapy with the drug has been stopped. When the damage is confined to the vestibular nerve, adequate compensation is established by the body in the course of a year or two in younger persons; in older persons compensation occurs more slowly and is not so complete. When

the acoustic division of the eighth nerve has been effected, there is no specific therapy. The best treatment of streptomycin damage to the eighth nerve is prevention, that is, the avoidance of dihydrostreptomycin, which is particularly toxic to the acoustic division, and the limitation of streptomycin to a dose of 1 gm. daily, with prompt withdrawal of the drug at the first evidence of loss of vestibular response." * * *

"Despite the passage of eight years since the first introduction of the anticoagulants in the treatment of myocardial infarction, there is no unanimity of opinion concerning their value. In two large hospitals, deaths caused by pulmonary emboli have risen in recent years, despite the widespread use of anticoagulants and vein interruption. The danger inherent in the administration of anticoagulants has not received due emphasis. The reported deaths from bishydroxycoumarin (Dicumarol) now exceed 100, and undoubtedly these are only a fraction of the actual number. The author concludes that anticoagulant therapy is not indicated routinely for the treatment of myocardial infarction, as good risk patients have no demonstrable need for it. Poor risk patients should receive these drugs according to present knowledge, although the final proof of their value is lacking. Bishydroxycoumarin should never be given in the presence of contraindications, in the absence of adequate control facilities, or by inexperienced therapists. Vitamin K1 is an effective antidote and should always be available whenever bishydroxycoumarin is used."

—*The Indianapolis Medical Society Bulletin.*

WHAT YOUR PATIENTS READ AND HEAR

Articles of Medical Interest in Current Popular Magazines

1. John Kord Lageman: "Must Our Hospitals Terrify Children?" Reader's Digest, January, p. 27.
2. Murray Teigh Bloom: "Boston Psycho Breaks the Rules and Cures the Patients," Reader's Digest, January, p. 83.
3. Tris Coffin: "Shock Troops of the Virus War," Coronet, January, p. 57.
4. Harriet Hester: "Antivivisection: A Threat to You," Coronet, January, p. 109.
5. Henry B. Safford, M.D.: "Tell Me, Doctor," Ladies Home Journal, January, p. 27.
6. Dr. Herman N. Bundesen: "If Influenza Becomes a Threat," Ladies Home Journal, p. 103.
7. John Kobler: "Island Doctor," McCall's, January, p. 42.
8. Dr. Benjamin F. Miller: "There Is a Way to Stop The Killer in Your Home," McCall's, January, p. 37.
9. Albert Q. Maisel: "How You Can Double Your Chances Against Cancer," Woman's Home Companion, January, p. 40.
10. Irwin Ross: "How to Choose a Psychiatrist," Cosmopolitan, January, p. 42.
11. Madeline Gray: "They've Conquered Monthly Tension," Today's Woman, January, p. 20.
12. Richard L. Frey: "Straight Teeth Cost So Much," Good Housekeeping, January, p. 49.

UNION HEALTH CENTERS ARE NEW DEVELOPMENT

INTRODUCTION

Union health centers are a relatively new development in the United States. The earliest center on record is that of the International Ladies' Garment Workers Union (I.L.G.W.U.) in New York City, which was organized in 1913. This, however, was the sole union venture of this type until some 25 years later.

It was during World War II that unions became concerned with health benefits. The government's anti-inflation "hold-the-line" order practically halted wage increases. To get around the order labor took advantage of a ruling of the War Labor Board that a welfare plan, voluntarily arrived at between the employer and the union, would not be considered a wage increase if the cost of the plan did not exceed five per cent of the payroll. At the same time employers learned that the entire premium of such plans could be counted as a legitimate expense. The result, of course, was that health and welfare plans became matters of prime importance in labor-management negotiations.

This greatly intensified interest has continued since the war. At latest count these "fringe benefits" are a part of the working agreement for approximately 16,000,000 workers. Most of the agreements calling for health benefits were, and still are, carried out through recognized insurance procedures. The outstanding exception is the program of the United Mine Workers of America which pays physicians and hospitals directly for specific services provided to union members and their families.

As the money available for "fringe benefits" through collective bargaining increased, so too have the health benefits. Usually hospitalization insurance comes first, surgical benefits second, and in-hospital medical benefits third. The health centers fit somewhere in this "fringe benefit" expansion picture. Opinions differ considerably as to why? where? and when? Whatever the opinions, however, it is true that the number of health centers, both in existence and planned, has increased rapidly in the past three years and that this increase is sufficient to warrant the interest and attention of the medical profession.

In view of this development, the Committee on Medical Care for Industrial Workers has undertaken to study the organization and operation of union health centers. One of the immediate tasks confronting the Committee was to find a source showing the various union health centers. After considerable search, however, it seems reasonable to assume that no such source exists and that the Committee will need to develop its own list.

The Committee members and staff, in visiting and studying union health centers, endeavored to correlate information which would enable them to report such data as (1) History; (2) Membership; (3) Objectives; (4) Facilities; (5) Financing; (6) Budget and operating costs; (7) Administration; (8) Business and professional personnel; (9) Benefits; (10) Preventive aspects of the services.

EXAMPLE OF STUDY**Name of Plan or Program:**

American Federation of Labor Medical Service Plan.

Location of Main Office:

Franklin and Thompson Streets, Philadelphia.

Unions or other employee groups served:

1. Luggage Workers Local 61.
2. Meat Cutters Local 195 and 472.
3. Plumbers Union Local 690.
4. Counter Workers Local 232.
5. Painters District Council.
6. Teamsters Union Local 463.
7. Building Union Local 643.
8. Building Service Union Local 69.
9. Bakery and Confectionery Workers Local 492.
10. Bakery and Confectionery Workers Local 439.
11. Firemen and Oilers Local 473.
12. United Government Workers Local 440 and 75.
13. Plasterers Local 8.
14. Metal Trades Division Local 690.

Total Employees or Union Members:

(as of 12/10/52):

A. Total eligible for plan: 14,000.

B. Total members of plan: 14,000.

C. Total served by plan in 1951: 1,300 from 4/51 to 4/52 during which period the plan had about 6,000 members. From 4/51 to 12/52, 3,375 persons were served by the plan.

Sponsor of Plan:

Central Labor Union of Philadelphia.

Brief History of Program:

A. Date begun: The Center was opened in April, 1951.

B. How started: The idea of a Health Center for A. F. of L. members in Philadelphia began in 1946 when a conference was called by the Central Labor Union to discuss such a program. The three unions participating in the original conference were: Luggage Workers Local 61; Painters Union District 21; and Meat Cutters Local 195. During the following five years these three unions were joined by other local A. F. of L. unions in planning the medical center. Unlike the other health centers, this group had not amassed a large sum of money either from their own funds or from employer contributions to finance the capital expenditure necessary to start a Center. Therefore, the beginning of this Center was made possible entirely on credit and the renovation and equipment costs are being paid back to the creditors out of present contributions.

Objectives of Program:

A. Original:

1. To provide necessary ambulatory medical services to members of the various unions who subscribe to the plan.
2. To keep as many people working as long as possible through prevention, early diagnosis, and early medical care.

B. Present: Same.

C. Future: The union leaders feel that there is a need for developing some way of extending more comprehensive coverage than is provided by present voluntary prepayment hospital and medical plans,

and that this may necessitate an expanding program to include more services, possibly for families as well as employees.

Facilities:

A. Description: The Health Center occupies a section of St. Luke's Hospital located on the first floor. It has been completely renovated and made into a modern and attractive unit.

B. Costs:

Rental	\$ 4,000
per year for 9,000 sq. ft. .	
Remodeling	62,000
Equipment	66,000

Financing:

The fund for the entire health and welfare program is contributed by management through individual union collective bargaining agreements. There are a multitude of arrangements through which these sums are collected (i.e., some managements contribute \$1 to \$2 per week, some 7 to 10 cents per hour, some on a percentage basis). The Health Center funds are obtained by assessing each local union \$15 per member per year for single members, \$30 per year for husband and wife, and \$37.50 for family (including children up to 18 years). The amounts collected in this manner are sufficient to operate the Health Center.

Budget and Operating Costs:

The total estimated budget for 1951 was \$81,700. This includes \$39,000 for doctors' services, exclusive of medical director. It is anticipated that a reserve will be built up equal to three years' operations against any future deficit of the Health Center. The reserve will be started when the present debt has been liquidated.

Organization:

A. Administrative: Administration of all medical services is under the direction of a medical director. The administration of non-medical services is under a lay director.

B. Advisory: The medical advisory board is composed of three physicians, including the medical director. The other two members are also acting as consultants on the medical staff.

C. Policy: Policy is determined by a Board of Directors which is composed of two members from each of the local unions participating in the program. As of December, 1952, this would mean that the Board would consist of 28 members plus Chairman, Secretary and Executive Director, all three from the Central Labor Union.

Personnel:

A. Administrative: (1) Number: 10; (2) Executive: medical director (part time), acting assistant medical director (full time), executive business director, chief nurse, secretary to the executive business director; (3) General Office: 5; (4) Maintenance: furnished by hospital.

B. Professional Staff: (1) Physicians: 33 (part time), 1 (full time); registered nurses: 4 (including chief nurse); X-ray technicians: 2; Laboratory technicians: 2; Physiotherapist: 1; Practical nurse: 1.

C. Payments to Physicians: All of the staff physicians are specialists and work two-hour sessions averaging from two to six hours weekly at \$7 per hour. The radiologist and pathologist are both

part time and are employed on a retainer basis. The radiologist averages 6 hours a week and the pathologist, providing mostly supervision, averages 2 hours a week.

Benefits:

A. Types and Extent of Services Available to Employee: Complete ambulatory diagnostic, and therapeutic services are available at the Health Center. No home care is given directly by the medical staff. The Center's diagnostic services are available to patients who are under the care of private physicians. The medical director consults with each patient who has been determined to need medical care beyond that which is available at the Center. He advises them of their benefits under such medical and hospital insurance as they may have through the local union. He also advises them on their privilege of free choice of physician, whether affiliated with the Medical Center or not, for such outside services as are indicated. The

program is operated on an appointment basis so as to plan proper staffing of the clinics.

B. Preventive Aspects of Services: (1) A health survey examination which is routine on first visit to clinic; (2) Health education through available literature and personal counselling; (3) Union meetings at which health subjects are discussed (in planning stage).

C. Does the program tie in with work environment? No.

D. Facilities Used: The Health Center's facilities for diagnosis and treatment include those commonly accepted as being necessary in the private practices of such specialists as are on the panel. Where such facilities are not made available in the Center either a private laboratory or a public laboratory is utilized. Individual patient records are maintained in unit folders in a manner comparable to that approved by the American Hospital Association.

—Spokane City Medical Society Bulletin.

Quotable Quotes . . .

NEED FOR REPORTING FAILURES AND MISHAPS

Often after a method of treatment has been proposed and several men have written enthusiastic reports about it, suddenly no more is heard. The treatment is given us, but no one says why. This phenomenon always interests me and I suspect that what has happened is similar to what happened to me thirty-five years ago when I optimistically tried the technique of making roentgenograms of the abdominal organs after filling the peritoneal cavity with gas.

The films were beautiful; the only trouble was that the patients suffered pain so severe that it could not be relieved with morphine. I was just about ready to quit using the technique. Then one day in my office a minister of 55 when injected with the gas went into shock. He stopped breathing, turned black, and all but died. So I quit, and now I am ashamed to say that like the other men who had been using the technique, I did not take the time to report why I quit. Later I tried alcohol injections for relief of pain and had so many unfortunate experiences that I stopped those too. Still later I ordered sympathectomy for migraine, and soon I had enough of that.

What caused me to write this editorial was a chat I had the other evening with a fine, able surgeon who told me about a recent experience. He had injected the stellate ganglion to help a woman who had just suffered a stroke. The injection was made without mishap. A few days later the woman went steadily downhill and died, as many patients with a stroke are bound to do.

The family then accused the doctor of having killed her and stuck to this view in spite of all the physician could say. Today this man could not be paid to make another stellate block to cure a stroke; he has had enough. Hereafter if he ever uses a palliative procedure it is going to be a harm-

less one, one not likely to make the patient's family angry or inclined to file a damage suit.

My thesis is that it would be a wonderful thing in medicine if every journal had a small section for short, pithy, absolutely frank reports by men who had had enough of some procedure and never intended to use it again.

ON USING SIMPLE WORDS

I have found that I can write about practically anything in medicine, using such simple Anglo-Saxon words that the average intelligent layman can understand what I am saying. Some few doctors and editors have told me that this isn't dignified or ethical, and once an editor even refused to take a paper of mine because he said it could be read and understood by a layman! But I think most doctors are grateful for easily understandable writing. They do not prefer the word "singultus" to "hiccup," or "emesis" to "vomiting."

—Walter C. Alvarez.

National News . . .

UNION LEADERS INSIST ON NATIONAL HEALTH INSURANCE AT HEARINGS

Spokesmen for the AFL and the CIO have informed the House Interstate and Foreign Commerce Committee they still favor a compulsory national health plan as "the only adequate answer to the need of our people." The committee expects to end its fact-finding study of voluntary health insurance February 3, then turn to hearings on specific bills implementing the President's health message. Not all labor witnesses took the all-or-nothing position. A. J. Hayes, president of the International Association of Machinists and former members of the Truman Health Commission, testified: "Since it appears that the chances of achieving the ultimate solution are fairly remote,

we will cooperate in any program which is a step in the right direction."

Jerry Voorhis, executive secretary, Cooperative Health Federation of America, and former California Congressman, advocated more emphasis by physicians on group practice. He said state and county medical societies have been carrying on a "running attack" against such practice and he hoped there would be "spontaneous action by the AMA and its constituent organizations" against such "discrimination."

Dr. Dean A. Clark, general director, Massachusetts General Hospital, who also served on the Truman Health Commission, testified in favor of matching funds to states to encourage development of comprehensive prepayment plans (a major recommendation of the health commission). Under questioning, Dr. Clark said that his program of federal intervention in medicine was contrary to the historic pattern that control of medical practice is a state and not a federal matter.

JESUIT MAGAZINE UPHOLDS AMA ON VET STAND

"The A.M.A. deserves strong support on this issue," the magazine said.

The editorial said in part:

"Dr. Edward J. McCormick, president of the A.M.A. has repeatedly voiced opposition to this

Government largess. Behind the A.M.A. opposition lies the fear that socialized medicine may get into this country through the back door of the Veterans' Administration. Present veteran population is about 20 million and growing at the rate of one million a year. If free medical service in state-owned hospitals from state-salaried doctors becomes the rule, the Government, the doctors claim, will soon control medicine. A.M.A. fears on this point seem well-founded. More than \$500 million was spent on veterans' medical care last year, of which only \$178 million went for the care of service-connected disabilities. Besides all this there is another big objection to the present law. The General Accounting Office, checking a test sample of 350 patients recently discharged from VA hospitals, found incomes ranging from \$4,000 to \$50,000. Twenty-five of these veterans had real property and other assets of from \$20,000 to \$500,000. Yet all presumably sworn that they were unable to defray expenses. As an editorial in New York Medicine (8/20/53) remarks: 'Seldom has lying been so amply rewarded, Seldom has perjury been so widely condoned.' The A.M.A. deserves strong support on this issue."

Ancient History . . .

THE FIRST APPENDECTOMY

The following is taken from a newspaper clipping:

"The credit for this . . . 'first' always has been given to Mestivier of France for an operation performed in 1757. But the historian—Dr. Philip G. Creese, Reading, Mass.—said it belonged to Claudius Amyand, Sergeant-Surgeon to George II of England.

"On December 6, 1735, he relieved one Hanvil Anderson, a boy of 11, of his appendix, Creese reported to the surgical profession after long and laborious study. . . . the operation was . . . successful—the patient recovered. . . .

"As for Mestivier—his claim to appendix fame is . . . false although . . . accepted by all authorities, Creese said. Mestivier operated around the appendix 22 years after Amyand. He merely drained an abscess—'He made no attempt to remove the appendix and apparently had little idea at the time . . . that the appendix was the site of disease.' And . . . his patient died.

"Amyand thought he was operating on a hernia and rupture. But he found an enlarged appendix with a pin embedded in it. He had trouble getting to it, but he got it out. It took 'near half an hour'."

The late Dr. Abrahamn Groves of Fergus, Ontario, claimed that the appendectomy he performed on May 10, 1883, was the first in North America. He was the leader in sterilization; he started the practice of boiling his instruments July 7, 1873. In

our files we have an interesting letter from him. While Lister was preaching sterilization, Dr. Groves was practicing it.

In 1756 there died in Yorkshire, England, an old surgeon who never had any postoperation infections. He kept his secret until on his death bed he told his son, also a surgeon, "I biles my tools."

One of the Oldest



At a birthday party in his honor, Maurice J. Lewi, M.D., 96, enjoys a cigar. Dr. Lewi has no explanation for his longevity. He smokes about 12 cigars a day, plays poker into the early morning hours, and works a ten-hour day as president of the Long Island University College of Podiatry.

DAILY PRAYER OF A PHYSICIAN BEFORE VISITING PATIENTS

The earliest available reference to the prayer, describes it as the work of a famous Jewish physician in Egypt in the twelfth century. Absolute proof that this was actually written by Maimonides is, of course, impossible to adduce. This is not the place to dilate on the position that the Rabbi Moses ben Maimon, the Abu Amran Musa ben Meimum of the Arabs or the Rambam of the Jews, holds in the history of medicine. His treatises on accidents, diet, hemorrhoids, sex, poisons and other medical subjects, his voluminous translations and emendations of the works of his predecessors, especially of the Greeks and their immediate followers, as well as his Guide to the Perplexed and other theological writings which have made him the highest authority among Jewish postbiblical sages, must be sought in other works.



Maimonides

I am about to begin the exercise of my profession. Aid me, O All-kind One, in this great work, so that it may be of avail, for without Thine assistance nothing succeeds, not even the least.

May the love of fellow-man and the love of my art ensoul me. May not thirst for gain nor craving for fame mingle in my service. For these are enemies of truth and charity, and they might mislead me and keep me from doing what I ought to do for the weal of my fellow-men.

Preserve the strength of my body and of my soul, so that I might be unperturbably ready to help the rich and the poor, the good and the bad, the enemy and the friend. Let me see in the sick the man alone. Enlighten my understanding that I may see what is before and encompass it; lest, indeed, see what is not to be seen at all. For the limit in my art is lightly traced, and it comprises the health and life of men.

May my mind be always on the alert. While I stand at the bedside let not alien things intervene to rob me of attentiveness, nor disturb me in my silent meditation, for great and holy are the searchings on which depend the weal and woe of Thy creatures.

If wiser men wish to teach and correct me, may I follow them and be grateful; for the compass of our art is large and wide. But if zealous fools upbraid me, then let the love of my art keep me strong so that I may adhere to truth without regard to years and fame; for weakness and yielding would involve the pain and even the death of Thy creatures.

Give me frugality beyond all, except in the great art. May never awaken in me the notion that I know enough, but give me strength and leisure and zeal to enlarge my knowledge and to attain ever to more. Our art is great, and the mind of man presses forward forever.

All-good! Thou hast chosen me, in Thy grace, to watch over the life and death of Thy creatures. I am about to go to my labor. Be with me in this great work, so that it may avail, for without Thy help nothing succeeds, not even the smallest.

IN THE "GOOD OLD DAYS"

When doctors believed no wound could heal unless it had "laudable pus" which really was infection resulting from dirty instruments, dressings and doctors' hands. . . .

When there was no antitoxin and one treatment of diphtheria was swabbing the throat with carbolic acid. . . .

When high fever in typhoid fever was controlled by placing the patient in ice water every four hours. A horrible experience and one dreaded by the patient. . . .

In nearly every generation there arises a man whose intellect is so stupendous that it can upthrust to the pinnacle of knowledge in one field and have enough dynamism left to reach the peaks in other areas. Thus France today gives us Sweitzer, Italy produced Da Vinci, Persia the mathematician Omar Khayyam, and America had its Ben Franklin.

But how many among us know that Virchow, the father of cellular pathology, was such a giant

A recent book, "*Rudolph Virchow*," by E. H. Ackerknecht (Univ. of Wisconsin Press) spells out for us the near-omniscience of this man. Not only the great pathologist, he was the leading anthropologist of his day. Dedicated to the relief of human misery, he saw that not by medicine alone, but by social progress must that goal be achieved. Unmindful of the maelstrom of politics, he was elected to the Prussian parliament in 1861, where he led opposition to Bismarck's policies. In fact Bismarck tried to rid himself of Virchow by the expediency of a duel, which challenge Virchow declined.

Such a man can give us courage today to think our own thoughts, unabashed by the current adulation of specialism and sub-specialism in every branch of knowledge. Virchow thought and spoke for himself; yet, a warm humanist, he did not walk alone.

After performing autopsy, Corsican physician, Francisco Autommarchi, in 1821 reported scirrhous carcinoma of the stomach as the cause of death of Napoleon Bonaparte.

News travels fast now? November 8, 1895, Professor Roentgen noted fluorescence of crystals in the beam of a cathode ray; December 28 he submitted data which was published, along with picture of the bones of the hand, the first week in 1896. January 7, 1896 the lay press (Frankfurter Zeitung) printed the story. American publication, Science, February 14, carried the translation of the original article plus description and pictures of three working units in the U. S.

AEQUANIMITAS 1954

—Justin Dorgeloh, M.D.

Prologue. Probably most of us disapprove of the artificial (always call the patient by his first name), insincere (feign poverty by foregoing Cadillacs) and fantastic (music for the patient's ears, and tea and cakes for his stomach) excesses of Public Relations enthusiasts in some quarters. I would be distressed, however, if the following exposé were misinterpreted as carping at those in our own Medical Society who have labored earnestly in our behalf to cope with genuine patient-physician problems.

Scene. The recently modernized office of A. G. Gotterdammerung, M.D. The soothing decor, conceived by a certified environment-psychologist, includes several large paintings of pastoral scenes, innumerable aquariums, and well-modulated indirect lighting. At the center of the room is a tea cart stocked with goodies approved by a certified food-psychologist. On the walls are framed printed placards exhorting patients to discuss any little misunderstandings with their doctor, soft music emanates from cleverly disguised high-fidelity loudspeakers, and the cash register has been artfully concealed in a soundproof false-bottom chair.

Dr. Gotterdammerung (In ill humor. The tea and cakes he must partake of with each patient have given him indigestion, and the piped-in music is featuring Bach, whom he detests. He addresses his office nurse.)

What's that racket in the waiting room?

Miss Phipps. Why Dr. G. Your patient states that his trouble is urgent, entitling him to precedence over the others waiting to see you.

Dr. G.: But why the disturbance in the reception room?

Miss P.: He's screaming that he'll turn you in to the newspapers and the Patient-Physician Relations Committee if you callously neglect him one minute longer.

Dr. G.: (paling and clutching a diathermy stand for support) Show him in, Miss Phipps! The poor man obviously needs immediate attention!

(Exit Miss Phipps. In a moment the outer disturbance ceases, the door opens, and the patient enters. He is Muggsy Burke, a burly fellow with an irresistible, good-natured grin. After visiting the tea table to stuff a handful of ladyfingers into his pocket he sinks himself into an easy-chair, props his heels upon a Gray's Anatomy conveniently located on Dr. G's desk, lights a cigar and utters a sigh of sheer contentment.)

Burke: Hi, Doc!

Dr. G. (jovially): Hello, my good man. Now just tell me your first name, and what's been—

Burke: Not so fast, Doc! First let's see your credentials.

Dr. G., quite surprised and thought it an unusual request.

(Dr. G. searches his desk, finds the transcript, and reluctantly hands it to Burke. The latter inspects the report carefully, and with obvious interest.)

Burke (frowning): I don't like this C-minus you got in Biochemistry II, Doc. How about it?

Dr. G. (apologetically): I've tried to make it up by taking postgraduate courses in biochemistry, and

Burke: O.K., O.K. Now what about a fee schedule? I didn't see none on the wall outside.

Dr. G.: Well, each case is a special problem, and . . .

Burke: Listen, Doc. I'm not gonna help pay for no yellow Cadillacs. Do I get to see that fee schedule or don't I?

(Dr. G. sighs. He extracts a large card from a file marked "Confidential" and hands it to Burke, who examines the fee schedule as one would a menu, reading it from right to left.)

Burke: Say, Doc, what's a hysterectomy?

Dr. G. (warily): Cutting out the uterus.

Burke: Oh. Are you one of them guys that does unnecessary hysterectomies?

Dr. G. (flushing): Certainly not! I never take out uteri unnecessarily. I only take out unnecessary uterio. I mean . . .

Burke: Don't get your blood pressure up, Doc—it's bad Public Relations. Anyway I don't want no hysterectomy. (He laughs uproariously, obviously pleased with himself.)

Dr. G. (coldly): Well, what do you want?

Burke: Rhinomycin, Doc. My nose got stuffy this afternoon, and the *Layman's Weekly Review of Medicine* tells how fifteen guys took rhinomycin and not a damn one of 'em caught a cold.

Dr. G.: Don't you think that I'm the one to diagnose your illness and prescribe treatment?

Burke (becoming angry): Look, Doc, push the patient around and you'll get socialized medicine. Just hold back on that rhinomycin and let me get pneumonia and you know who'll be in hot water, don't you?

Dr. G. (resignedly): Oh, all right. (He writes the prescription.)

Burke (in good humor again): Thanks, Doc. Send the bill to Blue Cross, and fix the date up right if you wanta get paid—my policy ran out last month. (Exit Burke.)

(As the curtain slowly falls, Dr. Gotterdammerung is seen silently contemplating the placards posted on the walls, his face enigmatic and thoughtful.)

—Bulletin of the Alameda-Contra Costra Medical Associations.

DARK MILK BOTTLES URGED

London (Canadian Press)—Milk bottle made of dark glass are advocated in the British Medical Journal. The publication says dark glass would keep out sunlight, which tends to spoil flavor and vitamin content.

IS THERE A DOCTOR IN THE HOUSE?

According to the latest medical licensure report published by the A.M.A., the total number of physicians in the United States today stands at an all-time high. The accompanying figures show the distribution of American physicians in various groups.

Total number of physicians.....	214,667
Engaged in private practice	151,363
Interns, residents, hospital administrators	28,366
Government and military service.....	20,095
Retired, or not in practice.....	8,166
Full-time research and teaching.....	6,677

A Medical Fact

The first recorded blood transfusion was in 1490. A physician attending the dying Pope Leo VIII had some blood from three small boys put into the Pope's veins. Unhappily, the Pope died—and so did the lads. Dr. Bertram M. Bernheim (born in 1880) was a pioneer in developing modern transfusion techniques. The first blood bank, refrigerating blood for emergency transfusions, was established March 15, 1937 by the Cook County Hospital, Chicago, Illinois.

Tetracycline (Achromycin), a "dechlor"-Aureomycin has been subjected to considerable investigation. It appears to have approximately the same anti-microbial range as its parent drug Aureomycin, and has the advantage of more rapid absorption, higher attainable blood levels, less gastrointestinal irritation and greater stability. No idiosyncratic reactions have been reported to date.

Exposure of milk, in ordinary glass milk bottles, to daylight for about 30 minutes, results in the development of an objectionable flavor due to the action on methionine of certain wavelengths of light in the visible spectrum. The nutritional value of the milk is further depleted during the evolution of this phenomenon because at the same time most of the ascorbic acid and a considerable portion of the riboflavin are destroyed.

The observation (1937) that adrenalin and most sympathomimetic amines, when given intravenously in appropriate doses shorten the bleeding time, led eventually to an investigation of adrenalin derivatives as hemostatic agents. Adrenochrome, an adrenalin oxidation product with no sympathomimetic properties, promotes hemostasis without the latent period noted after the use of the unoxidized amines. Adrenochrome is unstable but its semicarbazone, solubilized by the addition of sodium salicylate, is a non-toxic effective hemostatic where the integrity of the small vessels is interrupted. It is given in 5 mg. doses intramuscularly, q.2.h. If bleeding is less active the same dose may be given sublingually.

Men Neglect Teeth, Tests Show

Because women visit their dentists more often than men, they lose fewer teeth, the American Dental Association reported recently. A survey showed that one in ten men lost all his teeth, but the figure for women was one in fifteen.

Perfect dental health was found in one in twelve of the patients examined. The survey was made by 4,000 family dentists who reported on 39,679 patients.

Other facts noted in the survey were:

Tooth decay was found to be the principal reason for the loss of teeth up to the age of 39 for women and 34 for men. After these ages periodical diseases (ailments of the gums and other tooth supporting tissues) were primarily responsible for loss of teeth. Almost 50 per cent more men than women were found to be in need of extractions because of diseased gums, further indicating a more pronounced dental neglect by males.

Those who find it necessary or desirable to sterilize syringes in boiling water can impart a bright, clean, new "look" to the glass if they will leave these implements in a solution of Calgon for some time before thoroughly rinsing and boiling. Incidentally, it is interesting to note that Calgon (sodium hexametaphosphate) will "decalcify" water without producing an alkaline solution.

The prevalence of trichinosis, determined by post mortem microscopic examination of human diaphragms, was called to our attention a number of years ago. A recent series of 400 specimens revealed an incidence of 4 percent. This should serve to impress the public with the desirability of adequately cooking pork.

"I'm ashamed of you, my son. When George Washington was your age he was a successful surveyor with a reputation for industry."

"When he was your age, father, he was President."

I would never use a long word where a short one would answer the purpose. I know there are professors in this country who "ligate" arteries. Other surgeons only tie them, and it stops the bleeding just as well.

—*Oliver Wendell Holmes.*

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excellent toleration

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6. King, E. Q., et al.: J. A. M. A. 143:1 (May 6) 1950.

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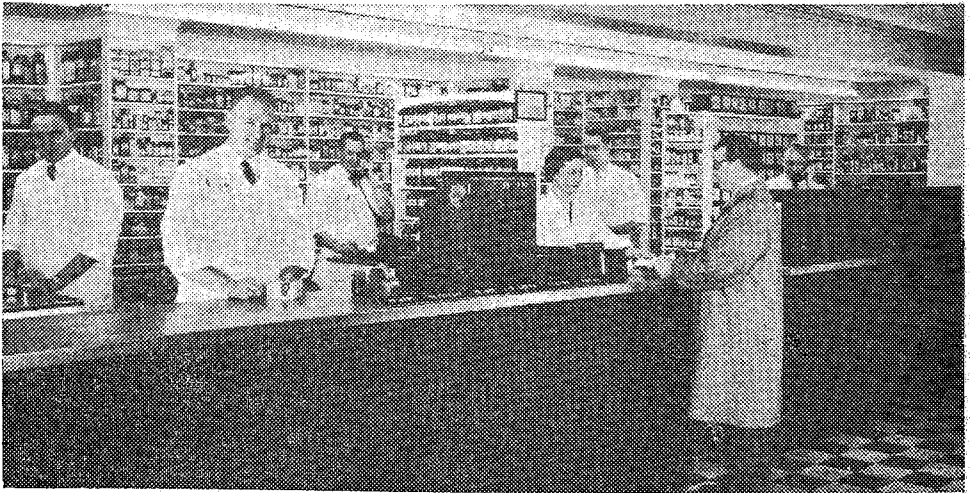
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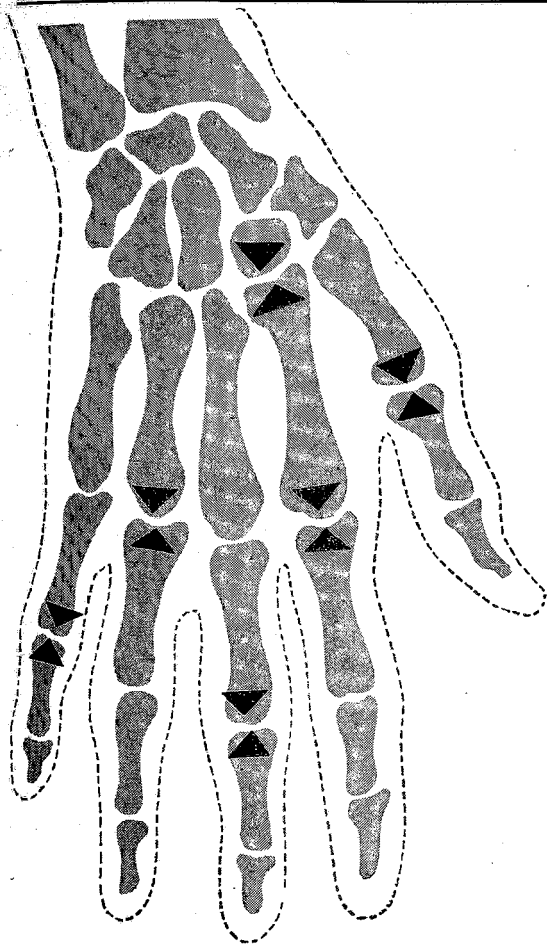
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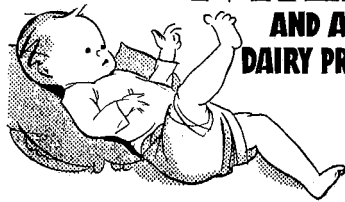
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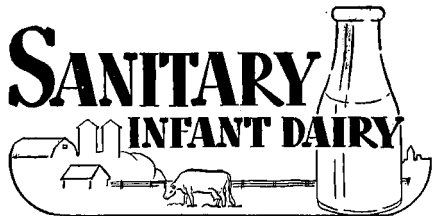


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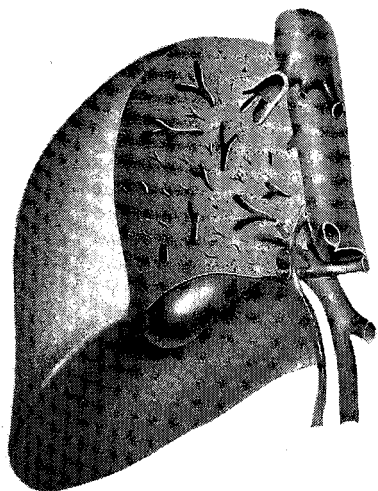
1. SIMON, S. W.: ANN. ALLERGY 11: 216, 1953. 2. KESTEN, B. M.: ANN. ALLERGY 6: 408, 1948. 3. LOEW, C. R.: MED. CLIN. N. AM. 34: 351, 1950.

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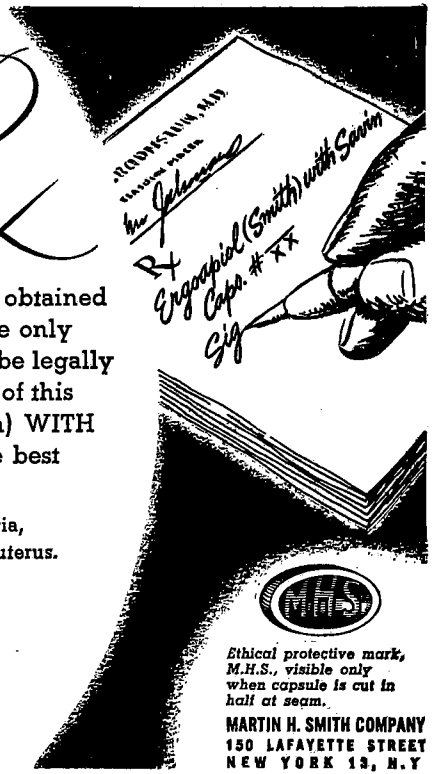
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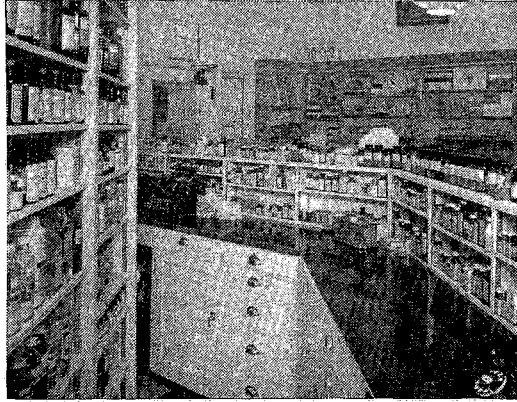
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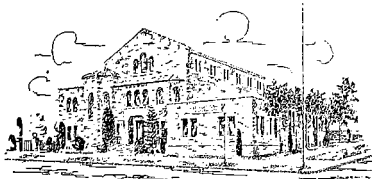
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TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

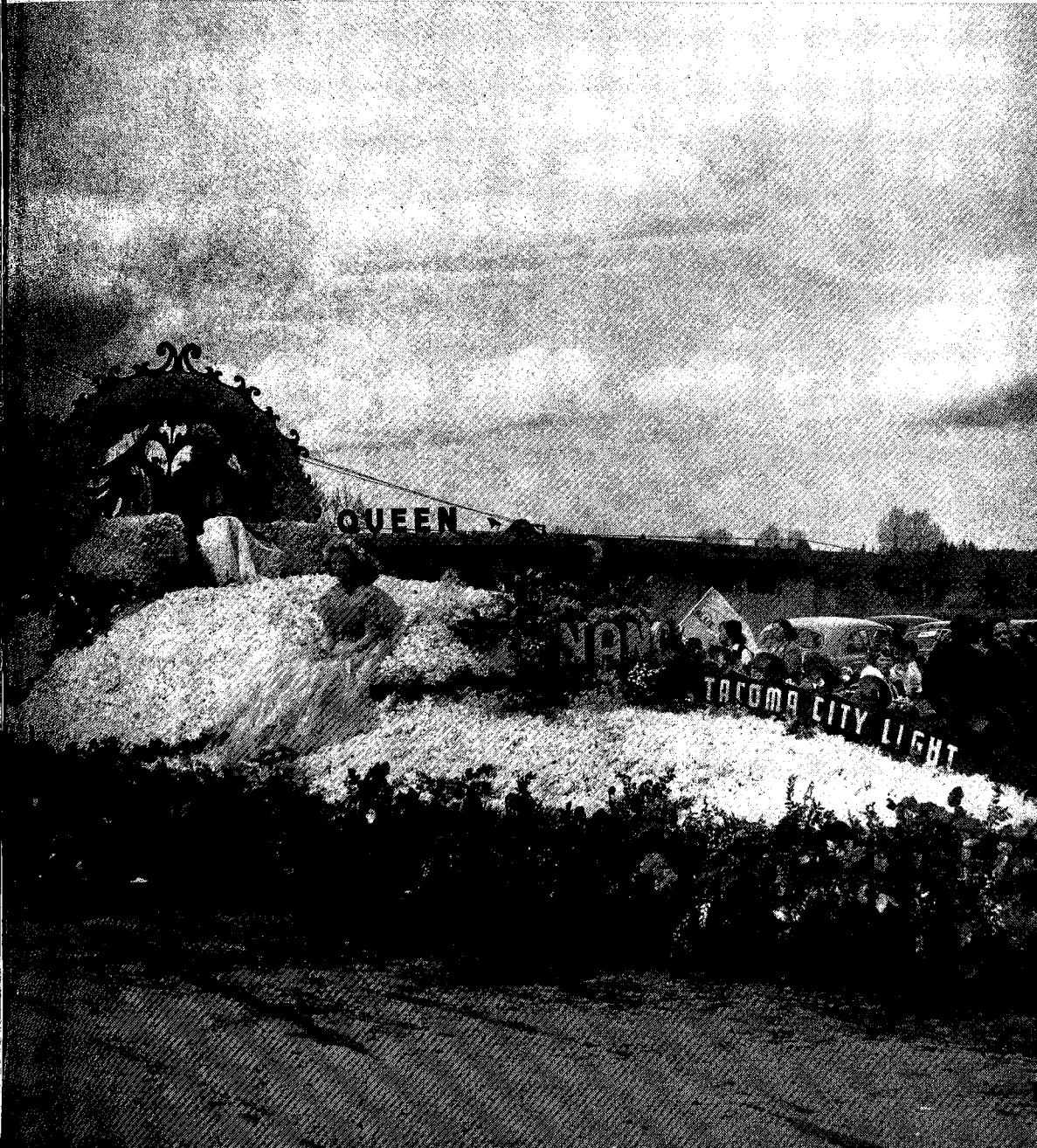
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIV—No. 8

TACOMA, WASH.

APRIL - 1954



Pierce County Medical Society

1954

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PROGRAM

Tuesday, April 13, 1954

Medical Arts Building Auditorium

DINNER—6:30 p.m.

A no-host dinner to honor the guest speakers will be held at the University Union Club at 6:30 p.m. For reservations please call Dr. Max Thomas at BR. 7573 or Dr. Murray Johnson at BR. 6862 by April 9th.

MOVIES—7 p.m.

7:00 p.m. "*The Ligation and Stripping Treatment of Varicose Veins.*" Drs. H. D. McPheeters and Clarence V. Kusz (1952).

7:30 p.m. "*Surgical Management of Primary Hyperthyroidism.*" Dr. Frank H. Lahey (1950).

7:50 p.m. "*Abdominal Complete Hysterectomy with Right Salpingo Oophorectomy.*" Dr. William F. Mengert (1951).

PROGRAM—8:15 p.m.

Remarks by Dr. L. G. Young, President, Washington State Medical Association.

Symposium on Peptic Ulcer

1. "*Introduction: The Physiologic Background of Peptic Ulcer Treatment,*" by Dr. Charles A. Griffith (Research Associate in Surgery, University of Washington School of Medicine)—10 minutes.
2. "*The Physiologic Effect of Gastric Drainage Procedures and Their Relation to Vagotomy,*" by Dr. Ralph K. Zech (Research Associate in Surgery, University of Washington School of Medicine)—10 minutes.
3. "*X-ray Aspects of Peptic Ulcer: Diagnostic and Therapeutic,*" by Dr. James F. Nelson (Instruction in Radiology, University of Washington School of Medicine, Chief Radiologist, King County Hospital)—10 minutes.
4. "*Perforated Peptic Ulcer,*" by Dr. Edmund A. Kanar (Instructor in Surgery, University of Washington School of Medicine and Chief Resident in Surgery, King County Hospital)—10 minutes.
5. "*The Billroth I Gastric Resection,*" by Dr. Henry N. Harkins (Professor of Surgery, University of Washington School of Medicine and Surgeon-in-Chief, King County Hospital)—10 minutes. (Discussion: Questions and Answers).

NOTICE

Check back page of Bulletin for calendar of special meetings

TABLE OF CONTENTS

Cover depicting last year's Daffodil Float winner.....	1
(Picture courtesy of Ken Ollar)	
Program for April	2
What do you remember about	3
Editorial	4
Strictly Local	5
Library Corner	8
Book Reviews	9
Women's Auxiliary	12
Hospitals	13
New Members	15
Memoirs	16
Case Reports	17
Medical Meetings	20
Medical Minutes	21
Ancient History	22
Special Article	24
National News	25
Answers to what do you remember about.....	27

WHAT DO YOU REMEMBER ABOUT?

1. *The urine concentration test?*
2. *The two functions of the testis?*
3. *Myxoglobulosis of the appendix?*
4. *Etiology of pilonidal cysts and sinuses?*
5. *Source of Insulin?*
6. *Mechanical intestinal obstruction of the small bowel?*
7. *Appendicitis in babies?*
8. *Intestinal obstruction due to swallowing air?*
9. *Current status of radiophosphorus therapy?*

Answers on Page 27

EDITORIALLY SPEAKING . . .

Volume I, Number I, the first issue of the Bulletin of the Pierce County Medical Society was printed. To its moderate list of subscribers the Bulletin furnished a page record of the activities of the Pierce County Medical Society, scientific and social endeavors, activities planned for future dates and a medium of expression for each member on topics of interest to the membership as a whole. Modest yet adequate in its beginning, the Bulletin has grown through the ensuing years to its important place in the structure of medical society in Pierce County, nurtured and cared for by hard working editorial staffs and executive secretaries.

The Bulletin, to faithfully reflect the progress in science as well as in the economic, social and political phases of Pierce County Medicine must progress itself and this it has done, though somewhat gradually throughout the years. This is not a year for resting on laurels and marking time but one for continued progress. And thus, with this goal in view, several changes have appeared and more are coming in your Bulletin.

Perhaps the most quickly noted are the monthly change in picture covers, each month portraying a seasonal scene in Pierce County and this month featuring our Daffodil Festival which already is achieving national renown. A change in section format giving each section of the Bulletin a type heading on a new page has been worked out with the printer. Many new columns have been added such as "Twenty-five Years Ago," "The Library Corner" and such features as case reports and book reviews. A number of retired members have been asked to submit biographical sketches from time to time. The announcement of coming medical meetings of interest has been added as well as brief surveys of recently convened sessions. The photographs of physicians recently elected to membership together with a short resume of the statistics concerning each has begun.

That progress is a most important product, no one who is a physician can deny. But progress in our scientific achievements can only be truthfully mirrored by continued progress in our Bulletin, the published record of our society. The editorial staff respectfully solicits your suggestions and assistance in achieving this task.

H. S. JUDD, M.D.

STRICTLY LOCAL . . .

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O'CONNELL, ROBERT Internal Medicine—Wednesday and Saturday P.M. Office, Northern Pacific Hospital.....	MA 6116
Home, 6336 Lake Avenue, S.W.....	LA 7791
REYNOLDS, CHRIS C. General Practice—Wednesday and Saturday P.M. Office, 922 Medical Arts Bldg.....	BR 3888
STEELE, JOHN F. Diseases of Heart and Lungs—Wed. and Sat. Office, 1218 Medical Arts Bldg.....	MA 4832
Home, 4110 North 39th	PR 6441

YOUR DOCTOR SPEAKS

- April 1—"Cataracts," by Dr. Walter Cameron.
- April 8—"The Significance of Lumps in the Neck," by Dr. Herman Judd.
- April 15—"Surgical Emergencies in Children," by Dr. Arnold Herrmann.
- April 22—"Cerebral Palsy," by Dr. George Kittredge.
- April 29—"Fads, Fancies and Facts of Cancer," by Dr. Charles Larson.

MY HOW TIME FLIES . . .

20 Years ago—

Dr. Havlina went to the County Hospital the first of April for his service there, and Dr. Baskin returned to Tacoma General Hospital.

15 Years ago—

The regular meeting of the Medical Auxiliary was a tea on Thursday, April 13th. Mrs. John Gulikson, president of the Auxiliary opened her new home at 621 North 9th Street for the meeting. Mrs. H. S. Ague, hospitality chairman named Mrs. A. W. Howe to be in charge of the tea hour and she was assisted by Mrs. H. G. Willard, Mrs. George Nace and Mrs. W. E. Lewis.

10 Years ago—

Item: From now on don't forget it takes a three cent stamp on all letters including local ones. . . . Newest addition to the profession was Dr. James Vadheim with offices in the Medical Arts Building. He came to us after four years in surgery at the Mayo Clinic. He looked after Sig Herrmann's work while Sig went on a trip to Victoria for a rest.

5 Years ago—

At a staff meeting of St. Joseph's Hospital, 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 percent 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.

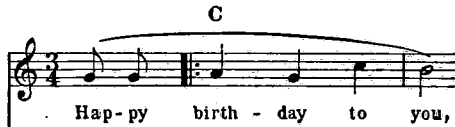
Following the above discussion the question of St. Joseph's Hospital opening fifty beds to patients under No. 172 was introduced and discussed pro and con with the suggestion being made by Dr. Humiston that a representative of the Board of Governors contact Dr. Brown at Pierce County Hospital in regard 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.

PIERCE COUNTY HOSPITAL COUNCIL

The member hospitals of the Pierce County Hospital Council have requested the Doctors to please cooperate when scheduling surgical cases with the various hospitals and ask their patients to arrive at the hospital according to the information as listed below. This will enable the hospital personnel to give better service to each new surgical patient.

	Before
Northern Pacific Beneficial Ass'n Hospital	4:00 p.m.
Pierce County Hospital	2:00 p.m.
St. Joseph's Hospital	4:00 p.m.
Tacoma General Hospital.....	4:00 p.m.
Good Samaritan Hospital (Puyallup).....	4:00 p.m.
Doctors Hospital	3:00 p.m.
Washington Minor Hospital.....	4:00 p.m.

HAPPY BIRTHDAY



APRIL

- 1 LAWRENCE SKINNER
- 2 EDWIN FAIRBOURN
- WILLIAM MATTSON, JR.
- 4 BERNARD HARRINGTON
- 7 EVERETT NELSON
- 11 LAWRENCE BRIGHAM
- 12 CHARLES MAY
- 15 DOUGLAS MURRAY
- 16 CHARLES TRIMBLE
- 17 J. MORRISON BRADY
- CHARLES PASCOE
- 18 CLYDE GRAY
- 21 HAROLD JOHNSTON
- 24 EUGENE HANSON
- WAYNE FUNK
- 25 RODGER DILLE
- 27 JOHN GULLIKSON
- 28 LOUIS HOYER
- 29 ARCHIBALD HOWE
- 30 DONALD McKAY

BULLETIN CONTRIBUTIONS

Your Bulletin is what you make it.

We welcome and shall use scientific articles, announcements, news items or letters to the Editor from our membership at large, from special medical societies, or from hospital staffs.

Publishing deadline is the 20th of each calendar month for Bulletin dated first of following month.

PANEL DISCUSSION

Subject: Psychiatric Services Available to Tacomans

Place: Jones Hall, College of Puget Sound

Time: 8:00 P.M., Tuesday, April 20

Sponsors: Pierce County Mental Health Association

American Association of University Women

Panel Members

Private Practice—

Wayne Funk, M.D., Lowell Hughest, M.D., Myron Kass, M.D., Harlan P. McNutt, M.D., Robert C. Murphy, M.D., William H. Todd, M.D.

Western State Hospital—

Felix von Mendelssohn, M.D.

Veteran's Adm. Hospital—Supt., President of

Pierce County Mental Health Association—

T. H. Hardgrove, M.D.

Moderator: E. Burdette Backus, D. D. Minister 1st Unitarian Church (For 7 years Preident of Indiana State Mental Health Association.

The public will have an opportunity to hear what our local psychiatrists have to say about Tacoma's facilities for handling its emotional problems. They will try to answer questions. Here are a few—you may have more and better ones.

1. How can one tell if he needs psychiatric help?
2. Can the average person afford to visit a psychiatrist?

3. If one's budget can't possibly include a private psychiatrist, what then?
4. If you are an ex-patient from a mental institution, where may you go for periodic treatment, if needed?
5. What responsibility does Tacoma and Pierce County have as far as our Mental Institutions are concerned?
6. Are our committment laws adequate? Would you recommend any changes?
7. Where does the patient go for study previous to commitment—should anything be done to improve this service?
8. What sort of training is given to the personnel (such as aides and attendants) who work with these patients in our local, city, county and state hospitals?
9. Where does Tacoma send an emotionally disturbed child who cannot be treated in his home environment?
10. Does Tacoma need more facilities for psychiatric treatment—such as an Adult Mental Health Clinic to carry on a community-wide preventive service, or a place where the discharged patient from Western State Hospital may go for out-patient treatment?

4th ANNUAL MEETING OF TACOMA ACADEMY OF MEDICINE

We felt very fortunate to obtain Dr. George Burch, Henderson Professor of Medicine at Tulane University, New Orleans, as our guest speaker this year. He is the author of textbooks on Cardiology and Electrocardiography. He is one of the outstanding American investigators in the field of cardiac and peripheral vascular disease. Along with his teaching and research activities, he is actively engaged in the clinical practice of medicine.

The subject of Dr. Burch's talk at the banquet on Saturday evening, March 6, was "The Cardiac Problem." He spoke at the outset on cardiac neuroses and spoke on newer developments and current practices in the field of cardiology. He emphasized the part that the physician might play in the development of cardiac neuroses. The approach of the doctor to the patient has a great deal to do with the degree of anxiety the patient develops about his condition.

Dr. Burch outlined his approach to the patient as follows:

- 1) Don't give any opinion as to the patient's diagnosis, prognosis, treatment, etc., until the complete examination has been conducted. He indicated that patients would almost always try to get some hints as to the doctor's feelings about these various things during the course of the history and examination. If the doctor gives some opinion at the outset or during the course of study, he may have to give a different opinion later. The patient would then wonder which opinion is correct or is either one correct.
- 2) At the finish of the complete examination there should be a thorough discussion of the diagnosis, prognosis and treatment with the patient. He sug-

gested that we be specific in outlining treatment. He deprecates the use of such casual phrases as "take it easy" or "don't worry, relax." If a patient is instructed to remain at bedrest it should be explained specifically to him that he is not to get up for meals, to walk around the house, get in the bath tub, etc. Dr. Burch suggests that the doctor go through all the days activities with the patient so that there will be no room for misunderstanding on how the instructions are to be carried out. He allows himself at least an hour for the detailed instruction of the cardiac patient about his proposed treatment course. It was suggested that the wife, husband or other responsible member of the household be present at the time of this initial instruction session. This is to acquaint the other member of the family with the diagnosis and treatment course firsthand. It also increases the likelihood that the instructions will be followed. If the patient alone is present he may purposely "forget" those instructions which he doesn't want to follow. Maybe he doesn't want to quit smoking, drinking or what ever else might be suggested. When another member of the family is present the patient cannot give the excuse of having forgotten the instructions. An attitude of optimism in discussing the prognosis was recommended.

3) He felt that the electrocardiogram was a very useful tool in evaluation of the patient but he fears that at times it does more harm than good. There may be abnormalities in the record due to improper placing of the electrodes or due to some mechanical trouble with the machine. More common and serious difficulties occur with the improper interpretation of the electrocardiogram. In such an instance the patient may be unjustly diagnosed as having heart disease or serious heart afflictions may be overlooked.

4) He felt that the American Heart Association did a great deal of good particularly by furnishing funds and inspiration for research and in the education of professional and lay people. An unfortunate side effect of their fund raising publicity is the anxiety about heart disease engendered.

Dr. Burch admitted that it was impossible to keep a person from being somewhat concerned about his heart after being told he had heart disease. He felt that this effect could definitely be minimized by following the above routine. He emphasized that the evaluation of patients and their cardiac status is not the province of only a few doctors. Information in regard to heart disease and advances in its treatment is freely available to all in the medical literature, training courses, etc. All the technical facilities and information needed for the proper evaluation of most cardiac cases is readily available in any community. He made the plea for more thought and more thorough examination by all doctors. He thought there was too much of a trend to superspecialism.

The Ballistocardiogram and vectorcardiogram are, in Dr. Burch's opinion, of absolutely no use in the clinical practice of medicine today. He felt that the continued study of these techniques should be pursued in research institutions in the hope that some day useful application will be found.

The use of catheterization studies and angiocardiograms are probably helpful in less than 1% of clinical cardiac cases.

Dr. Burch felt that the most important advance in the treatment of heart disease in the last 10-15 years had been the introduction of penicillin and the other antibiotics—but chiefly penicillin. Its use had cut down the number of deaths in congestive failure and myocardial infarction where a complicating pneumonia or other infection was often the cause of death. In prepenicillin days, the development of pneumonia in a person of borderline cardiac status was apt to throw the patient into congestive failure. The antibiotics have changed Subacute Bacterial Endocarditis from a condition with 100% mortality to one where there is almost a zero mortality from the direct effect of infection on the heart valves.

He did not feel that there had been any significant new development in the treatment of either congestive failure or myocardial infarction in the past twenty years (there is evidently reference here to the fact that there were no new tools for there undoubtedly has been an advance in the understanding of the use of mercurial diuretics and the understanding of electrolyte imbalance). There has been a big advance in the surgical approach to the heart and peripheral vessels. He emphasized that this field was expanding rapidly but still represented a small part in conquering the cardiovascular problem. This does offer an area of hope and helps to generate interest in heart disease.

The big cardiac problem continues to be: What is the etiology of arteriosclerosis, hypertension and rheumatic fever?

Dr. Burch felt that the field of peripheral vascular disease was receiving new emphasis and new practical clinical developments would occur in the next few years. He cited the surgical progress in this field, particularly the successful transplantation of aortic grafts.

In short Dr. Burch felt that the improved care of cardiac cases rested on more complete evaluation of the patient using methods and techniques available to all. He emphasized that this was a time consuming process.

Other practical remarks made by Dr. Burch in the course of the meeting:

1. Electrolyte imbalance like vitamin deficiency does not occur singly e.g. when there is an abnormality in the level of blood potassium or sodium there will also be variations from normal in other cations and anions.
2. He feels that patients with acute myocardial infarction should be at bedrest for six weeks.
3. He does not routinely use anticoagulants in the treatment of acute myocardial infarction.
4. Right Bundle Branch Block in the absence of other findings is a benign condition and often compatible with a normal life expectancy.
5. Bed rest is the best treatment for severe angina.
6. Although he used sympathectomy in the treatment of arteriosclerosis obliterans he is far from enthusiastic about the clinical results.
7. He prefers digitalis leaf to the purified glycosides.

8. Circulation time determinations are an unreliable means of cardiovascular study.
9. An electrocardiographic pattern similar to that of subendocardial myocardial infarction is sometimes seen with subarachnoid hemorrhage or cerebrovascular accident. No involvement of the coronaries is seen in these patients.
10. Alcohol has no significant pharmacological action in producing vasodilation in coronary or peripheral arteriosclerosis.
13. "The Practical Management of Diabetes," by Tolstoi.
14. "Motherhood—The Psychology of Women," Volume II, by Helene Deutsch.
15. "The Motion of the Heart," by Cabot.
16. "Pediatric Gynecology," by Schauffler.

Quite a few periodicals added to our list, all suggestions from specialists:

Urologic and Cutaneous Review
Fertility and Sterility
Brain
Psychiatric Quarterly
Psychoanalytic Quarterly
Journal of Orthopsychiatry

With a complete spring housecleaning on all closets, cupboards, etc., finally accomplished the Society office is really spic and span. In April, the way will be cleared for culling our filing cabinets. Incidentally, if you have reprints or literature pertaining to any specific medical or surgical subject that you think we should file permanently, please bring it in to the library. We have a file for this purpose and we hope to bring it up to date so that it can once again be used.

Needed for exchange purposes: September, 1953, issue of the Western Journal of Surgery, Obstetrics and Gynecology.

LIBRARY CORNER . . .

A lot of changes are taking place in the library. A good slice of the re-cataloguing of the books has taken place, thanks to Mr. White of the Tacoma Public Library; a couple of thousand duplicates have been arranged in alphabetical and chronological order at the back of the library and are about to be listed with the Medical Library Exchange. (Note: If there are back issues of any magazine that you would like to keep in your own personal library, come down and take a look at our duplicates before ordering from the publisher); old bound medical journals have been arranged on the shelves in alphabetical and chronological order at the back of the library. Incidentally, for the historically-minded, we have old bound copies of practically all the general medical and surgical periodicals printed in this country. In most instances our collection dates back to Volume 1, which in some cases takes us back to 1850. Those not found on the library shelves can be located in a small room behind the auditorium where they are arranged on shelves according to title and date.

Research projects in the various specialties are still somewhat cumbersome due to the heavy reliance on the interloan library service. If you are a specialist and feel your field is being neglected from the point of view of periodicals or texts, the Library Committee is still welcoming suggestions and will do so until the budget allotment is spent. As of February 28, \$266.96 out of an allotted \$700 was spent for books and \$136.60 out of an allotted \$1300 was spent for periodicals. The big bills for periodicals have yet to arrive. So much on library finances.

Books received for March, 1954, are:

1. "Current Therapy—1954", by Cohn.
2. "Aggression, Hostility & Anxiety in Children," by Bender.
3. "Essential Urology," by Colby.
4. "Urologic Surgery," by Dodson.
5. "Gynecological and Obstetrical Urology," by Everett.
6. "Injuries of the Spinal Cord," by Prather and Mayfield.
7. "Maternal Care and Mental Health," by Bowlby.
8. "Year Book of Urology," by Scott.
9. "Year Book of Radiology," by Holt, et. al.
10. "Manic Depressive Disease," by Campbell.
11. "Yearbook of Eye, Ear, Nose and Throat," ed. by Vail and Lindsay.
12. "Yearbook of Orthopedics and Traumatic Surgery," ed. by Compere.

A BIT OF PHILOSOPHY

The young man knows the rules, but the old man knows the exceptions. The young man knows his patient but the old man knows also his patient's family, dead and alive, up and down for generations. He can tell beforehand what diseases their unborn children will be subject to, what they will die of if they live long enough, and whether they had better live at all, or remain unrealized possibilities, as belonging to a stock not worth being perpetuated. The young man feels uneasy if he is not continually doing something to stir up his patient's internal arrangements. The old man takes things more quietly, and is much more willing to let well enough alone. All these superiorities, if such they are, you must wait for time to bring you. In the meanwhile, the young man's senses are quicker than those of his older rival. His education in all the accessory branches is more recent, and therefore nearer the existing condition of knowledge. He finds it easier than his seniors to accept the improvements which every year is bringing forward. New ideas build their nests in young men's brains. Revolutions are not made by men in spectacles and the first whispers of a new truth are not caught by those who begin to feel the need for an ear-trumpet. Granting all these advantages to the young man, he ought, nevertheless, to go on improving. On the whole, as a medical practitioner, with every year, until he has ripened into a well-mellowed maturity. But to improve, he must be good for something at the start. If you ship a poor cask of wine to India and back, if you keep it a half a century, it only grows thinner and sharper.

—Oliver Wendell Holmes,
"The Young Practitioner," 1871.

BOOK REVIEWS . . .

"The Management of Pain," by Dr. John Bonica

The Bulletin staff is especially proud and happy to present the following reviews on "The Management of Pain," by our own Dr. John Bonica. The trilogy comprising reviews by Dr. Dille, Goering and Staatz is followed by excerpts from private communications to Dr. Bonica concerning his book. We wish to thank Dr. Bonica for his kindness in letting us reprint the communications. Last but not least, our especial thanks to Drs. Dille, Goering and Staatz who undertook the task of evaluation and reviewing. (Dr. Bonica's book was published by Lea and Febiger in 1953, 1533 pages, \$20.00).

* * *

This book represents, as far as the reviewer is aware, one of the first works on the diagnosis and treatment of those conditions in which pain is the outstanding characteristic. This is done in a complete manner with proper emphasis on as correct a diagnosis as possible prior to the discussion of various methods of pain relief which have been found most beneficial, with emphasis on nerve blocking techniques.

The introductory chapters are especially commendable in that they give a historical, physiological and anatomical review which orients the reader for the more specific details found in the remainder of the book.

Although a virtual encyclopedia of pain, it is written in the most interesting manner with historical introductions when they apply and with due regard to the pathological features of various pain "syndromes."

Many illustrations add to the readable style. From the internist's point of view the neurological syndromes, which naturally command a proper amount of attention, are presented in a most acceptable manner.

This book is highly recommended to all those who wish to acquire a complete and practical knowledge of the management of pain. Although the emphasis is placed on nerve blocks, it is a valuable addition for any major specialists library.

—Rodger Dille, M.D.

* * *

"The Management of Pain" with special emphasis on the use of analgesic blocks in diagnosis, prognosis and therapy by John J. Bonica, M. D. Published 1953.

This 1533 page book is an excellent reference book for any physician's library for the management of pain certainly is found in all fields of medicine. To understand this book and to get the most out of it, one must read the preface. In the first paragraph of the preface the author outlines the purpose of his book and the ideal which motivated the writing of it. The volume is divided into three major sections, the first being on the fundamental considerations of pain, the second the methods used in the management of pain and the third pain syndromes.

Part I. *Fundamental Considerations.* The author takes up in chapter form first the neuro-anatomy of

pain, next the neuro-physiological basis of pain, third the physiopathological basis of pain, fourth the psychological basis of pain and fifth the mental and physical effects of pain. In each of these chapters the author has done an excellent job of outlining and presenting the basic fundamentals of pain described under each chapter head. In order to keep continuity and yet help the reader who is in a hurry, he has placed in fine print detailed reference work and theory so that the reader can read the large print, neglecting the small print and not lose the continuity of his reading material.

Part II. *Methods Used in Management of Pain.* Dr. Bonica has divided this into two basic sections—*The Use of Analgesic Blocks* to which he devotes the majority of his attention and *Other Methods Used As Adjuvants to analgesic blocks.* The introduction to this section gives a basic outline for the section as follows: I. Abolition of pain stimulus; II. Interruption of pain pathways; III. Raising the pain threshold; IV. Modification of the reaction of pain; V. Abolition of the perception and/of reaction of pain; VI. Physiotherapeutic measures. History and general principles of the management of pain with analgesic block and fundamental considerations are presented. The rest of this section deals with the specified technique of the blocks themselves. Dr. Bonica throughout this section has tried to give basically the indications for each type of block, the contraindications, the technique of performing such a block and the common complications which one runs into; and the treatment of the common complications. Anyone anticipating using nerve blocks should read the section on complications of nerve blocking so that he may be prepared to handle any such complications that he might run into, or at least be cognizant of them. In the section on the actual techniques of the different types of blocks, Dr. Bonica has done a good job on presenting the different techniques and making them seem extremely simple to the reader.

In the second section of Part II in the book are other methods used as adjuvants to analgesic blocking in the management of pain. The first chapter in this section deals with the use of opiates, alcohol, barbituates, anti-spasmodics and skeletal muscle relaxants and other medications which are used to aid in relieving pain or muscle spasms which in turn produce pain. The pharmacology including the mechanism of action of the different drugs is described. Indications and contraindications are given and drugs of preference are given.

The next section is the handling of pain by psychotherapeutic measures. It is mainly to acquaint the reader with psychiatric methods and the treatment of pain so that he will not forget this aspect. Similarly there are short chapters by Col. Williams on physical therapeutic methods in the management of pain which concerns the physical medicine aspect of treatment of pain.

The orthopedic section mentions the basic orthopedic principles entailed in handling different types of pain syndrome. This is meant to be only an outline. It was written by Dr. Wendell Peterson. X-ray therapy and management of pain was written by Dr. Rigos and Dr. John Robson has written the neurosurgical methods in the management of pain.

It is the book reviewer's opinion that these chapters were put in mainly for completeness to remind the reader that he should always relate the proper medical treatment to the pain problem, be it neurosurgical, orthopedic, psychiatric, x-ray therapy, along with the analgesic blocks.

Part III. *Pain Syndromes*. Again the author has subdivided into seven major parts: (a) General Principles of Management; (b) Neuritis and Neuralgia; (c) Causalgia and Other Reflex Dystrophies; (d) Pain Consequent to Peripheral Vascular Diseases; (e) Pain of Psomatic Origin (muscles, joints, bones); (f) Pain of Visceral Origin and Allied Disorders; (g) Pain of Cancer and Other Neoplastic Diseases.

It is the book reviewer's opinion that this is the section which will be most used by the general practitioner who is trying to run down a pain syndrome. Dr. Bonica has done an excellent job of explaining the examination of the patient in relation to pain, the diagnosis and evaluation of pain; the importance of history and extremely careful examination including neurological examination. He also brings out the fact that the emotional or mental state of the patient should be well recorded and observed. It is the reviewer's opinion that the beginning of this section should be marked with colored paper or a tab or some other method to allow the occasional user of this book to rapidly locate this section when he has to look up an unfamiliar pain syndrome in a hurry. Dr. Bonica has listed under the different types of regional pain the differential diagnostic features and the usual etiology and associated signs and symptoms. He has done this for the different regions of the body and these charts can be used to advantage by the occasional user.

In the section "Neuritis and Neuralgia" case histories of typical cases of the different types of neuritis and neuralgia are given. Their diagnoses and treatment by the use of analgesic blocks is described. Differential diagnosis is well outlined. Causalgia and other reflex dystrophy is an extremely well written section and is very well presented so that the minor causalgias as well as the major causalgias are brought to the reader's attention. Descriptive cases are again used to advantage. The author has continued this type of presentation in the remaining sections of this book, presenting cases under each classification giving good illustrations, giving the etiology and treatment. He very well presents the use of analgesic blocks in inoperable cancer, especially where the patient in in too poor shape to consider neurosurgical procedures.

Summary: It is this reviewer's opinion that this book is well presented and well written. It is a large book in which the author has attempted to simplify

his presentation to such an extent that the book can be used rapidly for reference or in more detail to get a neuro and anatomical review or neuro physiological review of the mechanism of pain. There is considerable repetition of description of treatment and syndromes, but this has two purposes: (1) To drive the point home; (2) To eliminate cross references so that the reader will not continually be referred to another section of the book for a description that can be put down in a few words. Another point which should be mentioned is that the book is well illustrated, has many illustrations and many drawings to illustrate the text. Again I should like to state that I believe it is a book which can be used by any medical man in any field of medicine.

—Dumont Staats, M. D.

* * *

This is a monumental work of over 1500 pages with over 400 illustrations, diagrams, line drawings, roentgenograms and tables of etiological and diagnostic features of many clinical pain problems. It is indeed a difficult task to give full justice to this excellent treatise in a short book review.

The preface of the book states the author's desire to "facilitate the task of the busy practitioner and to supply him easily accessible information with the conviction that this will induce more clinicians to employ these methods of diagnosis and therapy." This the author has accomplished in great detail.

The book is divided into three sections: the first on the anatomical, physiological and psychological aspects; the second, on methods of technic; and the third, on specific pain syndromes. These are discussed in meticulous detail.

The work was conceived as a synthesis of the enormous amount of material on the subject of pain in the world medical literature but it represents a wealth of personal experience as well. The abundance of information and the manner in which it is presented will make this treatise valuable to the general practitioner and specialist alike.

—W. H. Goering, M. D.

* * *

Part of letter from
Prof. Rene Leriche
Paris, France

Professeur du College de France
Famous author of "Surgery of Pain"
and without doubt one of the
worlds greatest authority on this
subject.

"Today I reviewed your book and I am prompted to write you this letter to thank you for the contribution you have made on the aspect of medicine which is very close to my heart.

I want to congratulate you for a magnificent job in making an excellent and thorough exposition of pain, which is at best a very difficult subject. You have treated the subject thoroughly in all of its aspects.

I want to thank you for the recognition you have given me in your book for my personal work. I feel it is the greatest compensation that I could merit."

* * *

I have received your letter of 30 October and the book entitled, "*The Management of Pain*," and am most happy to own a copy of this excellent volume.

Though I have had time only to glance through it, due to meetings of the Association of Military Surgeons and of our Army Commanders and Surgeons, I know that I shall enjoy settling down to read it thoroughly at my first opportunity. From this first observation I would certainly say that it is an outstanding accomplishment, and I appreciate your thoughtfulness in sending it to me.

With kind best regards, I am

—George E. Armstrong,
Major General
The Surgeon General

* * *

May I introduce myself as a man who is most enthusiastic about your great opus. It is simply *magnifique!*

What I think about it I expressed in my review of this book in Stacey's Book Reviews—and your publisher may make any use of it he sees fit.

When I received your book from Stacey's for review, I sent it at once to Dr. H. C. Naffziger—as you can see from the enclosed yellow slip—and as you see from this slip also, his reaction was, in a word, "excellent."

May I congratulate you with all my heart for the great opus. You and the publisher may be very proud of it.

—R. Wartenberg, M.D.,
Professor of Neurology,
U. of California and
famous author.

* * *

It is very unusual for me to write a "fan letter," but I am so much impressed by your book *The Management of Pain* that I want at once to tell you so. It is a most scholarly, readable and informative book. I am particularly pleased by three important aspects of your book which will, I am sure, make it a lastingly valuable contribution: the historical treatment of man's struggle to conquer pain, the complete anatomical descriptions of the various approaches to ganglia, nerve trunks, and meningeal envelopes, and the emphasis on the therapeutic value of early attack upon the nidus of pain.

Especially commendable is your approach to pain perception as a necessary psychic adjunct to whatever neurophysiological mechanisms are concerned. This is a point that has been somewhat lost in medicine, in general. Descartes understood the problem philosophically as perfectly as you do, I believe, and discussed perception as being related to central processes although projected to the periphery. He even discussed phantom limb sensation, severe protracted pain and other problems in order to illustrate his views. Unfortunately, medicine, for more than four hundred years, has continued to miss or to avoid the issue and there has grown up, especially lately, an attitude of mind

and body separations, or "psychosomatic" differentiation. The consequence is that internists and surgeons frequently neglect the psychic avenues (or don't realize how much their treatment implicates them) and relegate certain patients with "inexplicable" pain to a category "beyond the pale." Your intelligent treatment of this subject is particularly commendable.

—Robert Livingston, M.D.,
Associate Professor
Anatomy and Physiology,
U.C.L.A.

AURICULAR FIBRILLATION

Though usually considered a serious complication of mitral stenosis, auricular fibrillation has 3 definite advantages: (1) Digitalis retards tachycardia with fibrillation but is relatively useless for sinus rhythm. (2) As cardiac output falls, pulmonary pressure and edema of the lungs are also reduced, declare Dr. Murray Rabinowitz and associates of Peter Bent Brigham Hospital and Harvard University, Boston. (3) At a particular pulse rate, systole is shorter and diastole longer with fibrillation than with sinus rhythm. Since blood flows through the mitral valve only in diastole, fibrillation may allow a liter of blood per minute to pass the valve at a determined pressure, or a decrease in pressure amounting to 20 mm. of mercury in pulmonary capillaries for a specific blood flow.

—Federation Proc. 12:111, 1953.

"It is to the self-sacrificing spirit of the sagacious practicing doctor, not to the likes of us in this, that or the other line of special work, or the medical scientist, or the public health official, that from the earliest times tribute has been paid. . . .

"Three-fifths of the practice of medicine depends on common sense, a knowledge of people and human reactions. . . .

"We have instruments of precision in increasing numbers . . . the vast majority of which are but supplementary to, and as nothing compared with the careful study of the patient by a keen observer using his eyes and ears and fingers and a few simple aids. The practice of medicine is an art and can never approach being a science even though it may adopt and use for its purposes certain instruments originally designed in the process of scientific research."

—Dr. Harvey Cushing.

You will remember, of course, always to get the weather-gage of your patient, I mean, to place him so that the light falls on his face and not on yours. It is a kind of ocular duel that is about to take place between you; you are going to look through his features into his pulmonary and hepatic and other internal machinery, and he is going to look into yours quite as sharply to see what you think about his probabilities for time and eternity.

—Oliver Wendell Holmes.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

April Meeting Changed

The next auxiliary meeting will be Friday, April 30th, instead of the regular date because of Good Friday and school vacation. The Puyallup Valley members will be hostesses; the 12:30 luncheon meeting will be at the home of Mrs. Leo Sulkosky, 1403 Fifth Street, S.E., Puyallup.

Directions are to drive out Meridian Road past the fairgrounds to 14th Avenue S. (bottom of hill); turn left four or five blocks, to the house on the corner.

Entertainment will include readings by Marie Hoyt's mother-in-law, Mrs. Frederick Hoyt, and vocal music by Puyallup high school students directed by Mrs. Louis Owens.

Assisting Mrs. Sulkosky will be Mrs. Carl Scheyer, co-chr., Mesdames T. H. Clark, Chas. Denzler, James Duffy, Wm. Burrows, Wallace Hoyt, J. Hugh Kalkus, Edward McCabe, K. H. Sturdevant, Charles Vaught, Donald McKay, and Joseph Jarvis.

Annual Dues Reduced

As had been previously announced the auxiliary membership considered next year's dues at the March meeting—whether or not subscription to *Today's Health* should be included in the annual dues. The president explained the importance of *Today's Health* as a means of disseminating accurate health information and pointed out that we were not voting on the magazine but on whether or not subscription should be compulsory. After considerable lively discussion from the floor the membership voted for dues to be five dollars with optional magazine subscription, which can both be paid at the same time in the fall.

It was announced that the auxiliary now has 167 members and 226 subscriptions.

The auxiliary voted that \$100 be given to the Cancer Fund this year.

Chairman of the nomination committee, Gladys Hanson, presented the slate of candidates to be voted on in April:

President Gladys Hanson
 President Elect Helen Kittredge
 First Vice President Dorothy Maier
 Second Vice President Irma Wahlberg
 Recording Secretary Betty Smeall
 Corresponding Secretary Doreen Evert
 Treasurer Hazel Whitacre

Others serving on the nominating were Hilda Lantiere, Muriel Nelson, Jeannie Schwind, and Kay Anderson.

Two exchange students from C.P.S. were presented by Hazel Whitacre, program chairman. Laureen Sakugawa danced the classical Hula and sang several Hawaiian songs. Paul Hang, from Singapore, told of Malaya's problems and of their progress toward democracy. Both students are members of the International Relations Club.

* * *

Officers for 1953-1954

President Mrs. S. R. Lantiere
 President Elect Mrs. Eugene Hanson
 First Vice President Mrs. George S. Kittredge
 Second Vice President Mrs. Joseph B. Jarvis
 Corresponding Secretary Mrs. William C. Brown
 Recording Secretary Mrs. Haskel L. Maier
 Treasurer Mrs. Elmer W. Wahlberg

Scholarship to Be Presented

President Hilda Lantiere presented the annual nurse's scholarship at the Tacoma General Hospital Capping ceremony, March 28th.

This scholarship is presented annually to a deserving junior student nurse by the Woman's Auxiliary to the Pierce County Medical Society.

* * *

Officers, sponsors, and advisors of the five Future Nurses Clubs of Pierce County were entertained at a tea at Dorothy Maier's home recently.

Plans were made for a dance April 23rd at Jackson Hall. All Future Nurses Club members (about 150) and their boy friends will be invited. High school girls will work with our nurse recruitment committee and the hospital nursing supervisor to plan the dance.

* * *

We are pleased that our nominee, Clara Goering, was chosen "Woman of the Year" by the Business and Professional Women's Club of Tacoma.

* * *

Margaret Harris, as chairman of the Health Committee for the Presidents' council, capably introduced Dr. Brady at the last Council meeting.

* * *

Civilian Defense Chairman Reports

Three "P's" are vital if civilian defense in Pierce County is to be effective, auxiliary members learned March 6, at the all-day conference sponsored by the Tacoma Branch of the A.A.U.W.

"Plan-Prepare-Pray are the watchwords for disaster preparedness, Vice Admiral D. E. Barbey, State Director of Civilian Defense, told representatives from Pierce County's women's organizations.

The attendance of 200 was proof that women are cognizant of their roles if disaster strikes, bearing out the fact that civilian defense is everybody's business.

Auxiliary members present to help spread the words of wisdom from defense speakers included Mesdames Eugene Hanson, Frank Maddison, Robert Lantiere, William Goering, Tracy Duerfeldt, Charles McGill and George Moosey.

Judge: 'Even if a man is on his hands and knees in the middle of the road, it doesn't prove he was drunk.'

Policeman: "No, sir—but this guy was trying to roll up the white line!"

HOSPITALS . . .

TACOMA GENERAL

Mr. G. Donald Cullen, R.P.T., has joined the staff of the Physical Therapy Department. Mr. Cullen has attended Seattle College, the University of Washington, and St. Louis University in St. Louis, Missouri, where he was graduated. He has had experience in St. John's Hospital and Missouri Baptist Hospital, both in St. Louis.

* * *

Capping exercises for the Class of 1956 were held at the First Methodist Church on March 28.

* * *

The Tacoma Dietetic Association was asked by the Pierce County Civil Defense to participate in a mass emergency feeding project at an all-day Disaster Preparedness Workshop on March 6, at the Salishan Community Building. St. Joseph's, Tacoma Indian, Northern Pacific, Pierce County and Tacoma General Hospitals prepared the food. Other hospitals in this area contributed help. 225 people were served in 25 minutes, cafeteria style, at a cost of 53c per serving.

* * *

Five more students from Mt. Edgecumbe School of Practical Nursing in Alaska have arrived for training on the OB floor. Before they come here these students complete four months of Theory and Practice in the classroom, and have 8 weeks of hospital experience on the wards of the Mt. Edgecumbe Hospital.

* * *

Miss Carol Thompson has assumed her duties as Assistant Director of Nursing Service in charge of the 3-11 shift. Miss Thompson, who has been on the staff of Second East, is a graduate of the School of Nursing of the Grey Nuns' Hospital in Regina, Saskatchewan. She replaces Mrs. Marjorie Dickson who leaves for another interesting position.

ST. JOSEPH'S

Spring is here and reflects itself in the gleaming face of youth, in the eager interest and participation of all in the old games of basketball and baseball. Knute Rockne of happy memory won success and an undying spirit for his famed Notre Dame team by instituting the "T" formation. With this in mind we have started not exactly the same thing but a team plan. Some of the sisters and nurses have spent many hours figuring where this nurse and that auxiliary helper would best fit in, the only goal in mind being happy, contented patients. We do hope it will bring the desired results.

* * *

The Nursing Service Office reports that Mrs. Myrtle Henslee from Second Floor, Miss Daly, head nurse from Third Medical, and Miss Helen Brierly, also from Medical Floor, with Ruth Reagen from Pediatrics, will attend the Washington State Nurses' convention which will be held in Seattle, March 29 to April 2. They represent the

delegates, with some of the sisters, from St. Joseph's Hospital. We all wish them an enjoyable as well as an enlightening event!

* * *

From the Maternity Department comes the news that three of our staff doctors' families increased during the past month. They are Drs. Cummings, Rich and Betteridge. The boys are favoring the doctors this year. For the Rich and Betteridge families this is the first boy after three little girls, but Daniel Franklin Cummings has company in Donald Francis Jr. who is eighteen months old now. Congratulations to all!

* * *

We also want to congratulate Mr. and Mrs. F. Dupille on the baby girl, born on March 11, 1954. Mr. Dupille is the business manager of our hospital.

* * *

Dr. and Mrs. G. Kohl are going to Las Vegas for two weeks. Dr. Kohl will enjoy his vacation playing golf there.

* * *

Dr. Kyle went back home to see his father. We hope he had a nice trip.

* * *

BLESSED SPRING

A original poem by one of the practical nurses in Pediatrics:

*The flowers in the spring
Are promises of Golden days ahead.
The robins that sing
Renew the hopes that once were dead.*

*The sprouting leaves on the limb
Are bursting joys and happy thoughts,
And a message from Him
Of all the good that He has taught.*

*So, go breathe deep
Breathe that fresh spring air.
Renew the hopes that are asleep,
And say a thankful prayer.*

PIERCE COUNTY

Three of the recent and outstanding residents of Pierce County Hospital have opened their private practices. They are Dr. Calvin Wartman, practicing in Bremerton, Washington, Dr. John Erickson in Enumclaw, Washington, and Dr. H. Furukawa in Sunnyside, Washington.

* * *

Announcement is made of the birth of Colleen Louise, a beautiful baby daughter, to Mr. and Mrs. Howard Leavitt. Mrs. Leavitt is secretary to Dr. Brady. Colleen Louise is also the granddaughter of Mrs. Nellie Kennedy of the Pierce County Hospital staff.

* * *

The seventeen members of the Pierce County Hospital personnel who form one of the Bowling teams of the Friday night Ladies League of Bowl-

ers that plays regularly in the Coliseum Bowling Club, are giving a very good account of themselves. Outstanding player is reported to be Pete Manry. Members of the 3-11 shift who cannot belong to the night league show excellent form in their afternoon games. Thelma Strayer and Emma Murray are particularly outstanding players of this group.

* * *

Mrs. Kazu Quaranto, R. N., a former valued member of the Pierce County Hospital Nursing staff has returned to her duties here.

* * *

Miss Katherine Mooney, Superintendent of Nurses, will be Moderator for the panel discussion at the State Nurses Convention on March 31 in Seattle. The topic for discussion will be "Are We Meeting the Challenge of the Future in Nursing?"

* * *

Friends of Mrs. Mabel Johnson of the Laboratory staff are happy to learn that Mabel is recovering satisfactorily from her recent serious illness. She is now recuperating at her home.

* * *

A new member of the Laboratory technician force is Mr. Carl Niwa, lately of Tacoma General Hospital.

* * *

A baby boy was born to Mr. and Mrs. Richard McDougal (Bonita McDougal of the Nursing staff) on March 18, 1954. Mother and baby are reported doing well.

* * *

Miss Barbara Wood is the new member of the Medical Records Department.

A man owned a parrot that had a bad habit of swearing. He decided to break the parrot of this habit, so he gave it quite a lecture on the evils of profanity and at the conclusion of his remarks said:

"It's a nice day, isn't it?"

The parrot replied: "Damn fine day."

The man jerked it out of its cage and whirled it around his head, then dunked it in a pail of water until it was nearly drowned. He then restored it to its cage, and while the parrot was still gasping and shaking itself, asked in a severe tone of voice: "Now then, nice day, isn't it?"

To which the parrot replied: "Yes, sir. But where the hell were you when the typhoon struck?"

The public is a very incompetent judge of your skill and knowledge, but it gives its confidence most readily to those who stand well with their professional brethren, whom they call upon when they themselves or their families are sick, whom they choose to honorable offices, whose writings and teachings they hold in esteem. A man may be much valued by the profession and yet have defects which prevent his becoming a favorite practitioner, but no popularity can be depended upon as permanent which is not sanctioned by the judgment of professional experts, and with these you will always stand on your substantial merits.

—Oliver Wendell Holmes,
"The Young Practitioner," 1871.

DIABETES

Diabetes originally had nothing to do with sugar. It is a pure Greek word simply meaning a "going through," and hence a siphon. It was applied to the disease because of the way in which water passed through the sufferer—a human siphon. There are two forms of diabetes: one in which the victim passes large quantities of urine containing much sugar; and one in which even larger quantities of extremely dilute urine containing no sugar are passed. In the 17th century the only way to distinguish them was to taste the urine; so one was called *diabetes mellitus* (sweet; *mel*, *mellis*, is Latin for honey), and the other *diabetes insipidus* (tasteless).

The foreign delegate to the U.N. was motoring through staid New England when he gained the impression that Americans are overly sex-minded. Asked to explain, he pointed out the succession of New England road signs that he encountered again and again, such as "Soft Shoulders," "Dangerous Curves," "Five Gals for \$1.00," "Try Ethyl" and the pay off, of course, was "Watch Out for Children."

"Look here, Mister," snarled the customs officer, "you told me there was nothing in the suitcase but clothing and I found a bottle of whiskey!"

"Sure," replied the accused. "That's my night-cap."

"If you tell a man that there are 270,678,934,341 stars in the universe, he'll believe you, but if a sign says 'Fresh Paint,' that same man has to make a personal investigation."

When two psychiatrists chanced to meet, one said, "Hello."

The second turned and was heard mumbling to himself, "I wonder what he meant by that?"

A recent and hitherto undescribed symptom of streptomycin neurotoxicity is a contralateral movement of objects in the visual field which occurs upon motion of the head. To the untrained observer this effect might be described as lightheadedness, dizziness or instability of vision. This subjective manifestation appears days or weeks before evidence of gross vestibular damage is noted and, if heeded, this warning may serve to prevent a permanent disability.

The city slicker halted his car at a desolate crossroads and yelled to a farmer driving a load of hay: "Hey Cornsilk, is this the way to Des Moines?"

The farmer looked up in feigned astonishment. "By gummies, stranger, how'd ye know my name was Cornsilk?"

"I guessed it," answered the slicker.

"Then, by heck," snapped the farmer, "guess your way to Des Moines!"

NEW MEMBERS . . .

ELECTED AT THE REGULAR MEETING OF THE SOCIETY, MARCH 9, 1954

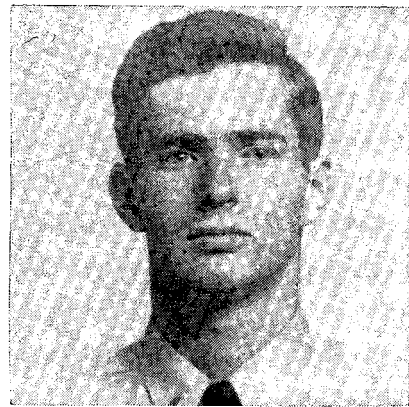


GLEN BROKAW, M. D.
General Practice

Born August 26, 1911 at Everett, Washington. Graduated from the University of Oregon School of Medicine, 1952. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on August 1, 1953. Recommended by Drs. Parrott and Norton.

THEODORE HALEY, M. D.
General Surgery

Born November 17, 1920 at Tacoma, Washington. Graduated from the University of Rochester School of Medicine, 1947. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on February 1, 1952. Recommended by Drs. Arnold Herrmann and Vadheim.



WILLIAM MATTSON, JR., M. D.
General and Thoracic Surgery

Born April 2, 1920 at Tacoma, Washington. Graduated from the University of Pennsylvania, 1945. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on April 29, 1946. Recommended by Drs. Dille and Hoyer.

Errata: In the last issue of the Bulletin Drs. Leuken and Johnston were erroneously listed as to specialties. With apologies we herewith forward their correct listings:

Harold D. Leuken, M. D.
Obstetrics and Gynecology
Harold Johnston, M. D.
Neurology and Psychiatry

MEMOIRS . . .

It's been about sixty-three years ago since I graduated from medical college. It will be interesting to note the improvements that we have made in both medical and surgical treatment of diseases. Diphtheria was one of the fatal diseases in childhood. There was no cure for it until they developed diphtheria anti-toxin which is a complete cure for the disease. Also scarlet fever has been conquered with a serum treatment. Formerly malaria and yellow-fever spread throughout the southern states during the summer and only in the fall when they had had a killing frost could they stop the disease. Then it was found that the mosquito was the carrier of both diseases. In more recent years the wonder drugs have been developed, sulphur and penicillin. If they had not been, I do not believe that I would be alive today. A few months ago I developed pneumonia and penicillin stopped the disease and I am feeling fine again.

The price of medical service has of course advanced a great deal. The price for attending obstetrical cases in the years when I first began practice was ten dollars. I used to ride out into the country in the middle of the night and that was all that I would get if I would get anything.

I can remember one case in Kansas where I was called out in the middle of winter to a confinement case and there was an awful blizzard blowing from the north. I was with the case all night. Finally the patient was delivered and I told the man that I could go back to town. He said, "Doctor I'm afraid for you to leave this morning." "Why" I said "Your wife is allright and everything is in good shape." "It isn't that," he said, "This is an awful blizzard. Anything could happen on the road into town. You could soon freeze to death." "No" I said "I think I can go to town." The next day my cheeks were sore. I found that they had frozen during the trip into town.

I once lived in Colorado. The train robbers were rampant through southern Colorado and New Mexico. The notorious robber Black Jack held up the train near Raton, N. M., and the conductor took a shot at him and struck him in the arm with a loaded buckshot. He was brought into the hospital at Trinidad and I amputated his arm. Years afterward he was hung for holding up the train.

I can remember being called out on a case when it was seventeen below zero, and a blizzard blowing from the north. I was called to a little town in New Mexico and found a child very ill with a ruptured appendix. The people who worked on the rail section lived in a box car. We fixed up an operating table in the box car out of an old table and I operated on the little patient and removed the appendix and he made a complete recovery. I got ten dollars—enough to pay my carfare down there.

Speaking of recent medical developments, my little great-grandson, about two years old, develop-

ed hydrocephalus. We called in a brain surgeon, Dr. Robson, and he operated on the little fellow and he's made a complete recovery. A few years ago this was considered an incurable disease.

I had an operation for appendicitis about two years ago done by Dr. Ritchie for ruptured appendix. I am feeling fine now, and on November 8th I celebrated my ninetyeth birthday.

—Dr. Samuel Blair.

W.M.A. PLANS COMMITTEE ON OCCUPATIONAL HEALTH

The World Medical Association, representing 700,000 physicians in 46 national medical societies, has announced that it plans to establish an International Committee on Occupational Health for the benefit of industrial workers everywhere.

Dr. Louis H. Bauer, secretary-general of the WMA, said the international committee will be made up of physicians who are members of the WMA.

Advisory committees, representing several nations, will be set up shortly. One such committee, comprised of industrial health leaders in the United States, was named during the 14th annual Congress on Industrial Health, held in Louisville, Kentucky.

Dr. Bauer said there is a strong possibility that the World Medical Association and the Council on Industrial Health of the AMA will sponsor an International Conference on Occupational Health in 1957. The site for such an international conference has not been decided.

At an initial meeting in New York recently, more than 60 industrial health leaders in the United States explored the feasibility of embarking on such a program and urged the WMA to do so.

"Since the World Medical Association represents non-governmental agencies, its efforts to improve the occupational health of workers and their families will be directed to individual physician members of the World Medical Association," Dr. Bauer said. "The whole movement will be a gigantic undertaking on an international, grass-roots level."

Industrial health leaders, representing medicine, industry, and government, pledged support of the new movement at the New York meeting because it was felt that every country with any degree of industrialization has industrial health problems.

Mrs. Miller: "What lovely antique furniture. I wonder where Mrs. Adams got that huge old chest."

Mrs. Butler: "Well, they tell me her mother was the same way."

CASE REPORTS . . .

Ectodermal Dysplasia of the Anhidrotic Type Associated with Degenerate Disease of the Central Nervous System.

John T. Robson, M. D.
Michael P. Goodson, M. D.
Tacoma, Washington

Familial transmission of ectodermal defects was described by Wedderburn in 1938, and reported by Darwin.¹ His report concerned ten men of a Hindu family with little bodily hair, early baldness, partial anodontia and excessive dryness of the skin in warm weather. He observed that this condition did not appear in females, but was transmitted to males by healthy female conductors. The total number of cases now known is difficult to estimate, however, in 1938, Lord and Wold² collected forty cases from the literature. Clauston,³ in 1939, differentiated two clinical types, the first he termed hidrotic which consists of ectodermal defects without associated disturbances of sweat glands, and the second type he termed anhidrotic and this consists of other ectodermal defects associated with absence of sweat glands. He reported fifty cases of the hidrotic type and four of the anhidrotic type. About thirteen more cases⁴ have been reported since then, but only five women are known to have the disease.

The hidrotic form of the disease is usually referred to as hereditary, but the existence of positive family history is not as clear cut with the anhidrotic type. There are those who believe the cause is an injury occurring around the third month of gestation, and the varying picture conforming to the stages of embryological development when the injury occurs. This speculation may not be significant, however, as a summary of the literature points to hereditary factors.⁵

To evaluate the condition one must be familiar with the organs derived from primitive ectoderin. These are: the nervous system, adrenal medulla, epidermis, lining cells of the sudoriferous, sebaceous and mammary glands, hair and nails, lining membranes of body orifices, enamel of the teeth, anterior lobe of the pituitary, and neuroepithelium. Symptoms resulting from defects in these structures are obvious. The most striking clinical finding is intolerance to heat in anhidrotic individuals. Mental deficiency occurs in some cases.

It is the purpose of this paper to report the sixth known case of this disease to occur in a female, and to report a hitherto undescribed association with progressive degeneration of the central nervous system.

Case report:

M. J., 43-year-old housewife, was referred by Doctor Robert Florence of Tacoma on March 3, 1950, for evaluation. Her presenting complaint was of difficulty maintaining balance. Dryness of the patient's skin had been noted by the parents at birth, and in early childhood the family physician had remarked on a slight inequality of the pupils.

Except for malformed nails, inequality of the pupils, inability to sweat, and intolerance to heat, development was normal. In late adolescence the teeth had been noted to be defective, and on one occasion a molar split in two while she was chewing on a tooth pick. At the age of fourteen, she became unconscious while sitting in an automobile parked in the sun and body temperature was noted to be greatly elevated. A pregnancy at the age of nineteen was accompanied by convulsive seizures. Three years ago, because a developing difficulty in maintaining balance was resistant to therapy, a vacation trip was taken to Yuma, Arizona. While driving in warm weather, she lapsed into coma and recovered only when taken to an air conditioned hotel. The trip home was made entirely at night to avoid the heat. Two years ago, because they were "broken-up" all teeth were removed except the lower incisors, however, no dental record of the appearance of the teeth exists.

Examination revealed a thin female, appearing older than the stated age with dry, scaly, deeply pigmented skin. The teeth remaining had deep erosions of the enamel, and were peg shaped. The odor of wintergreen and camphor was well recognized. There was no ptosis or nystagmus. The extra ocular movements were normal. The left pupil was smaller than the right, and reacted poorly to light and accommodation. The right pupil reacted normally. Hearing was normal and the Weber test did not lateralize. Speech was normal. Gross muscle testing was within normal limits. Vibratory sense was normal throughout the body. The tendon reflexes were markedly hyperactive throughout, more so on the left than right. Skin reflexes were present. Plantar reflexes were positive bilaterally, more on the left than right. Coordination was normal. The Rhomberg was positive and the patient could not walk a line. There was trunkal ataxia. There was slight pallor of the left optic disc. The right optic disc was normal. Tangent screen examination was normal and there was no scotomata to white or colored test objects.

Spinal fluid examination revealed normal pressure and dynamics. The laboratory reports were of a slight increase in globulin, 22 mgs. per cent total protein, negative serology, no cells, and 322100000 colloidal gold curve.

Gastric analysis revealed free hydrochloric acid in significant amounts. Urinalysis and routine blood studies were completely within normal limits.

Skin testing with 1/100 acetylcholine bromide was done and sweating observed only in the axilla in an extremely small area.

The similarity of facial appearance of those with this disease has been noted, and this lady and her father both exhibit this appearance. The father also had dry scaly skin and is intolerant to heat, but was not available for examination. He is said, by his physician, to have Hodgkins Disease pathologically confirmed with no unusual features. The

patient has one child, a son, with normal skin and no intolerance to heat.

Therapy has been with liver extract, folic acid and vitamin B₁₂, for want of something with rational, and objective improvement has occurred.

Summary:

A case of ectodermal dysplasia of the anhidrotic type occurring in a female with the associated findings of degeneration of the central nervous system is presented. Limited familial studies are recorded. Therapy is without rational.

References:

1. Darwin, C.: The Variation of Plants and Animals Under Domestication, D. Appleton and Sons, 1892. Volume 2, p. 319.
2. Lord, L. W., and Wolfe, W. D.: Hereditary Ectodermal Dysplasia of the Anhidrotic Type. Arch. Dermat. and Syph. 38:893, Dec. 1938.
3. Clauston, H. R., The Major forms of Hereditary Ectodermal Dysplasia. Canada M. A. J., 40:1, 1939.
4. Felsher, Z.: Hereditary Ectodermal Dysplasia. Arch. Dermat. and Syph. 49:410-414, 1944.

5. Lowenburg, Jr., Harry and Grimes, E. L.: Ectodermal Dysplasia of the Anhidrotic Type. Amer. J. of Dis. of Children, 63:357-365, 1942.

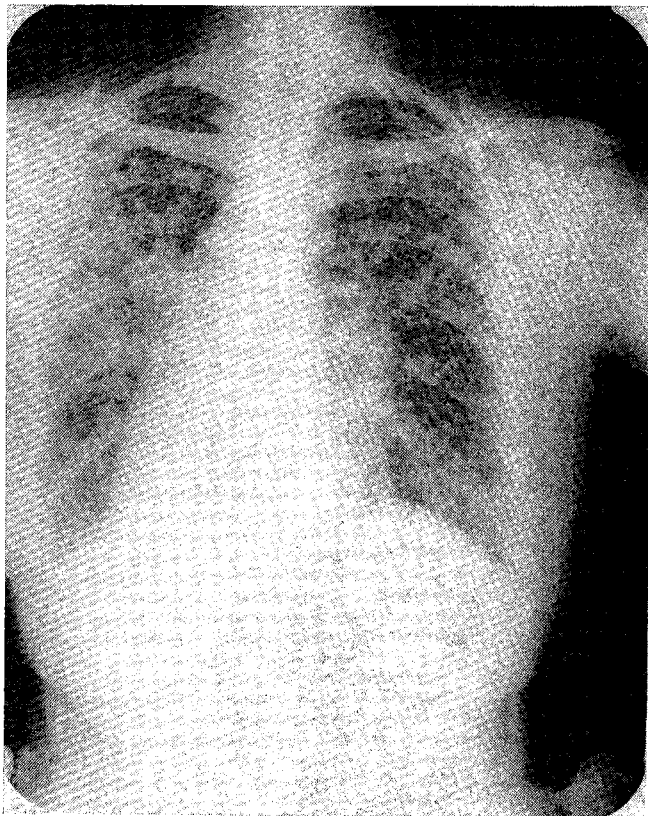
* * *

UNUSUAL CASE OF BOECH'S SARCOID

John F. Steele, M.D., Tacoma, Washington

This rather unusual case, a married woman 53 working in the cafeteria of Central School, was x-rayed by a mobile unit of the Pierce County Tuberculosis Association. This unusual x-ray of the chest was noted and she was asked to come back for a large film, which she did at once. She then went to one of our Thoracic Surgeons who referred her to me for examination.

On July 13, 1950, her height was 64", weight, 154, temperature at 2 p.m. normal. Teeth were very bad; Vincent's Angina and Dental Caries were found. Her tonsils were small, pulse recumbent 92, standing 124, Blood Pressure 160/90. Her heart was normal in size with no murmurs, no thrills, and no irregularity. We found decreased resonance in both lungs. Breath sounds and Vocal Conduction were both decreased, but there were many moderate coarse rales scattered throughout both lungs after



August 28, 1950

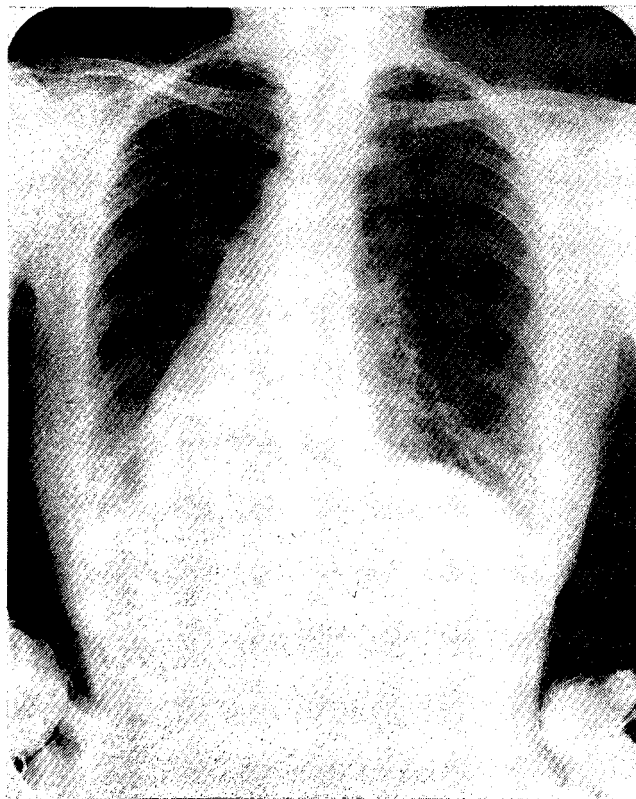
expiratory cough. Her abdomen, extremities, and nervous system were all negative.

Stereoscopic x-rays were taken that day, but the film shown here which was taken August 28, 1950, shows a trifle more trouble than the stereoscopic films did on July 13, 1950. The Mantoux taken that day was 1-1000 and the result was 2 plus. She did not cough up any sputum so she was referred to the Porro Laboratory for Gastric Lavage which was negative for acid fast bacilli.

Her first films looked rather suspicious of Miliary Tuberculosis, but she was not ill enough to have that condition. Boech's Sarcoid was considered the most plausible diagnosis and x-rays of both hands were taken by one of our x-ray laboratories and these proved to be negative. When we were quite certain that Tuberculosis was not present, we referred her to an extracting specialist who removed her teeth, a few at a time, and dentures were substituted.

Dr. Leon Bloch came out here from New York for our Washington Tuberculosis Association meeting during the summer of 1950, and he reviewed her x-rays and stated that he felt quite certain that Boech's Sarcoid was the only, or most plausible diagnosis to make. However, when some of Dr. Bloch's vaccine was given her later it reacted negatively.

The only treatment given her was plenty of rest, symptomatic treatment, and cleaning up her mouth. Her x-rays have been practically as clear as the one shown here in March 15, 1954, for a couple of years. She has been feeling wonderful and she doesn't require any more rest than a normal person now, and she went back to work a couple of years ago. Your guess is as good as mine as to why this condition cleared the way it did, although the books state that Boech's Sarcoid, when found in the lungs only, does clear up at times in a very unusual way.



March 15, 1954

MEDICAL MEETINGS . . .

APRIL

American Heart Association, Conrad Hilton Hotel, Chicago, April 1-4. Dr. William H. Bunn, 44 East 23rd St., New York 10, Secretary.

Pacific Northwest Society of Plastic and Reconstructive Surgeons, Seattle, April 3. Dr. E. E. Banfield, Medical Arts Bldg., Tacoma 2, Wash., Secretary.

American College of Physicians, Conrad Hilton Hotel, Chicago, April 5-9. Mr. E. R. Loveland, 4200 Pine St., Philadelphia 4, Executive Secretary.

American College of Allergists, Roney Plaza Hotel, Miami Beach, Fla., April 5-10. Dr. Fred W. Wittich, 423 LaSalle Medical Bldg., Minneapolis 2, Secretary.

American Association of Railway Surgeons, Drake Hotel, Chicago, April 6-8. Dr. Chester C. Guy, 5800 Stony Island Ave., Chicago 37, Secretary.

Postgraduate course in Obstetrics and Gynecology, University of Washington, April 7-9. Tuition fee, \$30.

Postgraduate course in Applied Anatomy of the Thorax, University of Washington, April 7-9. Lectures only: \$20. Lectures and laboratory: \$70.

Conference on Microcirculatory Physiology and Pathology, University of Texas, Galveston, Texas, April 8-9. Dr. Edward H. Bloch, Western Reserve University School of Medicine, Dept. of Anatomy, Cleveland 6, Chairman.

American Association of Pathologists and Bacteriologists, Philadelphia, Pa., April 8-10. Dr. Alan R. Moritz, 2085 Adelbert Road, Cleveland 6, Secretary.

American Association of Immunologists, Ambassador Hotel, Atlantic City, N. J., April 11-15. Dr. John Y. Sugg, 1300 York Ave., New York, Secretary.

American Society for Experimental Pathology, Atlantic City, N. J., April 12-16. Dr. Cyrus C. Erickson, 874 Union Ave., Memphis 3, Tenn., Secretary.

Symposium on Emergencies, Medical Surgical, Obstetrical, U. of Cal. Ext., 540 Powell St., San Francisco, April 14-16. Tuition fee: \$40.

Pacific Northwest Society of Pathologists, Amphitheater, Dept. of Pathology, University of Washington School of Medicine, Seattle, April 23-24. Dr. John L. Whitaker, 315 South K St., Tacoma 3, Wash., Secretary.

Society of Neurological Surgeons, The Waldorf Astoria, New York, April 23-24. Dr. Edgar F. Fincher, Emory University, Ga., Secretary.

American Society of Maxillofacial Surgeons, Washington, D. C., April 25-28. Dr. Casper M. Epstein, 25 East Washington St., Chicago 2, Secretary.

American Surgical Association, Hotel Cleveland, Cleveland, April 28-30. Dr. R. Kennedy Gilchrist, 59 East Madison St., Chicago 3, Secretary.

American Association for the Study of Neoplastic Diseases, Lord Baltimore Hotel, Baltimore, April 29-30. Dr. Bruce H. Sisler, P. O. Box 268, Gatlinburg, Tenn., Executive Secretary.

Sixth Annual Symposium on Recent Advances in the Study of Venereal Diseases, Department of Health, Education and Welfare Auditorium, Washington, D. C., April 29 and 30th.

American Academy of Neurology, Shoreham Hotel, Washington, D. C., April 29-May 1. Dr. Alexander T. Ross, 1040 West Michigan St., Indianapolis 7, Secretary.

MAY

American Association for Thoracic Surgery, Sheraton-Mt. Royal Hotel, Montreal, Canada, May 3-5. Dr. Paul C. Samson, 2938 McClure St., Oakland 9, Calif., Secretary.

American Psychiatric Association, Kiel Auditorium, St. Louis, Missouri, May 3-7.

Association of American Physicians, Chalfonte-Haddon Hall, Atlantic City, N. J., May 4-5. Dr. W. Barry Wood, Jr., 600 S. Kingshighway Blvd., St. Louis 10, Secretary.

Western Industrial Medical Association, Hotel Biltmore, Los Angeles, May 8. Dr. Edward J. Zaik, 740 S. Olive St., Los Angeles 14, Secretary.

American Trudeau Society, Ambassador Hotel, Atlantic City, New Jersey, May 16-21.

American Laryngological Rhin. & Otol. Soc., Hotel Statler, Boston, Mass., May 25-27.

American College of Cardiology, Inc., Conrad Hilton Hotel, Chicago, Illinois, May 28-29.

American Urological Association (National) Waldorf Astoria, New York, New York, May 31-June 3.

According to a story, a woman complained to her doctor that she was unable to sleep at night. The doctor's advice was for her to eat something before going to bed.

Woman: "But, Doctor, two months ago, you told me never to eat anything before going to bed."

The doctor blinked and then in full professional dignity replied: "My dear woman, that was two months ago. Science has made enormous strides since then."

The Sunday school class was composed of three-year-olds. The teacher asked: "Do any of you remember who St. Mathew was?" No answer.

"Well, does anyone remember who St. Mark was?" Still no answer.

"Surely, some of you must remember who Peter was?"

Finally, came a tiny voice from the back of the room: "I fink he was a wabbit!"

MEDICAL MINUTES . . .

ALLERGY—

In some degree all antihistamines are antianaphylactic, sedative, local anesthetic, antiemetic, and atropine-like in action. Sheldon, Postgrad. Med., Dec., '53.

ANESTHESIOLOGY—

Preanesthetic preparation in pediatric patients is important. Banthine, as drying agent, may be preferred in children. Burstein, Anes., Nov., '53.

CARDIOLOGY—

Clubbing of fingers occurs rarely before 2 years of age in congenital heart disease. Editorial, J.A.M.A., Feb. 6, '54.

CLINICAL PATHOLOGY—

Decrease in arteriosclerosis in Sweden and Finland during lean war years; sharp increase when good food supply again available. Henschen, J. Gerontol., Jan., '53.

DERMATOLOGY—

Oral triple sulfonamides a useful adjunct in treatment of pustular acne. Hurst, Canad. Med. Assoc. J., Jan., '54.

GASTROENTEROLOGY—

Adenomas are frequently encountered complicating diverticula. If distortion of bowel is well localized, resection often necessary to exclude carcinoma. Kitchen, Am. J. Sg., Nov., '53.

GENERAL PRACTICE—

In their affiliated hospitals, 25 medical schools have organized internships and 18 are sponsoring residencies particularly designed to equip physician for G.P.J.A.M.A., 153-105, '53.

GENERAL SURGERY—

Radical abdominal-perineal resection recommended for all operable cases of squamous cell carcinoma of anus. Grinnell, S. G. & C., Jan., '54.

INDUSTRIAL HEALTH—

Electric burns, discussion and treatment. Bldridge, New Eng. J. of Med., Jan. 14, '54.

NEUROPSYCHIATRY—

Re heredity in manic depressive psychosis: In normal persons the threshold for psychosis is high but may be reached under unusual stress; with genetic factors for psychosis threshold is lower but will not be exceeded in all cases. Merrell, Dis. Nerv. Sys., Sept., '51.

NEUROSURGERY—

In tumors of the glomus jugulare, unilateral paralysis of the lower cranial nerves has been the outstanding neurological feature. Bickerstaff, et al., Brain, 76, IV, '53.

OBSTETRICS & GYNECOLOGY—

Intracavitary colloidal Au of value in relief of fluid accumulation in intropleural and peritoneal malignancy. Andrews, et al., Ann. Surg., 137:375.

OPHTHALMOLOGY—

Use of combination of nembutal, demerol, and an antihistaminic is suggested for careful pre-anesthetic preparation and medication of intra-ocular operations. Atkinson, Arch. Ophth., May, '53.

ORTHOPEDIC SURGERY—

Primary muscular arrest is fundamental factor in "frozen shoulder." Treatment involves active mobilization of scapula and alleviation of venous congestion. Farkas, Mod. Med., Feb., '54.

OTO-RHINO-LARYNGOLOGY—

About 80 patients die each year from anesthesia during tonsillectomy. Lawson, et al., North Carolina M. J., 14: '53.

PEDIATRICS—

Any wound which has broken down after initial healing without evidence of much inflammation and is accompanied by painless enlargement of regional lymph nodes should be suspected of being a primary tuberculous focus. Miller, Lancet, Jan. 3, '53.

PROCTOLOGY—

A program for detection of polyp of colon should lead to discovery of polypi in 10 to 15% adult patients regardless of symptoms. Gianturco, J.A.M.A., Dec. 19, '53.

RADIOLOGY—

Common form of obstructive emphysema in infants is postinfectious pneumatocele. Campbell, et al., Rad., Aug., '53.

TUBERCULOSIS & CHEST—

Most common cause of fever and/or jaundice in patient with congestive heart failure is pulmonary infarction. Goyette, Dis. of Chest, Jan., '54.

UROLOGY—

Testosterone increased adrenocortical requirement in patients after bilateral adrenalectomy, precipitated Addisonian crises in 1 patient. Butler, et al., J. Urol., Nov., '53.

But far more numerous is the
herd of such
Who think too little, and who
talk too much.

—Dryden.

ANCIENT HISTORY . . .

A MAN OF MANY TALENTS

Richard Bright (1789-1858) was not the first to make observation on kidney disease, but his was the original observation that dropsy, with albuminous urine, was the result of renal disease. It was Bright's correlations of clinical studies with post-mortem findings that established the syndrome of the condition to which his name was given.

Before receiving his M.D. degree in Edinburgh in Edinburgh in 1813, Bright and a friend, who was later to become Sir Henry Holland, accompanied Sir George Mackenzie on an expedition to Iceland. Mackenzie's account of the trip, "Travels in Iceland," was illustrated by Bright who also added notes on botany and zoology. When he returned, Bright completed his medical studies at Guy's Hospital and in Edinburgh and then toured for a while in Europe. An account of this trip was published in "Travels Through Lower Hungary," which was also illustrated by the author. Settling in London, Bright entered medical practice and became Physician to Guy's Hospital in 1824.

In addition to his work on renal diseases, Bright also published studies on such other conditions as jaundice, tumors, nervous disorders and diabetes.

Hippocratic Pharmacopoeia . . . including various remedies suggested by Hippocratic medicine: Purges—asses' milk, decoction of melon, cabbage, black hellebore, castor oil and colocynth.

Emetics—hyssop, thassia root, hot water, white hellebore.

Sudorifics—hot drinks.

Diuretics—juice of scilla, celery, parsley, asparagus.

Narcotics—belladonna, opium, mandragora.

Astringents—oak bark, sanguis draconis, grenadine.

Compresses—water, vinegar, olive oil and wine.

* * *

If you wish to grow thinner,
diminish your dinner
And take to light claret
instead of pale ale;
Look down with an utter
contempt upon butter
And never touch bread
till it's toasted or stale.
—H. S. Leigh, 1869.

* * *

John Masfield wrote enthusiastically of his poetry and Osbert Sitwell spoke of it as "great and unforgettable beauty." His "In Exile" is a masterpiece. He loved to write poetry, wrote several novels, spent much time studying mathematics, produced many water color paintings, composed music, became a leading scientist, but just barely qualified as a physician and passed, way down the list, into the Indian Medical Service. He wrote that "the medical profession and all its associates and associations were little to my taste or inclination." His name—Sir Ronald Ross.

The malarial parasite had been discovered by Laveran in 1880. It was thought by Laveran, Manson and others, that malaria was conveyed to man by a mosquito, but no one had been able to prove it. Ross very simply and honestly accepted the challenge as a personal one. He frequently worked with his microscope for twelve hours at a time till his right eyelids were swollen and painful. After several interruptions over the next year years "mosquito day" arrived.

On August 20, 1897, at the age of 40, Ross discovered that the anopheles mosquito was the carrier of the malarial parasite. The parasites were found in the stomach of mosquito No. 37. The next day he examined No. 39, and again he found the parasites, but much larger since they were 24 hours older. Since No. 39 was his last mosquito, the night between examining No. 37 and No. 39 was sheer torture for fear No. 39 should die. It was then that he penned the lines:

*This day relenting God
Hath placed within my hand
A wondrous thing; and God
Be praised. At his command.*

*Seeking His secret deeds
With tears and toiling breath,
I find thy cunning seeds,
O million-murdering Death.*

*I know this little thing
A myriad men will save.
O Death, where is thy sting?
Thy victory, O Grave?*

In 1926 he gave Sir Malcolm Watson a copy of his poems with the inscription "Sir Malcolm Watson, who proved that the piece on p. 77 was a damned lie." The following was part of that poem.

"THE ANNIVERSARY"

(August 20, 1917)

*Now twenty years ago
This day we found the thing;
With science and with skill
We found; then came the sting—
What we with endless labour won
The thick world scorned;
Not worth a word to-day—
Not worth remembering.*

*And clapp'd our hands and thought
Your teeming width would ring,
With our great victory—more
Than battling hosts can bring.
Ah, well—men laugh'd,
The years have pass'd;
The world is cold—
Some million lives a year,
Not worth remembering!*

*... but when true
Achievement comes—
A trifling doctor's matter—
No consequence at all!*

Rare is the scientist who has related his discoveries in poetry, but then, he never liked medicine!

* * *

Beloved Tongue Twister . . . found in a Victorian tome:

'Tis said woman loves not her lover
So much as she loves his love of her;
Then loves she her lover
For love of her lover
Or love of her love of her lover?

* * *

Approximately 3,200 female nurses served in the Union Army during the Civil War. They were personally chosen by Dorothea Dix from among candidates who were "past 30 years of age, healthy, plain almost to repulsion in dress, and devoid of personal attractions." A knowledge of "how to cook all kinds of low diet" was required as was the renunciation of "colored dresses, hoops, curlers, jewelry, and flowers in their bonnets." Nurses were paid 40 cents per day and "allowed by the Government, to assist in supplying what the rations . . . would not furnish in food," and were expected to "spend what was left of their salaries on the welfare of their patients."

* * *

Short Course . . . if an American Indian youth decided that he wanted to be a medicine man, he went through a period of purifying himself by emetics, headwashing, bleeding and visiting the sweathouse until he was nearly prostrate from heat and prostration. This purification enabled him to receive the sacred power equivalent to an M.D. But—if he failed to cure a patient he was in disgrace.

ENLISTED STATUS PROPOSED FOR SOME PHYSICIANS

To make it possible to use suspected subversive physicians and dentists in noncommissioned rather than commissioned status, Defense Department is asking for new legislation. The bill an amendment to the Doctor Draft act, would authorize the services "to utilize in his professional capacity in an enlisted grade or rank . . ." any person drafted or called to duty "who fails to qualify for or accept a commission, or whose commission is terminated." The bill is awaiting Budget Bureau approval. A recent Court of Appeals decision ordered the Army to commission or discharge Dr. Herbert L. Nelson, a dentist, who refused to fill out his loyalty questionnaire. The now celebrated case of Dr. Irving Peress, another dentist, is similar, except that in this instance the Army kept him on duty as a commissioned officer after learning that

he had not filled out the loyalty questionnaire. (Defense Department has announced it will need 4,500 physicians for the fiscal year starting next July 1.)

INVESTIGATION COMMITTEE ON KREBIOZEN CONTROVERSY

An Illinois legislative commission, which has been investigating the krebiozen controversy off and on since last April, ruled that there was no "conspiracy" on the part of the American Medical Association, the Chicago Medical Society and the University of Illinois against the so-called cancer drug.

The legislative hearing stemmed from charges by Dr. Andrew C. Ivy that there was a conspiracy to oust him from his post as vice-president in charge of professional colleges at the University of Illinois and to ruin him professionally because of his research into krebiozen.

The A.M.A. contended all along that the drug was worthless in the treatment of cancer.

While a commission statement specifically absolved the A.M.A., no mention was made of Dr. J. J. Moore, pathologist, and treasurer of the AMA, and two Chicago business men who were accused specifically of trying to gain "distribution rights" to krebiozen in the United States.

Rep. William E. Pollack, chairman of the 14-man commission, sad rulings would be made on individuals after additional evidence is presented by their counsel.

Dr. Moore has contended that Dr. Ivy's charges that he aided the two Chicago business men in trying to gain "distribution rights" for the drug were ridiculous and without foundation.

LAUNCH GROUP PRACTICE STUDY

Interest in group practice has been on the upswing in the United States since World War II. However, since very little information is available on the subject, the AMA has authorized a study of the entire question of group practice to be undertaken jointly by the Council on Medical Service and the American Association of Medical Clinics. The proposed field project, employing personal interviews rather than questionnaires, will seek to answer many of the questions concerning the organization and operation of group practice clinics which continually are directed to the AMA. Although no schedule has been set, it is hoped that the study will be completed by early fall.

Little Willie dashed breathlessly into the drug store.

"Quick!" he panted. "My father's hanging by his pants from a spiked fence."

"What can I do?" asked the druggist.

"Put a new roll in my camera," said Willie.

SPECIAL ARTICLE . . .

The Klobber Method . . . with Refinements

Dear Bennett:

Do you remember, one lovely starlit evening on the desert a few weeks ago, our discussing at some length, and with a good deal of parental acrimony, the proper method of bringing up children? That usually discerning and extremely wise lady, your wife, disagreed violently and somewhat haughtily, I thought, at the method we use in our house, but I thought you showed unusual interest in our experiment and silently longed to apply it yourself, so I pass it on to you and to any other frantic and harassed parents who, like ourselves, were damn near ready for the booby-hatch until The Klobber Method came into our home.

The Klobber Method was discovered, or rather invented, by Ernest J. Klobber, a Viennese psychiatrist who, at the time of the discovery of the method which was to bear his name, was a staunch believer in the modern and accepted formula for rearing children. Give them a reason for everything watch out for traumas—plenty of love and security—and never a harsh word. So great an exponent of this formula was Professor Klobber that, at the time of his discovery, the professor, who has six children of his own, was about to be carted off to a sanitarium in a state of complete nervous collapse; a condition any modern parent will understand at once.

As the stretcher was being carried out of the house one of the children aimed a kick at it which, with unerring childlike aim, landed exactly where it was meant to land. The professor, though thoroughly used to being kicked by his children, was under mild sedation at the time and it may have been this that caused a curious reflex action on the professor's part. Bringing his arm up from the stretcher, he brought his hand down with a good sharp crack on the child's head. There was an anguished howl from the child—first time in its life no reason had been given for an action—but the effect on the professor was startling.

He leaped up from the stretcher and gave each of the other five kiddies in turn a good smart crack over the head—a Klobber, as he afterward termed it—and never went near the sanitarium. Instead, in suddenly excellent spirits and health, he began to develop The Klobber Method. No reason was given for anything. "No" meant "no" and "yes" meant "yes," and trauma or no trauma, at the first hint of an argument the children got a Klobber, and life, for the professor and his good wife, was livable for the first time since the patter of little feet had thundered through the house.

Like all great discoveries, however, The Klobber Method met with furious opposition on the part of educators and progressive parents, and it was not until a refinement of the method was suggested by

an assistant of the professor's that it began to meet with popular, if secretive, approval. The professor's assistant, one Heinrich Klunk, suggested that—since a good Klobber usually left a tell-tale lump—a short side-swipe, or a Klunk, in other words, would do the trick just as well. Heinrich Klunk is one of the unsung heroes of our time for though he gets small credit for The Klobber Method, his little refinement worked like a charm, and the word "Klunk" echoes through thousands of peaceful homes like a balm.

The charm of the method, my dear Bennett, is its utter simplicity. In place of long hours of dreary explanation that Daddy cannot work if Junior bangs on the radiator and if Daddy cannot work and make money, how will we go to the circus; in place of that tortured quiet between husband and wife in the long night hours as to which one warped the child's id by refusing to allow the hot-foot to be applied to Uncle Robert; in place of all that—just "Klunk!" and serenity reigns. It is the greatest invention since the wheel, my dear fellow, and as your wife seems to object to it, try it on her first instead of the children and let me know the results. I'll still be out here—three thousand miles away—but I'd like to know what happens.

Ever yours,

—Muss Hart.

This letter, which originally appeared in Bennett Cerf's "Trade Winds" column in The Saturday Review, is reprinted by permission of Mr. Cerf and The Saturday Review.

NOTE: We are reserving two pages for comment on this article in the next issue of the Bulletin.

A. M. A. CRITICIZED

Newspapers of Sunday, January 31, carried stories, datelined from Rochester, Minn., that Dr. Charles W. Mayo criticized the A.M.A. House of Delegates for its supportive stand on the Bricker treaty amendment.

According to the Associated Press, Dr. Mayo, a former alternate delegate to the United Nations, issued a statement in which he said:

"This action by the House of Delegates . . . has the effect of abrogating the right of individuals to make up their own mind. It is almost like being presented with an ultimatum."

The House of Delegates acted favorably in behalf of the principle of the Bricker amendment on two occasions, once at the Chicago session and later at the Denver Clinical session.

Dr. Mayo told the press he had informed Minnesota senators that he was opposed to Bricker's proposal.

NATIONAL NEWS . . .

THE EISENHOWER HEALTH MESSAGE

President Eisenhower's message to Congress on the nation's health is primarily a recognition that good health is popular politically and otherwise. He and his secretary of health, welfare, and education, Mrs. Hobby, are of no mind to let the Democrats steal the ball from them on this issue.

The message disavows belief in socialized medicine, emphasizes the progress that has been made in pre-payment or insurance plans to cover hospital and doctor bills, reasserts the sound proposition that the best medical care will result from the patient having free choice of his doctor—and then offers some proposals that would put the foot of socialized medicine in the nation's door.

Mr. Eisenhower recognizes the real progress that has been made by voluntary health insurance plans, both nonprofit and commercial. He sensibly concludes that this is no field for government action, but then proposes that the government get into it by what he terms a reinsurance scheme started with federal capital, to be repaid later from premiums paid by the insured.

The purpose of this reinsurance would be to encourage existing plans to offer broader health coverage, but the exact manner in which the reinsurance fund would operate is left for later disclosure. It is reasonable to suspect that the scheme masks a subsidy. If so, the government's foot is in the door.

* * *

Although most voluntary health and commercial insurance plans are honestly and ably administered, there are a lot of things wrong with them which their own administrators are the first to see. Their principal defect is that at present they do not meet the primary function of insurance which is to transfer from the individual to the group only the risks that would break him if, by ill luck, they fell to his lot.

Benefits of all existing plans are limited, some more than others. They run out when they are needed most, which is when a catastrophic illness of long duration and great expense strikes.

There is no reason why the average family should not meet routine medical expenses out of current income. People don't buy insurance to pay for shoes for the children or an overcoat for papa. Handling of small hospital claims has the additional disadvantage that it greatly increases the administrative expense of the plans.

If health coverage were shifted, leaving the insured to pay the smaller bills that they can afford to pay, and giving added protection against those that would wipe out the family's savings, sounder protection could be given at a price not much greater than what people are already paying. How-

ever, there seems to be no real need for the federal government to underwrite the transfer.

* * *

The most convincing argument against the federal government expanding its health activities was given by President Eisenhower himself, in his citation of statistics on the tremendous strides made by medicine in the last half century. In 50 years the average life span has increased by 19 years. Deaths from infectious diseases are fewer than a tenth of what they were in 1900. Deaths of mothers in childbirth have been reduced by seven-eighths since 1916, infant mortality by more than two-thirds. The contributions of the federal government to every one of these advances have been negligible or nearly so.

The United States public health service is a great organization. It is manned in large measure by a rare species of mankind—dedicated bureaucrats. But that is no good reason for making the service an instrument for general medical research, which is not its primary field.

President Eisenhower would expand considerably the government's program of subsidizing the construction, not only of general hospitals, but of specialized institutions for the care of the chronically ill, the physically handicapped, and others. We need more hospitals in the country. Federal subsidies merely make it harder for the more prosperous and progressive states to meet their own needs, by taxing these states to pay for buildings in states which, while their resources are less, could still meet all their health needs if they only had the mind to.

The health program, it may be predicted, will be popular because it promises something for nothing, and at costs which may seem deceptively low. It is, nevertheless, a field that the federal government should avoid, especially at a time when it ought to be reducing expenses.

—Reprinted with the Courtesy
of the Chicago Tribune.

THIRTEEN ELECTRICAL DEVICES BARRED FROM SHIPMENT

Thirteen electrical devices which have been widely distributed for the diagnosis and treatment of serious diseases were barred from shipment in interstate commerce by an injunction decree entered today (March 16) in the Federal district court at San Francisco.

The Electronic Medical Foundation of San Francisco consented to the entry of the decree, which is also binding upon the officers of the Foundation and all persons in active concert or participation with them.

The Food and Drug Administration, U. S. Department of Health, Education, and Welfare, which initiated the injunction suit, estimates that there

are about 5,000 of the devices now in the offices of various fringe practitioners throughout the country. The names of the machines are as follows:

Oscilloclast
 Oscillotron
 Regular Push Button Shortwave Oscilloclast
 Sweep Oscillotron
 Sinusoidal Four-in-One Shortwave Oscillotron
 Galvanic Five-in-One Shortwave Oscillotron
 Depolaray
 Depolatron
 Depolaray Chair
 Depolatron Chair
 Depolaray Junior
 Electropad
 New Depolaray Junior

In addition to these machines the decree bans interstate shipment of "Blood Specimen Carriers" for use in a diagnostic machine, the Radioscope, which is maintained at the Foundation's offices in San Francisco. It also bans the shipment of any similar electrical devices for producing or measuring low-power radio waves or magnetic energy or any accessories or parts of such devices.

The Government charged that all the devices are misbranded, since they are not capable of diagnosing or curing any disease, much less the hundreds of serious diseases which it was claimed they will diagnose and treat effectively.

According to the injunction complaint, the Foundation's activities were divided in two major parts: The sale of a blood "diagnostic" service and the distribution of "therapeutic" devices. The diagnostic service was based upon the theory that any ailment can be diagnosed by measuring emanations from a dried blood spot on sterile paper. Practitioners who mailed in the blood spots taken from their patients received, for a fee, a diagnosis blank filled in with the diseases each patient was supposed to have, their location in the body, and the recommended "dial settings" for treatment with the Foundation's devices.

The Government charged that the Radioscope was represented as a "tuning apparatus" by which the defendants asserted it is possible to distinguish the alleged characteristic "radio frequencies" associated with different diseases. This device is a box containing dials, lights, and wires, and a slot in which may be placed a specimen carrier of filter paper bearing dried blood of the patient. Metal plates connected with the box are held by a person who is designated the "reagent" and who is supposed to serve as a "detector" for the radiations allegedly emanating from the blood spot. The operator of the machine strokes the abdomen of the "reagent" with a plastic wand. If the wand "sticks" to a particular location, that is supposed to be a manifestation of an "electronic reaction," and the operator allegedly can determine from this the identity, kind, location and significance of any disease present.

Investigating the blood diagnostic service, Food and Drug inspectors found it was incapable of distinguishing the blood of animals or birds from that of man, or that of the living from the dead.

Inspectors arranged to submit blood from an amputee and got back a report of arthritic involvement of the right foot and ankle which the man had lost several years before.

The blood of a dead man brought a diagnosis of colitis, while a sample from an 11-week-old rooster submitted for a "recheck" on the previous diagnosis of a man, resulted in a report of sinus infection and dental caries. When a hamster's blood was sent in as that of a man, inspectors received a diagnosis of "tuberculous involvement," melancholia, and mixed toxins of the colon.

A spot of coal-tar dye sent as the blood of a woman was reported to indicate systemic toxemia contributing to lowered vitality and anemic tendencies.

FDA physicians found that in general the diagnostic reports consisted of a potpourri of medical jargon. A large portion of the reports refer to "common cold toxins," "colonic toxemia," and "lowered glandular functions," combined with references to the patient's history as supplied by the practitioner.

Each report included dial settings for treatment with the various "therapeutic" machines distributed by the Foundation. Laboratory tests of the latter equipment made by FDA scientists showed that the machines are of two types or combinations of these. One type consists of a coil producing a magnetic field similar to that created by home electric appliances such as a vacuum cleaner or electric doorbell. The other type is a low-powered transmitter generating radio waves in the 43-megacycle region (i.e. the short wave band used by police, bus companies, railroads, etc.). Extensive tests of the devices showed that they are worthless for any therapeutic purpose, the Food and Drug Administration said.

The Foundation's literature, distributed to practitioners throughout the country, recommends use of the machines for treating hundreds of disease conditions including

Anemia	Enlarged prostate
Angina pectoris	Gastric ulcer
Asthma	High blood pressure
Breast tumors	Hyperthyroidism
Bursitis	Inflammatory rheumatism
Cancer	Inguinal hernia
Cataract	Mastoiditis
Coronary thrombosis	Septic sore throat
Cystitis	Uterine tumors

Treatments are also recommended for minor or symptomatic conditions such as colds, backache, hornet stings, coughing, confusion, dizziness, indigestion, nausea, vomiting, night sweats, loss of weight, rapid heart, etc.

The injunction decree prohibits the shipping of any of the devices which is misbranded under the Federal Food, Drug, and Cosmetic Act because of any representation or suggestion in the labeling that it has value in the treatment or diagnosis of the diseases listed in the complaint or any other kind of disease, or has value in affecting any structure or function of the body; or which purports to produce low power radio waves or electro-mag-

netic energy, or low-frequency alternating magnetic energy which, when applied to the body, 'normalizes' diseased tissue, thereby correcting disease conditions.

The Foundation, formerly the College of Electronic Medicine, was set up by the late Dr. Albert Abrams, inventor of the machines, to perpetuate his electro-medical theories. Fred J. Hart, president, has informed the Food and Drug Administration that research on the utility of the devices will be continued in Germany and Mexico, and that a magazine, "The Electronic Medical Digest," will continue to be published.

W.H.O. ASKS FINANCIAL HELP FOR HOSPITALS

The World Health Organization has enlisted the help of CARE (Cooperative for American Remittances to Everywhere, Inc., 600 First Avenue, New York 16, N.Y.) in obtaining voluntary contributions to buy equipment and supplies for hospitals in the Far East. It is estimated that approximately \$1,750,000 will be needed, and it is hoped that the sum can be raised through doctors, their societies, and medical equipment and pharmaceutical manufacturers.

CARE has worked out some of the details in the fund-raising drive in discussions with a group consisting of Drs. Anthony J. J. Rourke, John Grant, Charles F. Wilensky, Louis H. Bauer, and Dean A. Clark, and Mrs. J. J. Egan.

I have been told that "an initial expenditure of \$50,000 would go a long way toward securing the values inherent in this proposition."

The specific equipment and supplies were requested by the individual hospitals, screened and approved by the World Health Organization personnel in the field, checked, exalted and approved by the W.H.O. in Geneva, and then the original requests were forwarded to CARE in New York. CARE is serving as a purchasing and shipping facility.

Contributions should be sent to CARE in New York.

ANSWERS

What Do You Remember About?

(Continued from Page 2)

1. The urine concentration test, in which the specific gravity of the urine is determined after a period of dehydration, is an indication of the reabsorptive capacity of the renal tubule.
Daugherty, G. W.: Proceedings of Staff Meeting, Mayo Clinic, 29, Feb. 10, 1954.
2. They are: the production of mature spermatozoa capable of fertilizing ova, and an endocrinal

function responsible for the development and function of the sexual apparatus and the psychic attitude peculiar to the male. Riley, G. M.: Essentials of Gynecologic Endocrinology, Caduceus Press, Ann Arbor, 1952.

3. It is a form of mucocele of the appendix but differing in that the retained mucus is in the form of mucus granules resembling tapioca pudding.
Uhle, A. O., & Wilkinson, W. R.; Journal of International College of Surgeons, 21, January, 1954.
4. Fox, by embryologic studies, has attempted to establish the thesis that these cysts and sinuses result from invagination of ectoderm in the sacrococcygeal area. Gage, on the other hand, believes they are due to a maldevelopment of the caudal end of the medullary canal.
Ferguson, L. K., Surgery of the Ambulatory Patient, J. B. Lippincott Co., 1947.
5. Cystological studies of the islands of Langerhans have led to the recognition of three types of cells, i.e., the alpha, beta and gamma cells. The beta cells are believed to be the source of insulin.
Riley, G. M., Essentials of Gynecologic Endocrinology, Caduceus Press, 1952.
6. Mechanical intestinal obstruction is one of the most dangerous conditions surgeons are expected to treat. In spite of all our advances in the surgical and allied specialties the mortality rate for this condition has not decreased materially in the past decade.
Goode, J. V., Kansas City Medical Journal, 30, Jan.-Feb., 1954.
7. The danger is that acute appendicitis in a baby very quickly goes on to general peritonitis, and general peritonitis in a baby is fatal. We can safeguard ourselves by making it an invariable rule never to leave our examination of a child complaining of abdominal pain without examining the right iliac fossa.
Griffin, G. D. J. and Smith, L. A., Journal American Medical Association, 154, Feb. 27, 1954.
8. The mechanism of the obstruction can probably be explained by the fact that, owing to increasing distention of the proximal descending colon, the sigmoid folded over on itself near its peritoneal attachment, thus completing the mechanical intestinal obstruction.
Stroebel, C. F., Proceedings of the Staff Meetings of the Mayo Clinic, 29, Jan. 13, 1954.
9. For all intents and purposes, use of radiophosphorus is largely confined to chronic myelocytic leukemia and polycythemia vera.
Trevor, W., Journal American Medical Association, 154, March 6, 1954.

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1. Sayer, R. J., et al.: Am. J. M. Sc. 221:256 (Mar.) 1951.
2. Welch, H.: Ann. New York Acad. Sc. 53:253 (Sept.) 1950.
3. Werner, C. A., et al.: Proc. Soc. Exper. Biol. & Med. 74:281 (June) 1950.
4. Wolman, B., et al.: Brit. M. J. 7:419 (Feb. 23) 1952.
5. Potterfield, T. G., et al.: J. Philadelphia Gen. Hosp. 2:6 (Jan.) 1951.
6. King, E. Q., et al.: J. A. M. A. 143:11 (May 6) 1950.

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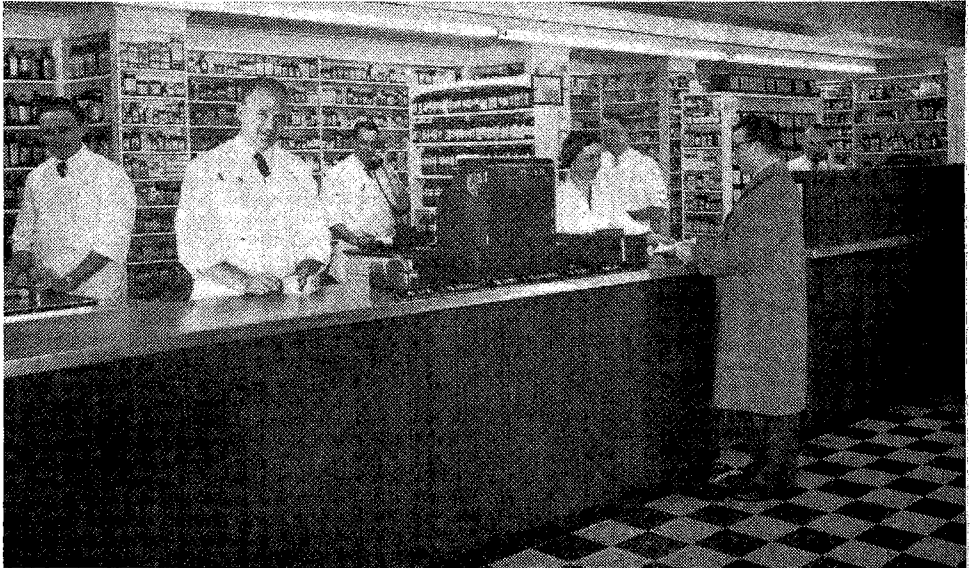
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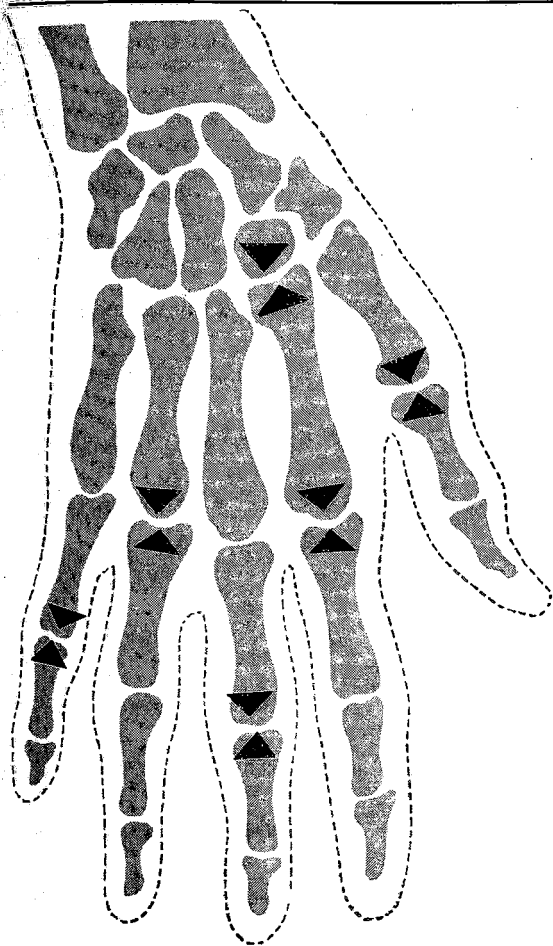
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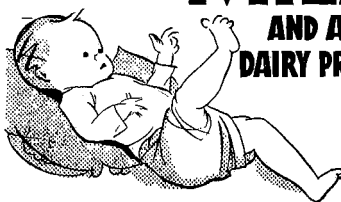
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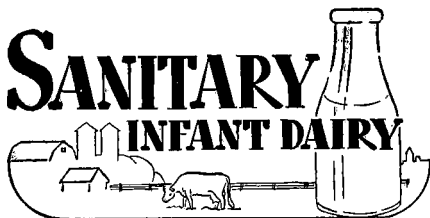


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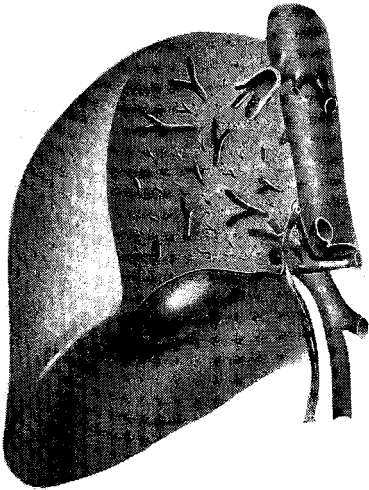
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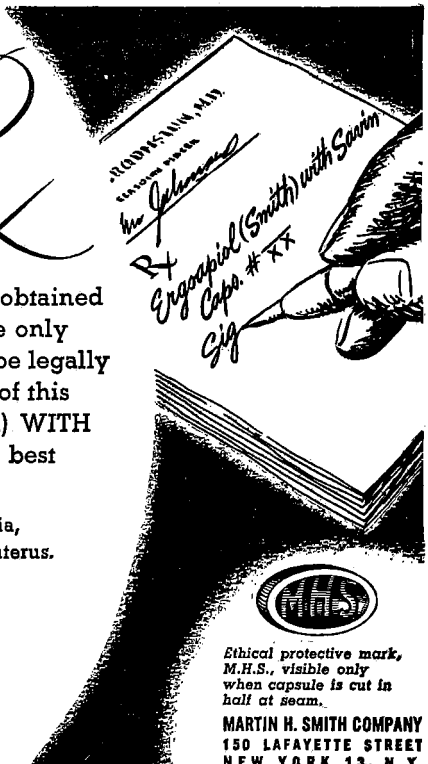
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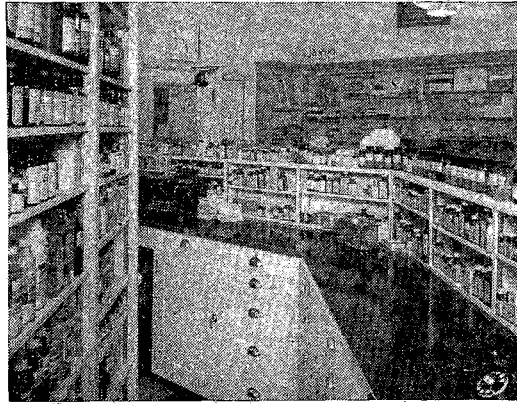
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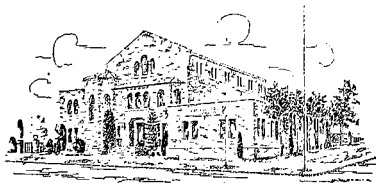
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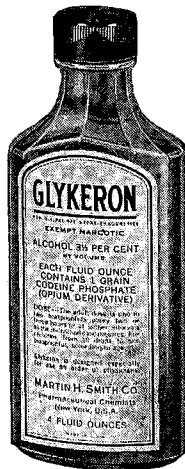
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TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

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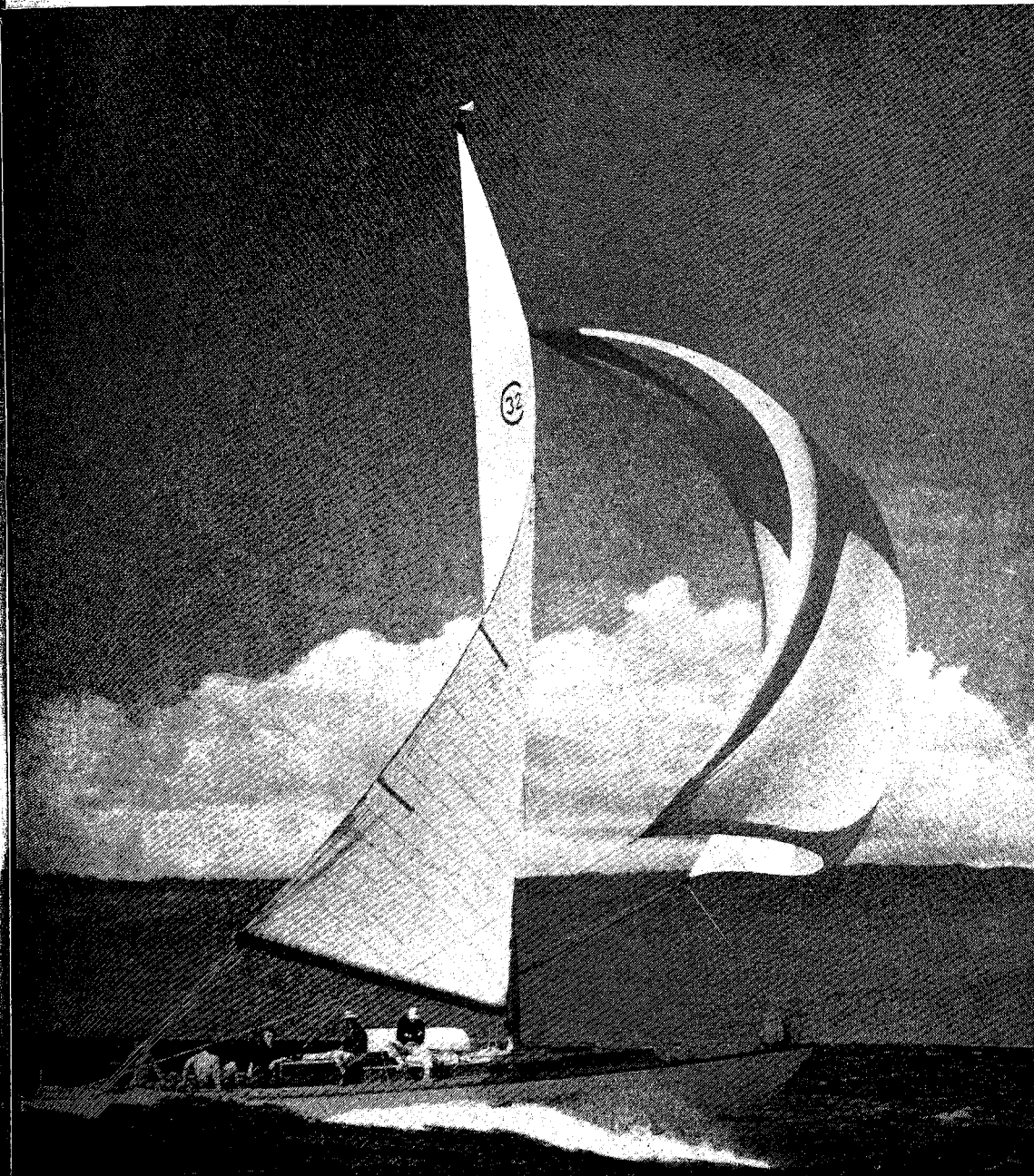
Last Monday of each month

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

VOL. XXIV—No. 9

TACOMA, WASH.

MAY - 1954



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1954

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PROGRAM

Tuesday, May 11, 1954

Medical Arts Building Auditorium

MOVIES—6:50 p.m.

6:50 p.m. "Weight Reduction through Diet." A Documentary film presenting a record of research at Michigan State College. The film was produced by National Dairy Council in cooperation with that college. (This film is available locally for adult lay groups as well as for professional groups. I thought you might like to preview the film. It has been approved by A.M.A.)

7:10 p.m. "Sigmoid, Rectum and Anal Canal Endoscopic Views." Prepared by J. Peerman Nesselrod, M.D., and Jay M. Garner, M.D. (1950). Demonstrates proctoscopic views of various rectal and colonic diseases as well as normal bowel mucosa.

7:40 p.m. "Sciatic Pain and the Intervertebral Disc." This film clearly demonstrates, in a fresh specimen, the function of the disc. It describes the parts of the disc and visualizes the pressure and distortions. A proper examination of a patient is presented and the classical signs and symptoms are demonstrated. The two types of treatment, conservative and operative are also demonstrated.

PROGRAM—8:15 P.M.

"The Clinical Uses of Radioactive Isotopes—1954," by Doctor Henry Maki.

Discussant: Doctor Thomas Carlile, Department of Radiology, Mason Clinic, Seattle, Washington.

Doctor Henry Maki will become associated with Doctors Frank Rigos and John Flynn, July 1, 1954. He will direct the local radioactive isotope laboratories. Doctor Maki comes to Tacoma well qualified not only in radioactive isotopes, but also as a radiologist. His presence here will be a most welcomed addition to our medical group.

NOTICE

Check back page of Bulletin for calendar of special meetings

TABLE OF CONTENTS

Cover depicting sailboat on Puget Sound	1
(Picture courtesy of Ken Ollar)	
Program for May	2
What do you remember about	3
In Memoriam, Vernon D. Crowe	4
Reprints	4
Editorial	5
Strictly Local	6
Library Corner	8
Women's Auxiliary	10
Hospitals	11
Answers to What Do You Remember About.....	12
Unfortunate Consequences	12

WHAT DO YOU REMEMBER ABOUT?

1. Carbonated soft drinks in X-Ray diagnosis of foreign bodies of the stomach?
2. Five year cure rate in carcinoma of the tongue.
3. Acute pericarditis?
4. Lesions of rectum below pelvic peritoneum?
5. Cat scratch disease?
6. Artificial kidney in treatment of uremia?
7. Proven usefulness of estrogens in gynecology?
8. What the cancer patient should be told?
9. Caruncle of the posterior urethra and vesicle neck?
10. Esophageal cancer?
11. Pouch substitute for the stomach after total gastrectomy?
12. The effect of stigmonene in delayed menstruation?
13. Trichomoniasis?
14. Simple fractures of the humerus in infants?
15. Erythromycin in the treatment of bacterial endocarditis?

Answers on Page 12

In Memoriam

Vernon Crowe, M.D., 1889-1954

Vernon Earl (Pat) Crowe was born at Benton Harbor, Michigan, in 1889.

He received his medical degree from the Loyola University Medical School, Chicago in 1914.

His first work in Tacoma was as a member of the staff of the Northern Pacific Hospital during the regime of Dr. Saxe Mowers. Pat enjoyed the service there and under the tutelage of Dr. Mowers, he became a skillful surgeon.

Some years later he was given the rating Major Surgeon on the staff of the Tacoma General Hospital. He relinquished this rating recently due to ill health.

Besides surgery, his primary interest was Roentgenology, which occupied much of his time.

The writers first acquaintance with Pat was in 1920, on joining the staff of St. Helen's Clinic. Pat had charge of the X-Ray department and in addition did much general work, including considerable surgery. He was a tireless and cheerful worker, always seeking opportunities to be of service.

In 1928 he established an office in the Medical Arts Building combining Roentgenology with a general practice. He maintained this office until about two weeks before his death.

During his earlier, active years he was interested in civic affairs and was especially active in work for boys, and served a term as President of the Boy Scout Council of Tacoma. He became a member of Rotary in 1923, and participated in many of the clubs activities, particularly in boys work. He served as President of Tacoma Rotary from 1928 to 1929.

Pat was a shy man, who found it difficult to make new friends, and later years as his health declined, he retired from most activities outside his home and office.

To those who knew him, Pat was a lovable person, capable, loyal, kind and generous.

—Darcy Dayton, M.D.

REPRINTS . . .

FROM ANTHONY TROLLOPE'S "DOCTOR THORNE"

. . . Among the doctor's attributes, not hitherto mentioned, was an aptitude for the society of children. He delighted to talk to children, and to play with them . . . invent games for them, contrive amusements in circumstances which seemed quite adverse to all manner of delight, and, above all, his physic was not nearly so nasty as that which came from Silverbridge.

He had a great theory as to the happiness of children; and though he was not disposed altogether to throw over the precepts of Solomon,—always bargaining that he should, under no circumstances, be himself the executioner,—he argued that the principal duty which a parent owed a child was to make him happy. Not only was the man to be made happy,—the future man, if that might be possible,—but the existing boy was to be treated with equal favour; and his happiness, so said the doctor, was of much easier attainment.

"Why struggle after future advantage at the expense of present pain, seeing that the results were so very doubtful?" Many an opponent of the doctor had thought to catch him on the hip when so singular a doctrine was broached; but they were not always successful. "What!" said his sensible enemies, "is Johnny not to be taught to read because he does not like it?" "Johnny must read by all means," would the doctor answer; "but is it necessary that he should not like it? If the perceptor have it in him, may not Johnny learn, not only to read, but to like to learn to read?"

"But," would say the enemies, "Children must be controlled." "And so must men also," would say the doctor. "I must not steal your peaches, nor make love to your wife, nor libel your character. Much as I might wish through my natural depravity to indulge in such vices, I am debarred from them without pain, and I may almost say without unhappiness."

And so the argument went on, neither party convincing the other. But, in the meantime, the children of the neighborhood became very fond of Dr. Thorne.

"CIVILIZATION must be judged and prized, not by the amount of power it has developed, but by how much it has evolved and given expression to, by its laws and institutions, the love of humanity."
—Tagore.

EDITORIALLY SPEAKING . . .

"The basic essential of a good internship," states the summary of the Advisory Committee on Internships "is a staff of skilled clinical teachers, who in their maturity have remained students of medicine and are engaged in patient care in the atmosphere of critical thought and free communication." It makes little difference, given this essential whether the hospital be public or private, affiliated with a medical school or not, located in a rural or urban community. But without this basic element, all efforts to produce a satisfactory rotating service structure or a systematic teaching program for the graduate medical student are of little value.

With the advent of Spring come renewed opportunities for hospitals to prepare worthwhile teaching and interne programs. In some years it has been difficult to obtain enough interns in any one hospital to service the emergency needs of that hospital let alone justify a comprehensive and satisfactory teaching program. This has been due, in part to the disparagement between internships available (about 11,000 annually) and interns available (about 5800). However, a well organized interne service with a well planned teaching program has always been the greatest inducement to the prospective intern in his selection of a hospital.

Each member of the Pierce County Medical Society would do well to read the Report of the Advisory Committee on Internships to the Council on Medical Education and Hospitals of the American Medical Association published in the J.A.M.A., volume 151, No. 6, February 7, 1953, pp. 499-511 and to refresh his memory of the "Essentials of an Approved Internship" published by this same council in its revised form. In these lines one will find considerable valuable information that he may not have known or may have forgotten and which will stimulate him to desire to take a more active part in the teaching of interns.

That the basic essential of a good internship is in existence in our community is a fact of which we may be proud. But with that fact come definite responsibilities which weigh upon us all, specialist and general practitioner alike, to respond readily when called upon to assist in the teaching of our younger colleagues, and to support the ideals of practice which can make the internship year one of rich experience rather than simply one of service.

H. S. JUDD, M. D.

STRICTLY LOCAL . . .

ROSTER CHANGES

ARNOLD, CHARLES	
General Practice	
Office, 4002 So. M	HA 3378
Home, 1224 No. Tacoma Ave.	BR 5893
DYE, DAVID	
General Practice—Thursday	
5421 So. Warner	HA 2182
ERICKSON, JOHN D.	
General Practice	
Office, 1741 Cole	Enumclaw 30
Home, 2032 Porter	Enumclaw 422
LUEKEN, HAROLD D.	
Obstetrics and Gynecology	
Office, Tacoma Medical Center, No. 43	BR 1169
Home, 1222 So. Jackson	SK 2709
NACE, FAY MORRIS	
Obstetrics and Gynecology—Wed. and Sat.	
Office, 1206 So. 11th	BR 1169
Home, 1228 Fernside Drive	PR 0133
OOTKIN, BERNARD	
General Practice, Thursday	
Office, Lakewood Center	LA 4451
Home, 9148 Edgewater Drive, S.W.	LA 7061

NEW MEMBER

We are happy to announce that Dr. Robert Osborne was selected to membership at the regular meeting of the Society on April 13.



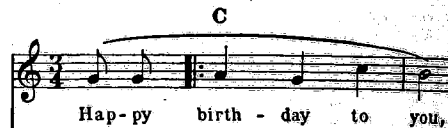
ROBERT OSBORNE, M. D.
Urology

Born April 16, 1920, Tipton Co., Indiana. Graduated from the Indiana University School of Medicine, 1944. Received a license to practice Medicine and Surgery in this State from the State Medical Examining Board on February 1, 1952. Recommended by Drs. S. Herrmann and J. Vadheim.

YOUR DOCTOR SPEAKS

- May 4—"Food Allergy," by Dr. Cyril Ritchie.
 May 11—"Diets and Your Health," by Dr. Albert Erlich.
 May 18—"Varicose Veins," by Dr. James Vadheim.
 May 25—"Cancer of the Lung," by Dr. Murray Johnson.

HAPPY BIRTHDAY



MAY

- 1 JOSEPH HANSEN
- 3 BERNARD BADER
- HERMAN JUDD
- WENDELL PETERSON
- 4 CHARLES VAUGHT
- 7 STEVENS SANDERSON
- 9 SIGFRIED HERRMANN
- JOSEPH LASBY
- 10 EDWARD JOHNSON
- 11 LELAND BLAND
- 12 CECIL FARGHER
- ROBERT LANTIERE
- THOMAS MURPHY
- 18 EDWIN MUIR
- JOHN ROBSON
- 19 DOUGLAS BUTTORFF
- 20 ROBERT CHAMBERS
- WILLIAM ROSENBLADT
- 22 MERRILL WICKS
- 31 HUGH LARKIN

MY HOW TIME FLIES . . .

20 Years ago—

Dr. Frank Maddison speaking at the Winthrop Hotel as Chairman of the Public Relations Committee on the Sulpticolor "The Doctor" said: "It is good to meditate and renew our conviction that man is not mastered by the machine he creates; that spiritual and esthetic values still do count for a great deal.

Nothing better typifies this belief than this beautiful Sulpticolor you are about to behold. You will not only see it, you will feel it in all the emotional fabric of your being. You will not view a highly complex and intricate machine that may make you wonder. You will see a very simple and beautiful piece of art that will grip your soul.

The Pierce County Medical Society is deeply honored to pay tribute to this great work of the "Family Doctor" for it symbolizes that cornerstone of all medical ethics, to serve unselfishly in the cause of humanity.

Many years have passed since this symbolic rural family doctor crossed the threshold of the humble cotage, yet we feel that his spirit is still with us, and though he is now clothed in the artificialities of a modern civilization, he still exists underneath this thin coating of veneer, stalwart and honest, and still is the rugged individualist.

You may sleep on the best coil spring mattress and be covered by down quilts of rich design, in a

room that is thermostatically controlled for air temperature; you may take your morning plunge in a beautiful full length bath tub with copious warm water and perfumed soap; your clothes may be of the finest weave and pattern that science can create; you may eat food that is scientifically prepared to give the most satisfaction to your gustatory senses; you may take an airliner from Tacoma in the morning and be in Chicago that night; and your continual round of the day may be in bowing to the will of many machines, but when your body is wracked with pain, or when you feel the ebb of life slipping away, or when mother goes down into the valley of the shadow to bring forth a new life, do you call on the machine—a man-made thing—to assist you? Not you call on that rugged individual who has understood your emotional as well as your physical self for years.

It is the hope of the organized medical profession that you will continue to strive to keep him that rugged individual and prevent him from being turned into just another type of machine; that he will live on to perpetuate the fundamental human touch and personal relationship that still exists between the doctor and his patient.

15 Years ago—

Again the ice arena claimed a victim from among our members. Dr. John Gullikson was recovering from a broken ankle sustained at the rink, not the result, however of a fall on the ice, but of all things, caused by slipping on an ice cream bar.

10 Years ago—

Dr. Ludwig was back on the job after a session with an injured knee. . . . Dr. Vadheim was out of Tacoma General after an emergency appendix operation. . . . Chris Quevli spent a few weeks at Carl Staatz's ranch in southern Oregon. Carl raises turkeys, sheep, cattle, and a little hell. Chris was back and said he enjoyed it all. Must be some ranch. . . .

5 Years ago—

Lewis Hopkins, then editor of the Bulletin wrote:

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 although 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 and 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.

VASHON ISLAND NEEDS DOCTOR

From Opal Aldridge, Secretary, Vashon-Maury Grange:

2 April 1954

Some months ago our Grange requested me to contact the Medical Society in the interests of interesting some doctor for the Island. We had two who came, but so far we are still at the same point, needing another doctor for the island and a small clinic. Once again the members have asked me to contact you, and we are wondering just what can be done.

Again, thank you, and indeed I shall greatly appreciate your help and suggestions. . . .

19 April 1954

. . . Thank you for the recent letter and the information over the phone. I have again contacted this man who wishes to build a hospital for the island and is very much concerned about getting a doctor for it. That along with our local Grange's request and urging, has brought this much about.

This man says he will build and would like to know what the prospective doctor would like as to size of rooms, location and so on. In fact he would like to know just what the doctor would wish so he can build accordingly. He says he will furnish the building, and plans for furnishing the rooms will be made, he will also supply two ambulances. After the first of June, furnished living quarters will be available.

Hope this is complete, but if you can think of something else we could add—please let me know.

RHEUMATIC FEVER CONTROL PROGRAM

In the past few years several clinical investigations have demonstrated that the use of oral penicillin prophylactically will prevent recurrences of rheumatic fever. While this fact is known to most physicians, penicillin prophylaxis has not been widely used mainly because of the cost involved.

The Washington State Heart Association and the State Department of Health have made available free oral penicillin for all patients who have had acute rheumatic fever with or without heart disease in the past five years. This is intended as a prophylactic program against the complications of rheumatic fever. Needless to say, this program is intended for those unable to pay for such medication, or those who find such prophylaxis a financial burden. If you have patients who are on private prophylaxis, we would appreciate your registering them with us, so that they can be included in our state record.

Application for penicillin should be made by calling Mrs. Murphy at MA. 2820. A simple "yes-no" questionnaire requesting information about the patient will be mailed to you for completion. Since this is a study as well as a service program, it is best that as great uniformity as possible be maintained in selection of patients receiving penicillin. The Advisory Committee has recommended that the diagnostic criteria of rheumatic fever as set forth by T. Duckett Jones in the J.A.M.A. for 1944 be those used in choosing the patients who are to be recipients of the penicillin. Unfortunately, other patients who might benefit, but who do not meet the study requirements, are not eligible. It is expected that all patients participating in the study will follow the routine of one tablet a day as recommended by the committee. As soon as the form has been processed by the Rheumatic Fever Control Coordinator, a supply of oral penicillin will be mailed to you.

BASIC SCIENCE EXAMINATION

Basic Science Examination: The Basic Science Examination will be given on Wednesday and Thursday, July 7 and 8, 1954, beginning at 8:30 a.m. The examination will be held in the Auditorium of the Health Science Building, University of Washington, Seattle, Washington.

Medical Reciprocity: The medical reciprocity applicants will met on Sunday, July 11, 1954, in the same place as the basic science examination, beginning at 10:00 a.m.

Medical Examination: The medical examination will be held on Monday, Tuesday and Wednesday, July 12, 13 and 14, 1954, in the same place as the basic science examination, beginning at 8:30 a.m.

SOCIETY EQUIPMENT

All equipment belonging to the Society, such as slide projectors, anatomy charts, electric pointer, movie projector, etc., must be signed for by the borrower who also must accept full responsibility for all property borrowed.

HEART OF HOME

The Pierce County Heart Association will offer another series of five weekly classes on work simplification in the home beginning Tuesday, May 4th at 10:30 a.m. at the Mountain View Sanatorium. Classes run for 10:30 to noon each Tuesday for five weeks and are taught by Miss Dorothea Kappahn. Time and energy saving methods of doing many of the daily work operations of the home will be demonstrated and discussed. Work can be simplified in the home so the cardiac homemaker can learn to "take it easy."

The members of the Pierce County Heart Association are happy to offer this service to the community and would appreciate it if you would take a few minutes' time to invite one or two of your cardiac patients to attend the classes. To sign up for class call BR. 3166.

DEDUCTIBLE INSURANCE

As a matter of general interest to the readers of the Bulletin, the Metropolitan Park District insurance that they carry on all of the children participating in sports is a \$5.00 deductible plan.

For any injury the parents of the injured party must pay the first \$5.00. This was not necessarily done by the Park Department to reduce insurance rates but to eliminate from the doctor's offices calls for minor scratches and such items that would not be sent to the doctor when the parents had to pay the first \$5.00.

This information was given out to the readers of the Bulletin with the consent of Mr. Tom Cross, Assistant Superintendent Recreation of the Metropolitan Park District.

LIBRARY CORNER . . .

At the last meeting of the Board of Trustees it was voted to buy new furniture for the library and to set up a reading corner at the back of the library. By the time you read this, the new furniture should be here. You are cordially invited to come in and inspect the newly redecorated library.

We have subscribed to one more new periodical, the *American Surgeon*.

Books received for April are:

1. "Cardiovascular Surgery," by Pratt.
2. "Sandoz Atlas of Hematology."
3. "Textbook of Ophthalmology," by Duke Elder, Volume IV.
4. "Textbook of Ophthalmology," by Duke Elder, Volume V (this completes our set).
5. "Yearbook of Drug Therapy."
- 6, 7, 8, 9, 10, 11, 12, 13. Volumes I-VIII "Psychanalytic Study of the Child."
14. "Psychology of Women," by Helene Deutsch, Volume I.
15. "Clinical Disorders of the Heartbeat," by Bellet.
16. "Dermatology," by Sulzberger.
17. "Pathology," by Anderson.
18. "VA Technical Bulletins," Series 10, Vol. VI.

19. "Geriatric Medicine," by Stieglitz.
 20. "Atlas of Regional Dermatology," by Stratton.
 21. "Index of Differential Diagnosis," ed. by French.
 22. "Children of Divorce," by Despert.
 23. "Yearbook of Neurology, 1953-54.

* * *

THE MOTION OF THE HEART

By Blake Cabot

This book was written under the auspices of the American Heart Association. A non-medical author was selected because it was felt the story of cardiovascular research could thus be put into readable layman's language. The book is for general consumption to acquaint the public with what is being done in the fight against today's greatest killer.

Blake Cabot has been very successful in putting this story in everyday language. Because of the very nature of the subject, I'm sure that some parts of the book will be over the head of most laymen. The author stresses the part that research has played in the advancement of medical knowledge. He mentions the work of Harvey, Hales, Heberden, Vesalius, Jenner and other of the older pioneers then goes on to the newer developments such as recognition of Coronary Occlusion by Herrick, discovery of penicillin by Fleming, isolation and use of Corisone by Kendall and Hench, artificial production of hypertension in the Goldblatt kidney, relationship of rheumatic fever to streptococcal infections, discovery of dicumoral and the use of the ultracentrifuge in revealing variations in the size and weight of lipoprotein molecules.

In many ways the book is a review of the simpler aspects of cardiovascular physiology. Some of the new procedures he describes are cardiac catheterization, motion pictures of heart action, use of radioisotopes in research, studies on the collateral circulation of the heart, research into cause of hypertension and atherosclerosis, and the use of procaine amide.

This book should be of interest to all people who wish to have a better understanding of heart diseases and what is being done to prevent and treat them.

—G. M. Whitacre, M.D.

THE PHYSICAL EXAMINATION OF THE SURGICAL PATIENT

By J. Engelbert Dunphy, M.D., F.A.C.S.

and

Thomas W. Botsford, M.D., F.A.C.S.

This small book by two eminent Boston surgeons represents the collected pearls and gems from the minds of over three score American and foreign clinicians. It appears to be the hobby of these two erudite doctors to collect physical diagnostic tips from the literature. The bibliography covers many years and reads like a medical hall of fame. It includes such greats as Bacon, Bunnell, Crile, Homan, Lakey, Ochsner and many others.

The volume is 291 pages short and is divided into two parts. The first is on the elective examination; the second describes the emergency examination. The body is taken up by systems and to each is devoted a chapter. The reading is very absorbing

yet it is brief and to the point. In fact, it is so interesting that the reader is hardly aware of the many digressions from physical diagnosis into treatment. But the authors will be readily forgiven for this because in so many instances it is difficult to discuss findings without overlapping on treatment. For instance, the technic of aspiration for tension pneumothorax, the timing of surgery in traumatic shock, and the effects of antibiotics on peritonitis are described. But, indeed, these digressions have greatly enhanced the interest of the book.

A few amusing errors will be found that have obviously eluded the proofreaders. In one section we are told the examination of the abdomen should precede examination of the inguinal region. Later, the reverse procedure is advised. One sentence requiring a double take, reads "If the forefinger of the right hand is placed on the patient's right femoral artery, the index finger will lie over the femoral vein!" And, "—on the hand used for the digital examination (usually the left hand)." Maybe they are just different in Boston.

It may be said that Dunphy and Botsford have over simplified problems of differential diagnosis. And the orthopedists and the neurosurgeons may feel that their respective sections are somewhat lacking in fine points. But one is really hard put to find basis for major criticism of this book and few readers will be anything else than pleased with it.

Some sections such as on the diseased abdomen, peripheral vascular diseases and disorders in the neck are positive classics. Many doctors may feel that the subject of physical examination is too basic and elemental for much study post-internship but as Osler felt, even the most elemental progressions of medicine should be periodically reviewed. And there are things to be learned every step of the way in this work. (For instance, how many clinicians know that "Pitting edema of the extremity is frequently seen in thromboangiitis obliterans and may be the presenting symptom. It is not seen in peripheral arteriosclerosis." And "malignant melanoma is frequently mistaken for a chronic non-malignant ulceration of the sole of the foot." And "Limited chest expansion is an early sign of arthritis of the spine.")

For the busy practitioner the many excellent diagrams and illustrations and the complete reference section will be most appreciated. The general surgeon will be eminently satisfied with it and it should become his bible of physical diagnosis.

—Theodore R. Haley, M.D.

DON'T WE ALL?

A mild little man walked into an income-tax inspector's office, sat down and beamed on everyone.

"What can we do for you?" asked the inspector.

"Nothing, thank you," replied the little man, "I just wanted to meet the people I'm working for."

Wisdom is knowing what to do; skill is knowing how to do it; and virtue is in doing it.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

Final Meeting at Country Club

The final auxiliary meeting of the year will be held Friday, May 21st, at the Tacoma Country Club. Luncheon will be served at 1:00 p.m., followed by a musical program and presentation of new officers. A change of plans made it necessary to eliminate the bridge and canasta as had been announced. Hostesses will be Mrs. Scott Jones, chairman, Mrs. Stefan Thordarson, co-chairman, Mesdames John Gullikson, Albert Hillis, William Ludwig, Cyril Lunvick, Charles Marshall, Raymond Monaghan, Christian Quevli, Chris Reynolds, and Edwin Yoder.

Nurse Recruitment Week

Tacoma's mayor will proclaim May 9th to 15th as Nurse Recruitment Week in Tacoma, coinciding with National Hospital Week. (May 12th is Florence Nighengale's birthday.)

A full-page story with pictures about the Auxiliary-sponsored Future Nurses Clubs will appear in the magazine section of the News Tribune. Kay Herrmann and our president have been planning and preparing the script.

* * *

A recent Auxiliary-sponsored public appearance was Dr. Larson's interview on cancer on Connie Paige's television program on KTNT, April 15th. Ruth Brooke, public relations chairman, and Dr. Humiston are working on a series of T.V. appearances of doctors to be interviewed on medical subjects.

* * *

Our sympathy goes to Sheila Brown, whose mother recently passed away.

* * *

Hilda Lantiere won't go into seclusion at the completion of her term as president; one new activity will be membership on the Board of Presidents' Council.

* * *

The Mooseys traveled by train to Las Vegas for a couple weeks of fun and rest.

* * *

McGills have gone to Chicago—he to attend the Industrial Medical Association meetings, she to chauffeur.

* * *

The Hoyers held open house April 24th at their Steilacoom Lake home when Dr. Hoyer's mother and father were here from Philadelphia.

* * *

The Naces and Bonicas sailed for London on the S.S. United States April 30th. Both Fay and John will speak at the Conference of the International Congress of Medicine and Surgery in Turin, Italy, in May. They plan to buy a small car to drive on the Continent and return in three months.

Other European travelers will be Ruth and Tom Murphy, who will be gone four months, and the S. F. Herrmanns, who sail May 5th. Dr. Herrmann

Officers for 1953-1954

President	Mrs. S. R. Lantiere
President Elect	Mrs. Eugene Hanson
First Vice President.....	Mrs. George S. Kittredge
Second Vice President.....	Mrs. Joseph B. Jarvis
Corresponding Secretary.....	Mrs. William C. Brown
Recording Secretary.....	Mrs. Haskel L. Maier
Treasurer.....	Mrs. Elmer W. Wahiberg

Chairmen of Committees

Membership	Mrs. Hugh F. Kohler
Co-Chairman, Mrs. Robert Ferguson	
Publicity, Press.....	Mrs. Arnold J. Herrmann
Bulletin, Mrs. Charles McGill	
Program.....	Mrs. G. M. Whitacre
Co-Chairman, Mrs. Lester S. Baskin	
Social.....	Mrs. Scott S. Jones
Co-Chairman, Mrs. S. F. Herrmann	
Telephone	Mrs. John R. Flynn
Co-Chairman, Mrs. Robert Bond	
Blood Bank.....	Mrs. Gerald G. Geissler
Legislative.....	Mrs. S. E. Light
Co-Chairman, Mrs. Joseph B. Jarvis	
Today's Health.....	Mrs. L. E. Skinner
Public Relations.....	Mrs. J. Robert Broeke
Co-Chairman, Mrs. William C. Brown	
National Bulletin.....	Mrs. George S. Kittredge
Civil Defense.....	Mrs. G. A. Moosey
Speakers' Bureau.....	Mrs. John F. Steele
Rummage Sale.....	Mrs. Governor Teats
Co-Chairman, Mrs. Murray L. Johnson	
Nurse Recruitment.....	Mrs. Thomas B. Murphy
Co-Chairman, Mrs. John Bonica	

will attend the American College of Surgeons' European meetings in London and Paris.

* * *

The Vadheims, including their three children, have returned from three weeks in Hawaii.

* * *

Ruth Arnold was recently elected to the Board of the YWCA. She is also on the Board of the Mental Health Association.

* * *

Everts attended a medical convention in Victoria, B.C., the latter part of April.

* * *

Talking with John Dewey several months before his 90th birthday a young doctor blurted out his low opinion of philosophy. "What's the good of such clap-trap?" he asked. "Where does it get you?"

The great philosopher answered quietly, "The good of it is that you climb mountains."

"Climb mountains!" retorted the youth, unimpressed. "And what's the use of doing that?"

"You see other mountains to climb," was the reply. "You come down, climb the next mountain, and see still others to climb." Then, putting his hand gently on the young man's knee, Dewey said, "When you are no longer interested in climbing mountains to see other mountains to climb, life is over."

HOSPITALS . . .

TACOMA GENERAL

At the annual meeting of the Board of Trustees of the Hospital, all officers were re-elected for another term. They are: President, A. L. Babbitt; Vice President Roe E. Shaub; Secretary, Eugene A. White; Treasurer, W. J. Dobyns.

* * *

The names of seven doctors were added to the Medical Staff roster this month. They are Drs. Rodney Brown, Stanley W. Tuell, Jerry Dragovitch, Wayne Funk, Franz Hoskins, H. D. Lueken, Theodore Smith.

* * *

The Board of Trustees has announced the appointment of Walter Huber to the newly created position of Business Manager of the hospital. This position combines the functions of accounting, credit, and office management. Mr. Huber has been elected to be Assistant Treasurer, also.

* * *

On July 1, eight internes will report for duty. Four are graduates of the University of Washington School of Medicine, three are from the University of Kansas School of Medicine, and one comes from Los Angeles, the College of Medical Evangelists.

* * *

Congratulations to Dr. and Mrs. Wayne Funk on the birth of a son, Gary Rees, on April 5; and to Dr. and Mrs. Dale Hadfield on the birth of a daughter Jody Lynn, on April 11.

* * *

Junior Student Nurse, Lucille Keller, was surprised and proud to receive the scholarship awarded by the Auxiliary of the Pierce County Medical Society. It was presented by Mrs. S. Robert Lantieri, President of the Auxiliary, at the Capping exercises on March 28.

* * *

The School of Nursing has received announcement of the Scholarship Fund recently established by the members of the Pierce County Medical Society. Miss Helen Mary Jewett, Principal of the School, expresses our appreciation in saying, "We should consider ourselves very fortunate that we have two such organizations as the Pierce County Medical Society and the Auxiliary of the Medical Society to aid us. They have worked diligently on their program of student recruitment for the schools of nursing and also to make possible the scholarships for the girls who find it necessary to have financial assistance. We appreciate their support."

* * *

Mis Charleen Finson, Surgical-Clinical Instructor, became the bride of Mr. Carl Barnes on April 21.

* * *

On May 16, from 2-4 p.m., there will be Open House in the Clinical Laboratory.

* * *

Mrs. Dorothy Richmond has temporarily assumed the duties of Surgical Secretary, while Mrs. Arleen Searle is recuperating from an operation.

ST. JOSEPH'S

A splendid turnout was noted at our April meeting of District No. 3 of the Washington State Nurses' Association which met at St. Joseph's the evening of April 5. Committee reports and convention news were read and the speaker was Mr. Rosen of the Child Guidance Clinic here who gave a most interesting talk and film. Special mention should be made of the splendid effort of the new hospitality committee. Please take a bow!

* * *

Sisters Barbara Ann and Martha Joseph will attend the annual convention of the Western Hospital Association in Los Angeles which is to be held April 26-29 inclusive.

* * *

The medical record librarian students from Providence Hospital in Seattle were here on April 20. They visited our record department, made a tour around the hospital and also went to Pierce County Hospital afterwards.

* * *

It was like old times to hear Dr. Robert O'Connell's merry laugh and ready wit ringing down the halls. He was one of our interns from 1947-48. The occasion was that his wife had a baby boy here last month. We are all happy to have Dr. O'Connell back in Tacoma again.

* * *

Dr. Scheckner who was a patient here for a few days and then went to St. Mary's Hospital in Rochester, Minnesota, is home recuperating. We all wish him a quick recovery!

* * *

Some of the members of our staff went back East to attend medical meetings, namely: Dr. Banfield, Dr. Hauser and Dr. Kohler. We wish them a very pleasant trip and hope they come back chuck full of new ideas!

* * *

A five-pound gain was distributed throughout the Record Room due to the beautiful cake which was donated by Dr. Cummings the day of the cake sale. The Record Room personnel wishes to extend hearty thanks to Dr. Cummings for the extra calories which were thoroughly enjoyed to the last crumb.

* * *

The story is told of the little yellow crocus that peeped through the hard soil, took a look around the world and, on discovering that winter was still very prevalent, decided to go back underground. But a passer-by saw the crocus and shouted with joy: "Look at the crocus, why, it's spring!" That is how we felt when eleven new blue clad nurses marched on the floor Monday morning just a few weeks ago.

ANSWERS

What Do You Remember About?

(Continued from Page 2)

1. They are valuable when used in small amounts and are cold. They are of little value immediately after a heavy meal.
Roberts, W. E.: American Journal of Roentgenology, 71, Feb. 1954.
2. Of 61 patients who were treated by surgery, radium needles, or roentgen irradiation only 5 or 8.1 per cent are alive at the end of five years.
Rahausen, A., and Sayago, C.: American Journal of Roentgenology, 71, Feb. 1954.
3. Its treatment has been greatly improved by the use of the antibiotic drugs pericardial paracentesis, judiciously used, may be life-saving in some cases or yield important diagnostic information.
McGuire, J., et al.: Circulation, 9, March 1954.
4. Abdominal-perineal resection is preferable for lesions below the pelvic peritoneum.
Hunt, C. J.: Kansas City Medical Journal, 30, March-April, 1954.
5. An analysis of 160 cases of cat scratch disease reveals that they develop classically primary skin lesions, regional lymphadenitis, low fever, mild systemic symptoms, and sometimes a rash appeared.
Daniels, W. B., et al.: Journal of American Medical Association, 154, April, 1954.
6. The duration of the anuric phase of the disease was not altered, but the improvement in the patient's general condition helped to tide him over the critical period. Of the entire group of 15 patients, only 5 patients were living one month after the dialysis.
Morale, P. A., et al.: The Surgical Clinics of North America, 34, April, 1954.
7. They are: in the menopause, in senile vaginitis, and in the suppression of breast engorgement.
Page, E. W.: G.P. 9, March, 1954.
8. In theory we should tell all patients who have cancer that they have the disease except when there are definite reasons for not doing so, and these reasons need clarification.
Editorial, G.P., 9, 1954.
9. Many cases of so-called "chronic female urethritis" and "irritable bladder" are in reality cases of caruncles of the bladder neck or in the posterior urethra.
Schloss, W. A.: Journal of Urology, 71, March, 1954.
10. When it is diagnosed surgery is usually the first therapeutic approach, radiotherapy being reserved as a palliative measure. The patient is usually dead within five years regardless of treatment.
Cancer Bulletin, Missouri Edition, Volume VI, Jan., Feb., 1954.
11. To relieve the digestive distress that results from the removal of the stomach, a substitute pouch made from small or large bowel can restore partially the normal physiological continuity.
Cancer Bulletin, Missouri Edition, Volume VI, Jan., Feb., 1954.
12. In the absence of endocrine disturbances, organic pelvic lesions, or systemic disorders, when bleeding fails to occur after 192 hours have elapsed following completion of a course of stigonene bromide injections, a diagnosis of early pregnancy may be made.
Decker, Albert: American Journal of Obstetrics and Gynecology, Volume 64, November, 1952.
13. Trichomonas vaginalis is a flagellate responsible for leucorrhoeal discharges in women; however, some hold that its presence is merely as a scavenger to carry away and ingest bacteria and debris.
Greenblatt, R. B.: Office Endocrinology, 4th Ed., Charles C. Thomas, Springfield, Ill., 1952.
14. Simple fractures of the humerus in infants may be treated by bandaging the arm to the side of the thorax, or with overriding of fragments by lateral traction, using moleskin adhesive with skin traction.
Compare, E. L., & Banks, S. W.: Handbook of Fracture Treatment, Year Book Publishers, Inc., Chicago, 1943.
15. Data indicate that erythromycin alone should not be used for the management of this infection, except perhaps in rare valvular infections caused by organisms that are extremely sensitive to erythromycin and in which the patient exhibits such pronounced sensitivity to penicillin as to preclude use of the latter.
Geraci, J. E., & Martin, W. J.: Proceedings of the Staff Meetings of the Mayo Clinic, 29, February 24, 1954.

UNFORTUNATE CONSEQUENCES

In a recent issue of "Life" magazine there is a superb photo news story of the consternation caused by the inadvertent exposure of a Japanese fishing boat to radioactive dust during the recent H-bomb experiments at Bikini Atoll. It is factual word and picture reporting at its best—not alarmist in attitude, nor does it try to cover up what were apparent errors in estimating the magnitude of the detonation.

The pictures and account of the crewmen all too well give the sequence of skin reaction to beta or gamma radiation. They describe acute radiodermatitis. The immediate reaction of the skin to these emanations is distressing enough; as crewman Sanjiio Masuda of the trawler, Fukurya Maru, tells, "the itch became almost unbearable, and we began breaking out with huge irregular blisters."

More serious are the long term effects of such exposure. It is a maxim that inflammatory tissue re-

tion to electromagnetic radiation results in tissue sequelae. The end results on the skin of acute radiodermatitis are atrophy, telangiectasia, varying degrees of loss of skin function such as hair growth, sweat and sebaceous secretion and, worst of all, the development of carcinomatous tendencies.

These late effects are given too little emphasis in publicity releases about the effects of thermonuclear explosions. Skin burns from radioactive material are not like benign thermal burns. In the account in "Life" magazine the U. S. Radiation Sickness Expert, Dr. John Morton, is quoted as saying, in regard to the Japanese casualties, "The patients are

in better shape than I had thought. I now think that recovery will take from three weeks to a month." That's a doctor's typical cautious-hopeful prognostication, but one of the more serious casualties, crewman Tadashi Yamamoto, perhaps said more than he knew on hearing this assurance: "I cannot help wondering if the doctor's prediction for us will really come true." He poignantly added, "It puzzles me that *pikadon* (Japanese colloquialism for atomic blast) cannot be used for peaceful things instead of bombs."

—From the Bulletin of Allegheny
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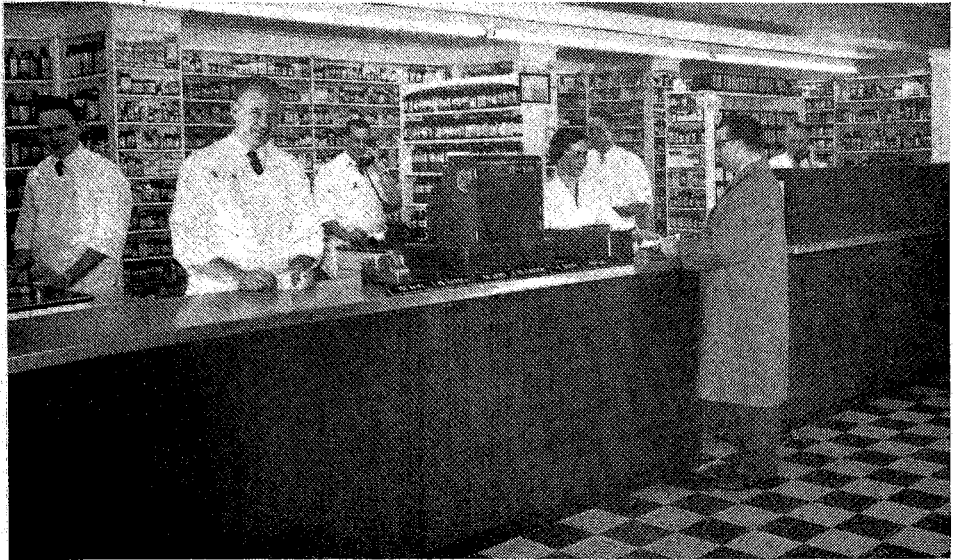
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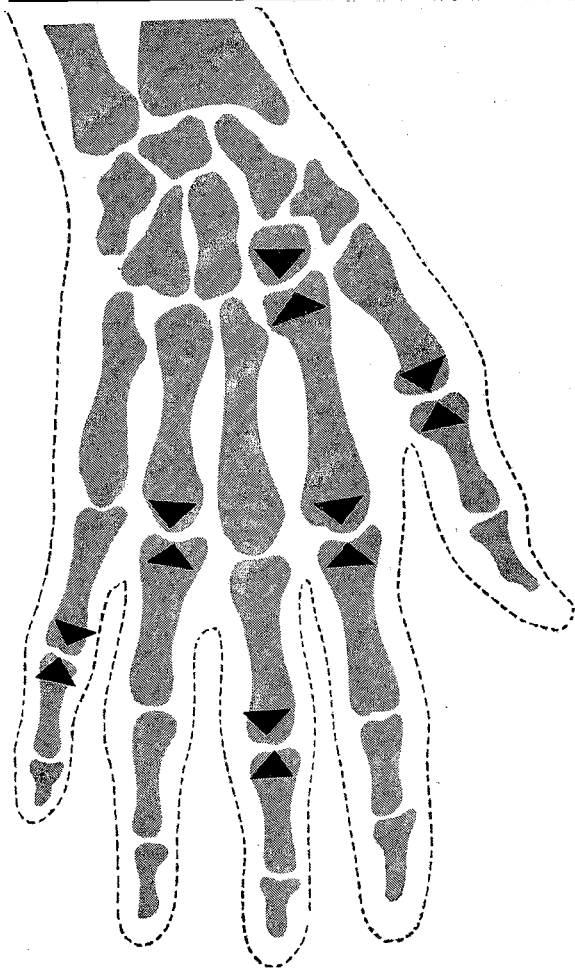
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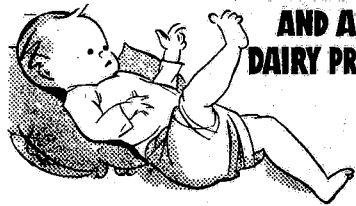
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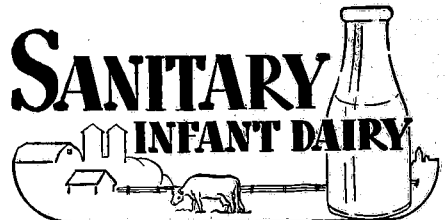


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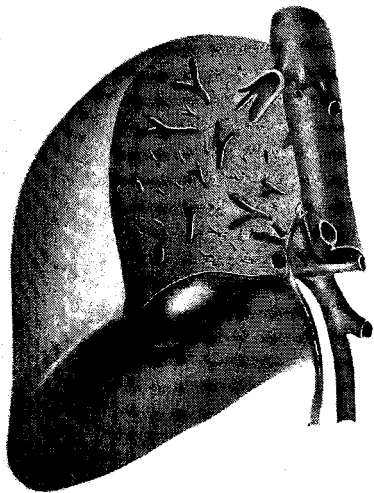
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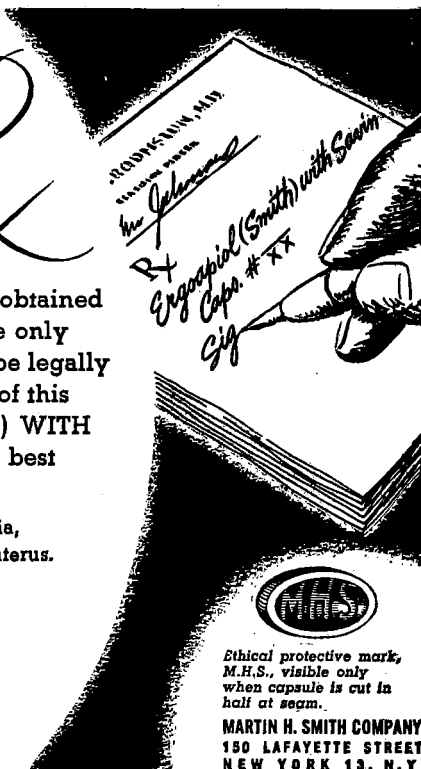
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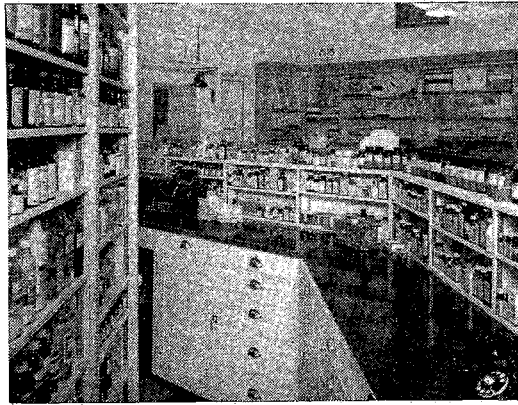
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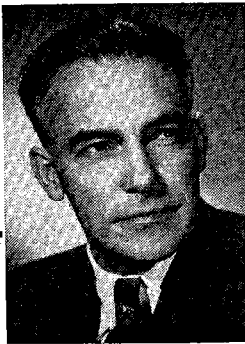


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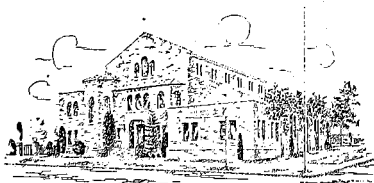
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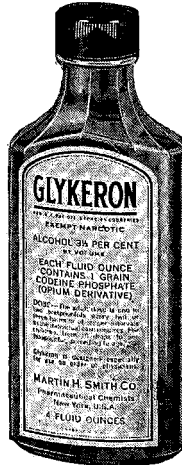
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Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

STAFF OF PIERCE COUNTY

Last Monday of each month

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

VOL. XXIV—No. 10

TACOMA, WASH.

JUNE - 1954



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1954

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TABLE OF CONTENTS

Cover	1
What Do You Remember About	2
Strictly Local	3
Women's Auxiliary	4
Hospitals	5
Library Corner	7
Book Review	7
Special Article	8
Medical Minutes	10
What Your Patients Read and Hear	10
Answers to What Do You Remember About	11

WHAT DO YOU REMEMBER ABOUT?

1. Primaquine in the treatment of malaria?
2. The stoppage of ventricular fibrillation?
3. Arrhenoblastoma?
4. Etiology of plantar warts?
5. Epiphyseal separation of the upper end of the humerus?
6. Antithyroid drugs in children?
7. Malignancy in goiter?
8. Normal spinal fluid volume?
9. Neuropsychiatric residuals following resuscitation from cardiac arrest?
10. A method for biopsy of lesions of the head of the pancreas?
11. Surgical treatment of cancer of skin?

(Answers on Page 11)

NOTICE

Check back page of Bulletin for calendar of special meetings

STRICTLY LOCAL . . .

YOUR DOCTOR SPEAKS

- June 3—"Rehabilitation of the Polio Patient," by Dumont Staatz.
- June 10—"Goiter and Other Thyroid Diseases," by William Hauser.
- June 17—"Resuscitation," by Charles McGill.
- June 24—"Bachache," by Wendell Peterson.

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A course in Practical Psychiatry will be given the latter part of the year by the staff of the University of Washington School of Medicine, if a sufficient number of physicians in Pierce County express their desire to take advantage of this opportunity.

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AMERICAN GERIATRICS SOCIETY

The 1954 Annual Meeting

The 11th Annual Meeting of the American Geriatrics Society will be held at the Hotel Fairmont in San Francisco just preceding the meeting of the American Medical Association. The scientific sessions of the meeting will begin Thursday afternoon, June 17, and continue through Saturday morning, June 19.

Hotel reservations should be made through the San Francisco Convention and Visitors Bureau, 200 Civic Auditorium, San Francisco 2, California. Members should reserve accommodations immediately, stating time of arrival and departure date, because the hotels expect to be filled to capacity.

The Annual Business Meeting will be held in the Fairmont Hotel Thursday morning, June 17, at 9 o'clock. The room for this meeting will be announced later. All Scientific Sessions will be held in the Nob Hill Room of the Fairmont, and the annual dinner is scheduled for the Gold Room on Friday evening, June 18.

The meeting will be open to all members of the American Geriatrics Society and to physicians and other scientists who are interested in the field of geriatrics. The program will cover many aspects of geriatric medicine, and there will be several panel discussions on such subjects as recent developments in cardiology and methods of determining operability in older patients. Outstanding clinicians and investigators will participate.

Dr. Laurance W. Kinsell, Highland Alameda County Hospital, 2701 Fourteenth Avenue, Oakland 6, California, is in charge of local arrangements for the meeting.

The reason older people are quiet is because they have a lot more to be quiet about.

HAPPY BIRTHDAY



JUNE

- 5 HOLLIS SMITH
- 5 JAMES VADHEIM
- 6 LEO ANNEST
- 7 JOSEPH HARRIS
- 8 JACK ERICKSON
- 10 HAROLD LUEKEN
- 11 JACK MANDEVILLE
- 15 MILES PARROTT
- 18 LEO SCHECKNER
- 21 JACK LEE
- 23 LLOYD DURKIN
- 28 MILLS LAWRENCE

WOMAN'S AUXILIARY

To The Pierce County Medical Society

A gift of \$100 for the Mental Health Association membership drive was voted by Auxiliary membership at the last meeting.

In as much as a surplus existed in the treasury after nurses scholarships were awarded, the board recommended that \$100 go to the support of this mental health program in which our representative, Florence Duerfeldt, has been a leader for many years.

Violin music was furnished by Margaret McBride and Mrs. Bruce Rodgers, accompanied by Mrs. H. J. Whitacre. The duo played several numbers in addition to background music earlier in the afternoon.

The sensation of the day was the Pierce County Pill-Wife Trio, who were bedecked in striking hats and costume jewelry (with a distinctly medical sample flavor). They sang *April Showers, Make Believe*, and a parody about the auxiliary which no one should have missed.

* * *

Puyallup Entertains

When the Auxiliary was entertained on April 30th by the Puyallup Valley members the weather and season combined for a delightful day. May pole decorations, May basket desserts, readings by Dr. Hoyt's mother eliciting both tears and laughter, the Puyallup High School boys and girls who presented skits from their musical show, complete with costumes and props, all contributed to a most pleasant meeting.

* * *

Important! Don't throw anything away.

Call any of these numbers if you have anything for us to pick up and save for the Big December Rummage Sale. Please give us first thought when you are cleaning house or moving.

One of us is sure to be available.

Keep this list handy. Service—Day or Night.

No pick-up charge.

Call: Katherine Plum—PR. 7401

Dottie Read—BR. 3400

Kay Willard—MA. 0630

Verna Sleep—MA. 1509

Peggy Haley—PR 4401

Gladys Hanson—PR. 1152

* * *

It is hoped that all of Pierce County saw the full-page feature on our Nurse Recruitment program in the News Tribune, by-lined by Kay Herrmann.

* * *

Scholarship Presented

At St. Joseph's Hospital's capping ceremony Sunday, May 23rd, at St. Loe's Church, our president, Hilda Lantiere, presented the annual auxiliary scholarship to Barbara Fox.

* * *

Our scholarship to a High School graduate who plans to enter a school of Nursing went to Beverly Ann Hague of Bethell High School, Spanaway, Washington.

New Officers Installed

At the final meeting of the year, May 21st, the Tacoma Country Club the retiring president, Hilda Lantiere, turned her gavel over to the president for the coming year, Gladys Hanson.

Officers installed were the following who had been elected at the April meeting:

Officers for 1954-1955

President	Mrs. Eugene Hanson
President Elect	Mrs. George S. Kittredge
First Vice President	Mrs. Haskel L. Maier
Second Vice President	Mrs. Elmer Wahlberg
Recording Secretary	Mrs. Thomas Smeall
Corresponding Secretary	Mrs. Robert N. Everitt
Treasurer	Mrs. G. M. Whitacre

Chairmen of Committees

Membership and Hospitality	Mrs. Ralph H. Huff
Co-Chairman, Mrs. Don G. Willard	
Program	Mrs. P. E. Bonds
Co-Chairman, Mrs. Frank W. Hennings	
Publicity-Press	Mrs. Arnold Herrmann
Bulletin, Mrs. Fay Nace	
Social	Mrs. Frederick Schwind
Co-Chairman, Mrs. Robert Florence	
Telephone	Mrs. William Rosenblatt
Co-Chairman, Mrs. Louis Rosenblatt	
Public Relations	Mrs. J. Robert Brooke
Co-Chairman, Mrs. Wm. C. Brown	
Legislative	Mrs. Samuel R. Light
Co-Chairman, Mrs. Joseph B. Jarvis	
Today's Health	Mrs. J. W. Mandeville
Co-Chairman, Mrs. Harold Leuken	
Civil Defense	Mrs. Frank Maddison
Co-Chairman, Mrs. Charles McGill	
Blood Bank	Mrs. Miles Parrott
Nurse Recruitment	Mrs. Joseph B. Jarvis
Speakers Bureau	Mrs. John F. Steele
Co-Chairman, Mrs. Scott S. Jones	
Mental Health	Mrs. T. H. Duerfeldt
Co-Chairman, Mrs. J. M. Mattson	
Rummage Sale	Mrs. Frank A. Plum
Co-Chairman, Mrs. Jess W. Read	
Heart Board Representative	Mrs. Homer Humiston

A committee composed of Gladys Hanson, Dorothy Maier and Hilda Lantiere met with representatives from St. Joseph's and Tacoma General School of Nursing to discuss scholarship awards from the fund set up by the Pierce County Medical Association.

* * *

The Maddison family will attend the wedding of their son in Chicago in June. Frank, Jr., has finished his junior year at Northwestern Medical School. Betty will include a visit to her Iowa home.

* * *

Connie Hellyer is chairman of the Children's Philharmonic concerts for the coming season.

* * *

Jarvis's son, Pat, has received a scholarship to Yale, where he plans to take pre-med. Several other doctors' children were pictured with Clover Park seniors on the honor roll.

HOSPITALS . . .

VETERANS ADMINISTRATION American Lake, Washington

Our Manager, Dr. Thomas J. Hardgrove, is being transferred as Manager, to the new VA Hospital, Sepulveda near Los Angeles, California, which is scheduled to be officially opened at the turn of the year. He will be missed, not only by the patients and hospital personnel, but also by the community where he has been very active since his assignment here in May, 1949.

* * *

Miss Sara Martin has been detailed to American Lake from the VA Hospital at Long Beach, California, to learn the work of a Chief Nurse in a psychiatric hospital. She will then be assigned to the new hospital at Sepulveda, and will work there with Dr. Hardgrove.

* * *

Fred T. Wilkinson, Warden at the U. S. Penitentiary, McNeil Island, discussed the prison program in a talk at this hospital recently, which was interesting and informative.

* * *

Drs. R. E. Petrone and Frank C. Bowers attended the A.P.A. convention in St. Louis, Missouri. Following the convention, Dr. and Mrs. Petrone visited relatives in Chicago and then left for a trip to Mexico.

* * *

Dr. L. S. Diamond, Staff Psychiatrist, is presenting a paper on psychiatric problems of geriatrics at the Northwest Meeting of the Congress of Physical Medicine to be held May 21, 1954, at the Health Sciences Building, University of Washington.

* * *

Bent E. Archer, Chief Pharmacist, is arranging a meeting for the Professional Pharmacists of Pierce County, to be held May 20, 9:30 p.m. at the Winthrop Hotel. Miss Phyllis Dolvin, Assistant Attorney General, will give a brief history of the pharmacy laws and the planned revision.

* * *

Dr. Robert B. Tribe has been added to our Dental Staff, taking the place of Dr. Keith R. Marcroft who was recently transferred to the VAH, Salt Lake City. Dr. Tribe comes to us from the Portland Veterans Hospital.

* * *

Dr. Harry A. Young of Seattle has been appointed to our staff as a consultant in dental prosthesis.

* * *

Dr. Beverly Davenport has joined our staff as a clinical psychologist. She comes to us from the Pacific State Hospital in California. Prior to that she was with the Veterans Administration in Los Angeles. She obtained her Ph.D at U.S.C.

* * *

Mrs. Darlena Voegele and Mrs. Emma Rowe joined the Nursing Staff recently. Their husbands are both stationed at Fort Lewis.

* * *

Miss Aslakson and Miss Tidmarsh are carrying on negotiations to buy a house. Their friends are looking forward to being entertained at 6420 Wilshire Road just as soon as there are chairs to sit on.

* * *

Mrs. Christman and Mrs. Murphy will be resigning in the near future to cooperate with the stork, and Mrs. Taylor left the end of May to keep house while her husband attends the Army Language School at Monterey.

* * *

We are happy to welcome Miss Helen E. Webster to our Library Staff. She is not new to the VA, having been stationed at Fayetteville, Arkansas, Ft. Meade, S.D., Ft. Harrison, Montana, and Camp White, Oregon. She is filling the vacancy created when Miss Edrie S. Marquard resigned in order to tour Europe.

* * *

Two Occupational Therapy Students from the University of Minnesota, Ruth Page and Jane Larson, recently completed their psychiatric affiliation at this hospital. Miss Page has returned to her final quarter at the University of Minnesota. Miss Larson returned to Minneapolis to begin an affiliation at the University of Minnesota Heart Hospital.

* * *

Ten undergraduate Occupational Therapy students from the College of Puget Sound are completing their 10 weeks observation period in the Occupational Therapy Section. These students spend five weeks in two different clinics, observing and taking part in a treatment program for psychiatric patients.

Members of the O.T. section are busy working on two current projects of the Washington Occupational Therapy Association. Myrla Smith, OTR is General Chairman of the Western International Conference of Occupational and Physical Therapists scheduled to be held in Seattle, May 22 and 23. Robert P. Glass, OTR, is a Co-chairman of the Second Annual Scholarship Bazaar held May 1st at the Tacoma Armory.

* * *

Our members of the Medical Records Department attended a farewell dinner party at the Islander recently, honoring two members of the Tacoma Association of Medical Records Librarians, Mrs. Betty Lou Barker and Mrs. Dorothy Smith.

ST. JOSEPH'S

A most attractive invitation was issued by the Sisters of St. Francis and the Faculty of St. Joseph's School of Nursing for the capping exercises of the Class of 1956, held at 2:30 in the afternoon of May 23 in St. Leo's Auditorium.

* * *

On April 24, 1954, Dr. and Mrs. Bruell welcomed into their family a baby boy, weighing 7 pounds

and 11½ ounces. The name of the new citizen is Mark Chapman.

* * *

Mrs. Magnusson, head nurse of Third North, is a patient in traction on the same floor. We wish her a speedy recovery and hope to see her back on duty soon.

* * *

The end of May saw Miss Barstow from Delivery Room and Miss Barrass from Nursery heading East and then across the Atlantic to England for three months of renewing old acquaintances and seeing relatives. Bon voyage and hurry back.

* * *

The oldest employee of St. Joseph's Hospital was feated by Sister Valeria and the sisters with a dinner party last month, celebrating her 34th year at the hospital. Mrs. Nish, our switchboard operator, was asked to help out for two weeks way back in May 1920. She is still helping out in a capable, friendly manner. Her friendly, helping personality is now a living part of our hospital. Incidentally, we who have known her for years, still chuckle over the day she paged "Saint Joseph."

* * *

Sisters Barbara Ann and Martha Joseph report a very interesting convention of the Western Hospital Association in Los Angeles. Various sessions of the convention claimed the attention of the sisters. Much time was taken to discuss legal problems as they affect both the hospital and physician today. Of special interest was a session of nursing administrators, where the team method of assignment of nursing personnel was discussed. The sisters spent several profitable and enjoyable days in the City of Angels and look forward to a return trip sometime in the distant future.

* * *

Don't forget, C.P.C.'s this summer will be held in conjunction with the staff meetings the third Friday of each month at 9:00 a.m. in the cafeteria.

* * *

Soon vacation time will begin, some of the members of our Medical staff are enjoying theirs already. May this bright season of 1954 be a wonderful one for each and every one. Plenty of rest and sunshine.

TACOMA GENERAL

The names of Dr. Glenn H. Brokaw, Dr. Theodore R. Haley, and Dr. William W. Mattson, Jr., have been added to the Medical Staff Roster.

* * *

Dr. Ilse Hofmeister has recently come to Tacoma General Hospital for her second year's residency in Anesthesiology. She is a native of Stuttgart, Germany, and received her M.D. in 1948 at Tuebingen in that country. Before coming here, Dr. Hofmeister had spent one year at Georgetown University Hospital, Washington, D. D., as a resident in Anesthesiology.

* * *

Our congratulations to Dr. and Mrs. Robert Crabill on the birth of a son, David Robert on April 29; and to Dr. and Mrs. Robert Freeman on

the birth of a daughter, Karen Andrea, on April 30.

* * *

Miss Lucille Larson and Miss Jane Hill, Medical Technologists, attended the Spring Seminar of the Washington State Society of Medical Technologists. The meeting was held in Spokane on May 1 and 2 with over 100 people in attendance. One of the highlights was a speech by Dr. Drake on "Plague—Past and Present."

* * *

For the second successive year, Fred Boehm, our pharmacist, had the pleasure of crowning the May Queen at the University Place School May Festival. Of the various honors that accrue to the members of the School Board, Mr. Boehm likes this one best, because it requires only a short speech.

* * *

Miss Helen Mar Jewett, Principal of the School of Nursing, is enjoying a vacation in Michigan and California, following her attendance as a delegate at the annual convention of the American Nurses' Association in Chicago.

* * *

On May 16, in observance of National Hospital Week, Tacoma General held Open House from 1 to 4 p.m. 252 visitors registered in the Guest Book, and about 70 children were counted in addition. These visitors were taken in small groups on a tour of the Hospital. Student Nurses conducted the groups and explained briefly what was being seen. The Laboratory and the X-Ray Department had members of their own staffs present to further describe the work and facilities of these important services. The tours ended in the dining room with coffee and cookies for the adults, and punch and ice cream for the children. The occasion elicited a great deal of enthusiasm for our own personnel, and a great deal of interest from our visitors. Patients also commented very favorably about it.

THE AMERICAN SOCIETY FOR THE STUDY OF STERILITY

The American Society for the Study of Sterility will hold its 1954 convention at the St. Francis Hotel, San Francisco, on Friday, Saturday and Sunday, June 18, 19 and 20, immediately preceding the American Medical Association meeting. The papers and the panel discussions will be particularly outstanding this year and will cover a wide range of subjects relating to fertility and sterility in both sexes.

The meetings are open to all physicians interested in this field. The registration fee for non-members is \$10. (Medical students, interns and residents may register without charge.) Registration should be made in advance by communicating with Herbert H. Thomas, M.D., Secretary, American Society for the Study of Sterility, 920 South 19th Street, Birmingham, Alabama.

For a man by nothing is so well betrayed as by his manner.

A little learning is a dangerous thing.

LIBRARY CORNER . . .

NEW ADDITIONS TO THE LIBRARY

Books received:

1. *Yearbook of Dermatology.*
2. *Eleven Blue Men*, by Roueché.
3. *Yearbook of Pathology and Clinical Pathology*
4. *The Jealous Child*, by Podolsky.
5. *Handwriting and the Emotions*, by Thewlis-Swezy.

The following periodicals have been added to the library:

- Bulletin of the New York Academy of Medicine.*
Acta Medica Scandinavica (English edition.)

AFTER HOURS LIBRARY USERS

PLEASE NOTE . . .

When taking material from the library after hours, please fill out mimeographed forms on the front desk specifying name of Journal, volume number and if periodical is unbound, the month. If a book is borrowed, please specify title and author. Above all, *please* sign your name.

Laziness travels so slowly that poverty soon overtakes him.

BOOK REVIEW . . .

"PERIPHERAL VASCULAR DISEASES"

By William S. Collens, M.D. and
 Nathan D. Willenski, M. D.

This is the recently published second edition by these two internists who head peripheral vascular disease clinics at New York's Kings County and Maimonides Hospitals. A few of the chapters have been written by other men eminent in their fields, such as Smithwick of Boston contributing the section on surgery, and Linn J. Boyd of New York on periarteritis nodosa. (We interned under the latter and were much impressed by his writing and extemporaneous speaking ability. He is a professional mystery story writer as well as the author of two books on cardiology with Scherf.)

The book is divided into two parts. The first is devoted to anatomy, physiology, pathological physiology, symptoms, signs, methods of examination, and the diagnosis and the differential diagnosis of vascular disorders. The second part deals with treatment, the application of physiology to treatment and eventual prognosis. It is 606 pages long and is printed in large, easily readable type. The illustrations, diagrams and color plates are undoubtedly of more than average abundance.

The book is intended to be primarily for reference. The completeness of subject matter is unexcelled. Chapters on vascular diseases of the brain and spinal cord, diseases of the lymphatics, podiatry, and prosthesis are included. Many new developments in the field of vascular diseases are included. Knisely of the University of North Carolina presents his work in blood sludging. The use of radio-active tracers in circulatory investigation is discussed. The effects of antibiotics on peripheral vascular diseases are described. It is disappointing, however, that the Korean War experience and recent experimental and clinical studies in arterial anastomosis, grafting, endarterectomy an aortography are either omitted or mentioned only in passing. Also, not included are

descriptions of some of the newer drugs in use. There is however, a very comprehensive presentation of current theories and investigations not quite so new. But perhaps some of the authors' own pet ideas that are not widely accepted, such as the use of intermittent venous occlusion therapy, are pushed too hard.

In spite of these criticisms we would rate this book very favorably with Allen, Barker and Hynes' "Peripheral Vascular Diseases" and in some respects such as readability and conciseness it is superior. While it is not the purpose of the writers to elaborate on surgical aspects it is recommended as good background reading and ready reference for all.

—Theodore R. Haley, M.D.

FIFTY-FIFTH ANNUAL SESSION AMERICAN GASTROENTEROLOGICAL ASSOCIATION

San Francisco, California

The American Gastroenterological Association will hold its annual scientific session in San Francisco, June 18 and 19, 1954, just prior to the meeting of the American Medical Association. All meetings will be held in the Peacock Court of the Mark Hopkins Hotel.

This year the scientific papers will include some outstanding scientific investigations in electrolyte balance in liver disease, experimental developments in gastric cancer surveyed over the past ten years, surgical and medical problems in lesions of the pancreas, and many other excellent contributions to our recent knowledge of gastrointestinal problems.

The medical profession is cordially invited to attend these scientific sessions.

SPECIAL ARTICLE . . .

DIAGNOSTIC CONTRIBUTIONS OF THE ELECTROMYOGRAPH

By Michael P. Goodson, M.D. and
John T. Robson, M.D.

Electromyography is the science which treats of the recording and measurements of the voltages generated by normal and abnormal muscles. In order to record and measure muscle voltages accurately, it is first necessary to elicit them from the muscle by means of a needle electrode. Next, these minute voltages must be amplified many times and converted into a visible pattern and sound energy by means of a cathode-ray oscillograph and loudspeaker.

When interpreted correctly, electromyograms are a useful adjunct to the neurologic examination in assessing the functional integrity of the neuromuscular system.

A relaxed, normal voluntary muscle generates no voltages which can be recorded by the electromyogram. In other words, a completely relaxed, normal, voluntary muscle is an electrically silent one. A normal voluntary muscle which is made to contract generates what are termed *normal motor unit voltages*. A motor unit has been defined as a functional unit consisting of one anterior horn cell, together with axon, and the 100 to 150 muscle fibres which the axon innervates. This is a physiologically single unit. When the axon of such a motor unit is excited, all of the muscle fibres appear to contract synchronously, and as a result of the spread of the contraction wave a simple diphasic or monophasic voltage is generated.

Normal motor unit voltages range in magnitude from about 100 to 2000 microvolts and are readily elicited from all areas of the contracting normal muscle. The duration of a single wave is of the order of 3 to 10 milliseconds and the repetition frequency varies to about 5 to 30 per second depending upon the force of contraction.

Because of their simple wave form and relatively long duration, normal motor unit voltages produce a very characteristic "thumping" noise in the loudspeaker. When a voluntary muscle has been deprived of its nerve supply or denervated for various periods of time, the individual denervated muscle fibres begin to twitch in a rhythmic manner. This rhythmic twitching of denervated muscle has been termed *denervation fibrillation* and results when the denervated muscle fibres become sensitized by neuroatrophy to small amounts of acetyl choline in the normal circulation. Since the term denervation fibrillation denotes the involuntary contractions of individual muscle fibres, it is of great importance to note that true denervation of fibrillation cannot be observed clinically through the intact skin. In order, therefore, to detect and prove its presence in a muscle it is necessary to employ electromyography.

The voltages generated by fibrillating denervated muscles range in magnitude from about 5 to 100 microvolts. They usually have a diphasic wave form and their repetition frequency varies from about 2 to 30 per second. A single wave has a duration of only one or two milliseconds. Because of its extremely short duration a fibrillation voltage produces a very characteristic "clicking" noise in the loudspeaker.

When a denervated muscle becomes reinnervated, i.e., when it again acquires nerve substance through regeneration of its own nerve, it generates motor unit voltages which are highly polyphasic or complex in wave form. Complex motor unit voltages of this type are a constant finding in muscles following poliomyelitis and in such degenerative muscle diseases as amyotrophic lateral sclerosis and progressive muscular atrophy.

From these observations, it is clear that highly polyphasic or complex motor unit voltages are abnormal electromyographic phenomena, and as such may represent either early nerve degeneration or early nerve regeneration.

It was pointed out previously that the muscle fibres of a normal motor unit contract synchronously, thus producing a single, simple voltage. The muscle fibres of an abnormal motor unit, on the other hand, appear to contract asynchronously; thus, producing a complex or polyphasic unit voltage. These complex or abnormal motor unit voltages range in magnitude from about 1000 to 1500 microvolts. Their repetition varies from about 2 to 30 per second and the duration of a single wave group is usually in the range of 5 to 15 milliseconds. Because of the complexity of these waves, the polyphasic voltages give rise to a very rough-sounding noise in the loudspeaker of the electromyograph.

Most clinicians usually associate fibrillary twitching of muscles with such degenerative diseases as amyotrophic lateral sclerosis and progressive muscular atrophy. The electromyographer, however, prefers to designate such visible involuntary contractions as *fasciculations* and reserve the term *denervation fibrillation* for the invisible involuntary contractions of individual denervated muscle fibres. From the electromyographic standpoint, a complex fasciculation voltage simply represents the involuntary contraction of an abnormal motor unit.

It should be emphasized that denervation fibrillation is a phenomenon characteristic of denervated muscle and these voltages are not elicited from a muscle unless Wallerian degeneration of the nerve supply has taken place. The onset of these denervation potentials following axon interruption appears 12 to 14 days later in the erector spinae muscles and 18 to 21 days later in the musculature of the limbs. Because of this fact, denervation fibrillation is a valuable objective sign of lower motor neuron disease. This is true because it is a constant finding following known lesions of the final com-

mon pathway and one that can neither be controlled by the patient nor observed clinically through the intact skin by the physician. When recorded electromyographically, however, its presence aids greatly in differentiating between upper and lower neuron disease, myopathy, functional and organic paralysis.

The presence of these denervation fibrillations can be of great use in localization. If, for example, an upper extremity is examined and denervation fibrillation is noted only in those muscles receiving innervation from the median nerve, a confident diagnosis of a peripheral median nerve lesion can be made. In addition, it may be concluded that a certain percentage of the axons in this nerve have undergone Wallerian degeneration. If, on the other hand, the distribution of the denervation fibrillation corresponds to, say, the distribution of the seventh cervical root, the appropriate diagnosis can be made. Depending on the percentage of the muscle fibre fibrillation it can be further concluded that the electromyographic findings are consistent with the patient's complaints of paralysis, paresis or fatigability. In order to express an opinion concerning the cause of the peripheral nerve or root lesion, the electromyographic findings must be correlated with a careful history and clinical neurologic examination.

Electromyography has one of its greatest values in peripheral nerve injury. It can definitely be stated that electromyography is to nerve injury what the x-ray is to bone injury. The electromyogram will indicate the following:

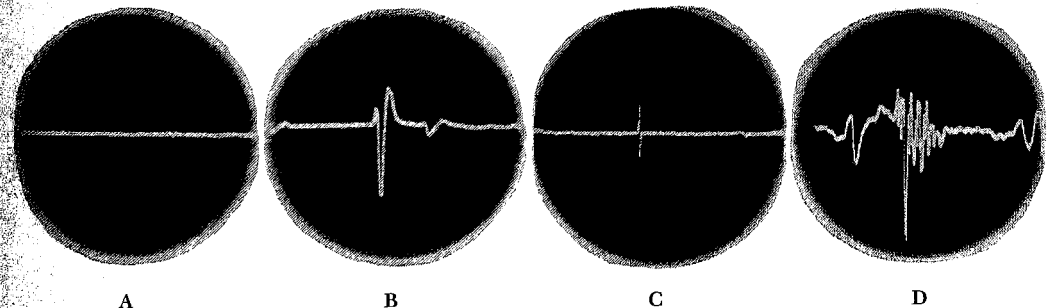
1. Complete interruption of the nerve.
2. Partial involvement.
3. Reversible physiological block.
4. Psychological block.
5. The status and degree of nerve regeneration.

The electromyogram is of definite value in differentiating between upper and lower motor neuron disease and the primary disorders of the muscular system, such as myotonia, muscular dystrophy and myasthenia gravis. In upper motor neuron lesions there is no fibrillation. As a rule, in primary muscular dystrophy the motor units are short in duration and lower in voltage. In myasthenia, under voluntary effort, the motor units cannot be sustained. The situation is reversed by the administration of progstigmine. In myotonia we have extreme hyperirritability during needle stimulation or slight voluntary contraction precipitates stormy electrical discharges.

Any precise, objective test finds wide application in medico-legal fields and electromyograms obtained by photographing a cathode-ray oscillograph have been accepted as evidence in both Federal and Superior Courts.

In certain clinical problems, the use of electromyography can and often does, obviate the necessity for performing pantopaque myelography in certain varieties of root pressure lesions.

In conclusion, it may be stated that electromyography is gradually becoming an accepted part of a neurologic examination in certain varieties of common neurologic disorder.



A—Electromyograms of normal muscle at rest showing "electromyographic silence."

B—Normal Motor Unit voltage, showing large characteristic negative phase both preceded and followed by smaller positive phases.

D—Denervation Fibrillation voltage, showing char-

acteristic initial positive phase closely followed by an almost equal negative phase, recorded from a patient having lower motor neuron disease.

D—Complex or Highly Polyphasic Motor Unit Voltage, showing many positive and negative phases, recorded during voluntary effort from a recently re-innervated muscle.

MEDICAL MINUTES . . .

ALLERGY—

Army Regulation No. 40-155, dated Aug. 20, '48, now makes a history of asthma acceptable only if asthma has not occurred after 12th birthday. Fein, *Am. Pract.*, Mar., '53.

ANESTHESIOLOGY—

Effective admin. of inhalation therapy. Includes oxygen therapy with tents, catheters, and masks; artif. respiration; admin. of drugs by inhalation. Barach, et al., *J.A.M.A.*, Sept. 2, '50.

CARDIOLOGY—

Hypoglycemia may act as precipitating factor in production of myocardial infarction. Gendevia, M. J., *Australia*, Vol. I, '54.

CLINICAL PATHOLOGY—

Chronic sodium chloride toxicity in rats on high-salt diet produced lesions of kidneys and rise of systolic blood pressure proportional to increased amounts of salt. Meneely, et al., *Ann. Int. Med.*, Nov., '53.

DERMATOLOGY—

Chronic patch of eczematous dermatitis over extensor aspect of each arm below elbows characteristic of armchair dermatitis usually artificial leather sensitivity. *Brit. M. J.*, 1:502, '54.

GASTROENTEROLOGY—

Possible postop. complications of vagotomy include cardiospasm, gastric retention, diarrhea, dumping syndrome and hypoglycemic reactions. Wilkins, et al., *J.A.M.A.*, Apr. 17, '54.

GENERAL PRACTICE—

Acute pneumonitis from beryllium Compound S. Affects hobbyists (lens grinders), industrial workers. *Nachtwey*, et al., *Minn. Med.*, Sept., '50.

GENERAL SURGERY—

Marsupialization operation for all types pilonidal fistulae; cure effected in minimum time with minimum recurrence rate. *Abramson*, et al., *Ann. Surg.*, Mar., '54.

NEUROPSYCHIATRY—

The presence or absence of anxiety (fear of impending death) during an attack of angina pectoris depends on the adequacy of the psychologic defenses against anxiety engendered by any threatening situation. *Arlow*, *Psychosom. Med.*, Nov.-Dec., '52.

NEUROSURGERY—

Shave and examine midline of scalp and skin of back for sinus openings in infants and children with unexplained staph. aureau meningitis. *Ingraham*, et al., *Neurosurg. of Inf. & Child.*, '54.

OPHTHALMOLOGY—

Stellate ganglion block in glaucoma is useless as therapeutic measure even when angle of anterior chamber is open, and when angle is closed, in congestive glaucoma, it may be dangerous. *Miller*, *Brit. J. Ophth.*, Feb., '53.

OBSTETRICS & GYNECOLOGY—

The ability of the kidney to concentrate and dilute urine is the most sensitive and helpful test of renal function. *Tenney*, *N.E. J. Med.*, Dec. 31, '53.

OTO-RHINO-LARYNGOLOGY—

Tonsillitis is different from any other streptococcal infection. It starts and ends in BOTH tonsils at same time and has a cycle like measles or scarlet fever. *Waldapfel*, *EENT Mthly.*, Jan., '54.

PEDIATRICS—

Patients with acute laryngotracheitis are made worse when ACTH was given. *Turner*, et al., *A. J. Dis. of Child.*, Vol. 83:440, '52.

PROCTOLOGY—

Explosions in large bowel during electro-surgery caused by endogenous physiological gases Methane 29.6% by volume. A hazard in all electro-surgical procedures in the lower colon. *Becker*, *S. G. & O.*, Oct., '53.

TUBERCULOSIS & CHEST—

Approximately 10% of all patients requiring tracheostomy develop postoperative tracheal encrustations. *Conley*, *J.A.M.A.*, Mar. 6, '54.

UROLOGY—

Renal glutaminase activity in rats not changed by hypophysectomy, nor by adrenalectomy. *White*, et al., *Am. J. Physiol.*, July, '53.

WHAT YOUR PATIENTS READ AND HEAR

Articles of medical interest in current popular magazines:

1. Ardis Whitman: "Living Is More Than Skin Deep". *Reader's Digest*, April, p. 87.
2. Robert Rushmore: "Ever Had Bursitis". *Coronet*, April, p. 70.
3. Terese Lasser: "I Had Breast Cancer". *Coronet*, April, p. 109.
4. Henry B. Safford, M. D.: "Tell Me Doctor". *Ladies Home Journal*, April, p. 35.
5. M. Arthur Kline, M. D.: "A Psychiatrist Discovers God: We are Born to Believe" *Woman's Home Companion*, April, p. 4.
6. Albert Rosenfeld: "They've Got Asthma on the Run". *Colliers*, April 16, p. 25.
7. Tom Davis: "A Young Woman's Best Defense Against Cancer". *Today's Woman*, April, p. 27.
8. Bob Considine: "To Smoke or Not to Smoke". *Cosmopolitan*, April, p. 12.
9. Maxine Davis: "Childhood Diseases in Adults". *Good Housekeeping*, April, p. 168.
10. "Overweight — our biggest health menace". *McCall's*, April, pp. 34-40.

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ANSWERS

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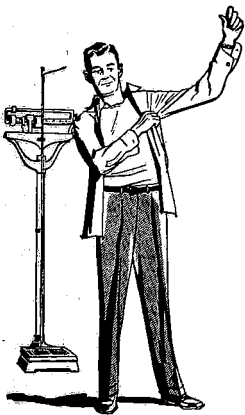
(Continued from Page 2)

1. Early studies have proved that primaquine is a very efficient drug in curing subclinical malaria and preventing relapses.
Archambeault, C. P.; The Journal of the American Medical Association, 154, April, 1954.
2. The only acceptable method that can be used to effect stoppage is application of a momentary intense electric shock to the heart (though other uniformly applied shocks, e.g., thermal and mechanical, may work).
Mackay, R. S.; The Journal of the American Medical Association, 154, April, 1954.
3. Arrhenoblastoma of the ovary is usually a unilateral neoplasm. The tumor develops from the embryonic rests of mesenchymal cells, with the inherent tendency to develop as a male gonad.
Greenblatt, R. B.; Office Endocrinology, Fourth Edition, Charles C. Thomas, Illinois, 1952.
4. Dermatologists believe they are due to a type of virus; however, their appearance at sites of irritation is not infrequent.
Ferguson, K. L.; Surgery of the Ambulatory Patient, J. B. Lippincott Co., 1947.
5. Failure to reduce by closed methods necessitates strong traction in abduction for from 3 to 5 days; if this fails, open operation, without internal fixation, must be performed without undue delay, since organization and callus formation proceed very rapidly in the young.
Ferguson, K. L.; Surgery of the Ambulatory Patient, J. B. Lippincott Co., 1947.
6. In children these drugs have given encouraging results when used over a period of several years. In a series of 17 cases, 4 patients appear

to be cured at the time of writing.

- Jackson, A. S.: The Journal of the International College of Surgeons, 21, March, 1954.
7. About 1% of toxic nodular goiters are malignant. The incidence of cancer among unselected non-toxic nodular goiters is probably less than 0.2%.
Sokal, J. E.; Journal of the American Medical Association, 154, April, 1954.
 8. The probabilities are that a man of 150 pounds (68 kg.) would have up to 150 c.c. of spinal fluid.
Lundy, J. S.; Clinical Anesthesiology, W. B. Saunders Co., Philadelphia, 1942.
 9. Loss of recent memory, inability to relearn ataxias, emotional lability, and intellectual impairment with loss of integrative capacities were present 18 to 36 months after the event in one case.
Freeman, R. V., et al., Journal American Medical Association, 155, May 8, 1954.
 10. A small, sharp scoop was passed through the wall of the ampulla into the central portion of the head of the pancreas to obtain tissue for microscopic examination. This was done per the common duct.
Belding, H. H.; Journal American Medical Association, 155, May 8, 1954.
 11. In my opinion, the use of surgical diathermy and the cautery are rarely necessary in the treatment of cancer of the skin. Preference should be given to wide excision with the scalpel, after which immediate repair of the defect usually can be accomplished by simple suture or by full-thickness or split-thickness skin graft.
Modlin, J. J., Missouri Medicine, 51, May, 1954.

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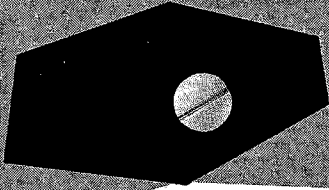
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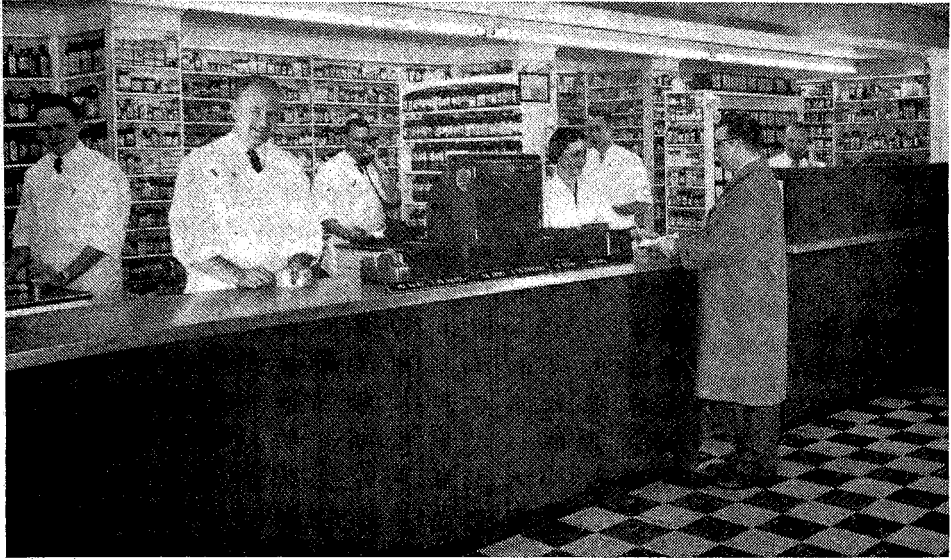
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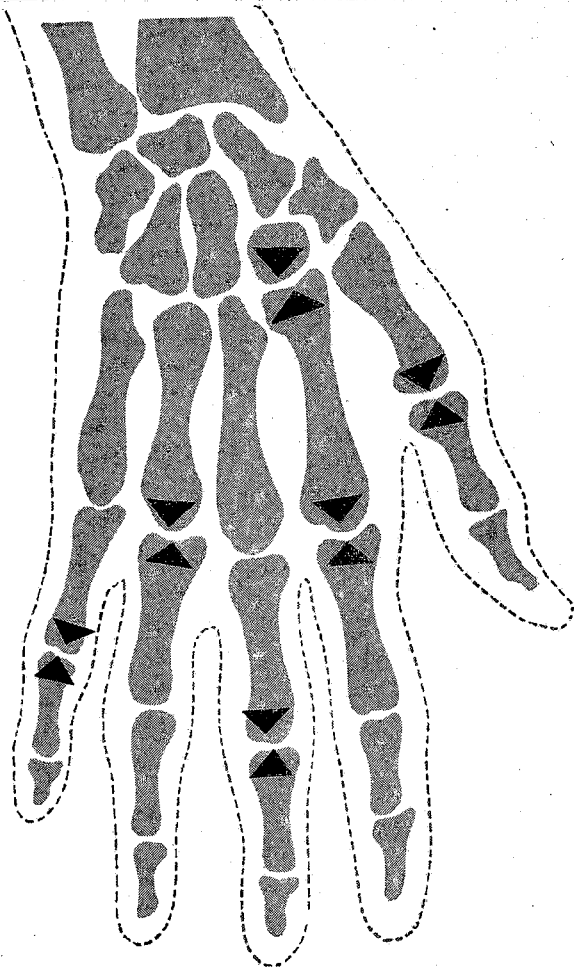
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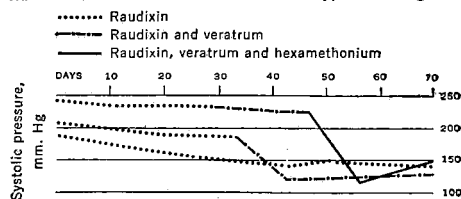
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1. WILKINS, R. W., AND JUDSON, W. E.: NEW ENGLAND J. MED. 248:48, 1953.
2. FREIS, E. D.; CLIN. NORTH AMERICA 38:363, 1954.

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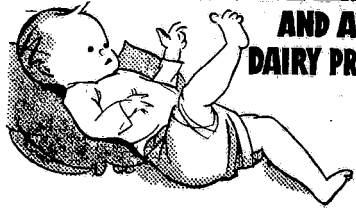
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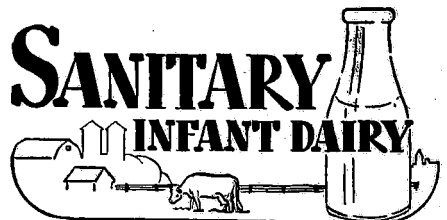


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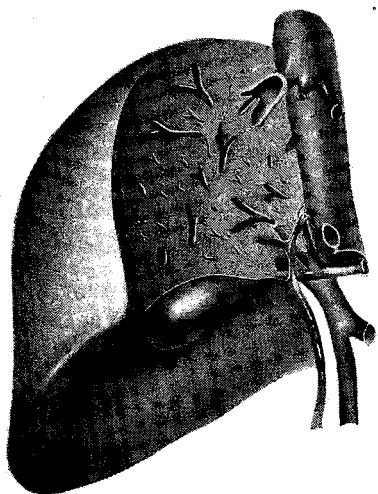
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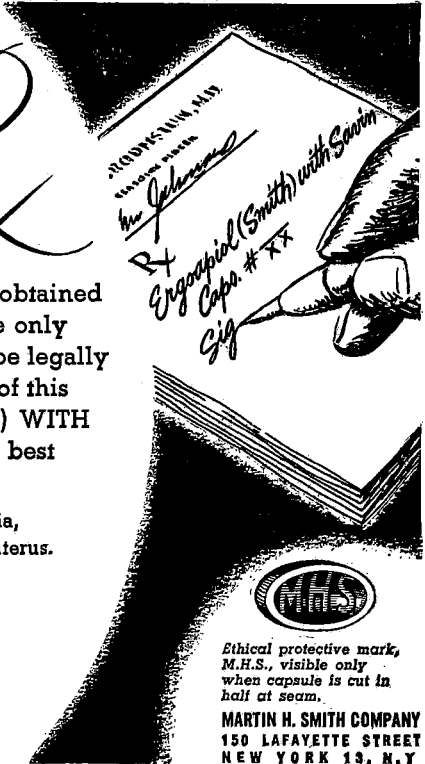
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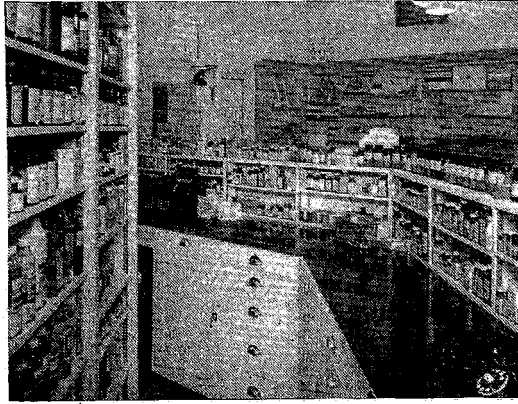
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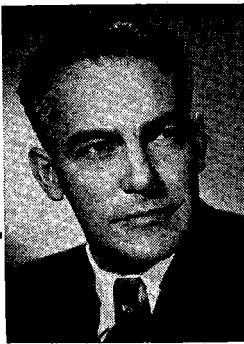


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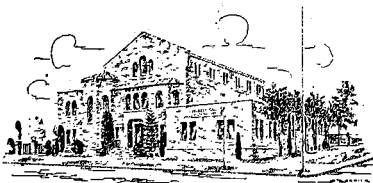
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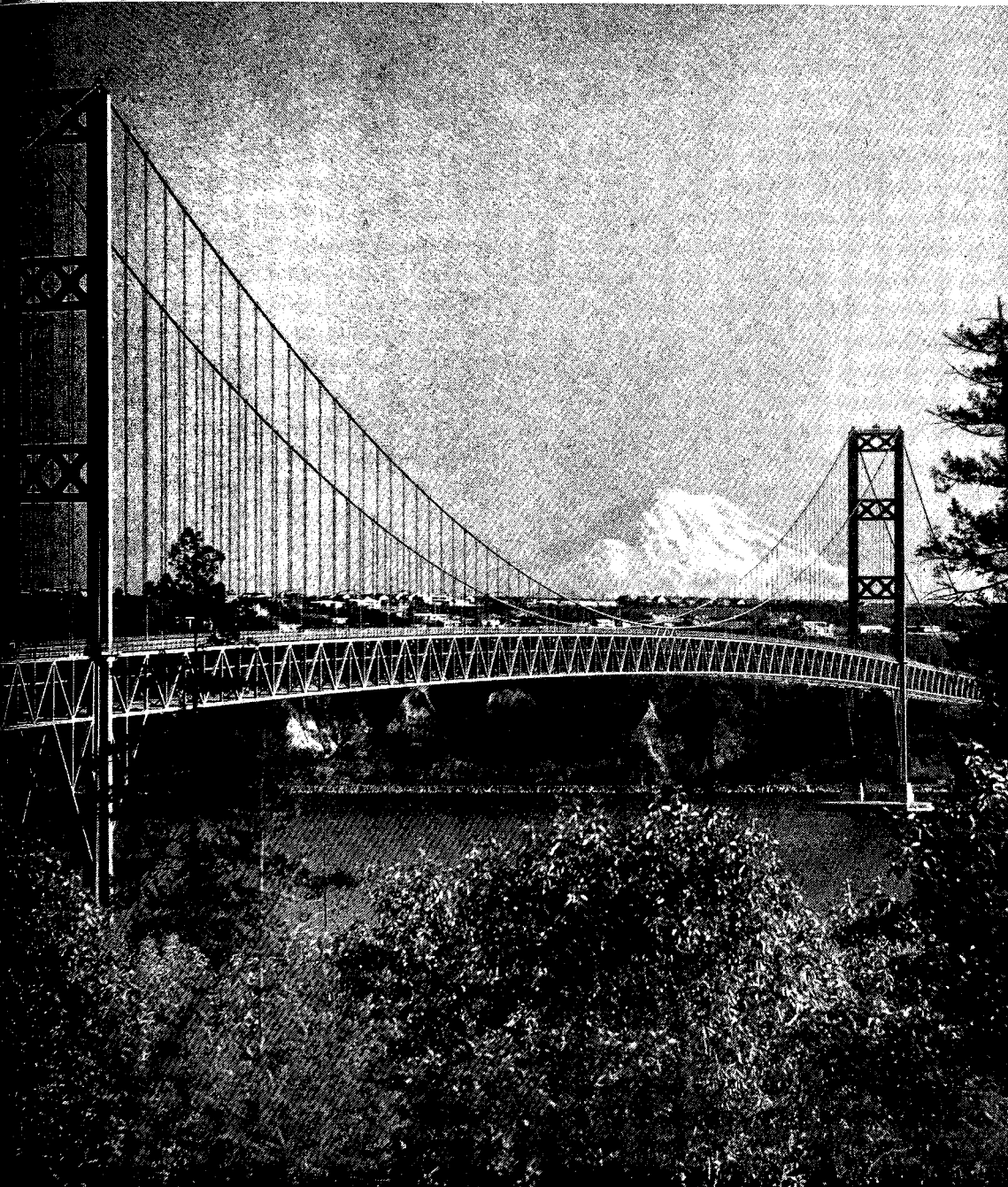
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PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIV—No. 11

TACOMA, WASH.

JULY - 1954



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	Daniel Hunt, Admiral, U. S. Navy, retired

Diabetes

	Horace Anderson, Chairman
Joseph Harris	George Whitacre

Entertainment

	Robert Ferguson, Chairman
Samuel Adams	John Gullikson
J. Robert Brooke	George Moosey
	John Whitaker

Ethics

	Burton Brown, Chairman
Ralph Huff	Warren Smith

Grievance

	Miles Parrott, Chairman
William Goering	John Steele

House

	Woodard Niethammer, Chairman
John Flynn	William Rosenblatt

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	Bernard Harrington, Chairman
Lester Baskin	Mahlon Hosie

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	Max Thomas, Chairman
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TABLE OF CONTENTS

Cover	1
What Do You Remember About	2
Editorial	3
Strictly Local	4
Library Corner	4
Book Reviews	5
Hospitals	5
Case Reports	7
Medical Minutes	8
Special Article	9
Answers to What Do You Remember About	11

WHAT DO YOU REMEMBER ABOUT?

1. *Acute myocardial infarction treated by the chair rest regimen?*
2. *Intrauterine poliomyelitis injection?*
3. *Bacteremia owing to proteus organisms?*
4. *Perforation of caecum?*
5. *Adenoma of the lingual thyroid?*
6. *Duplications of gastrointestinal tract?*
7. *Posterior rhizotomy of cervical nerves for occipital pain?*
8. *Mode of spread of cancer of the cervix?*
9. *Endocrine therapy in cancer of the prostate?*
10. *Roentgenography in the diagnosis of gastric carcinoma?*
11. *Symptoms of poliomyelitis?*

(Answers on Page 11)

NOTICE

Check back page of Bulletin for calendar of special meetings

EDITORIALLY SPEAKING . . .

The ninth of June represented a big step in the advancement of medical care in Tacoma. Ed Sullivan's laying the cornerstone of the Mary Bridge Hospital represents approximately 14 years of planning and organizational work of a good number of Tacoma's civic minded citizens.

The various Orthopedic Guilds in Tacoma, Eatonville, Bremerton, Fife, Puyallup, Sumner, Chehalis, Gig Harbor and Olympia have accumulated over \$200,000 towards making this a reality. To the various Presidents of the Guilds: Mrs. Harry Davis, Mrs. Arthur Gunderson, Mrs. William Lyness, Mrs. Clifford Langhorn, Mrs. A. W. Taylor, Mrs. Stanley Staatz and Mrs. Roscoe Smith great credit is due for spear-heading the incorporation of the \$960,000 Rust Estate and the \$410,000 Bridge estate to bring the total funds available to near the \$1,400,000 mark.

There are several interesting and noteworthy aspects of the Mary Bridge Hospital.

First, this is an example of what can be done with private funds completely independent of Federal aid under our present form of government.

Secondly, this hospital is going to be organized and run by a well diversified Board with equal representation of business men, lawyers, doctors, etc. In addition at present there is a board of professional men including pediatricians, related specialists and general practitioners which are being consulted in regards to the selection of the various types of special medical equipment needed.

Thirdly, the Orthopedic Guilds are going to be acting only in an auxiliary, fund raising capacity to support the hospital.

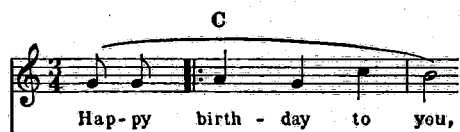
Fourthly, this is going to be an independent hospital for the complete care of children probably by an open staff.

Tacoma is well supplied with doctors in the various related specialty fields, so it would seem that there is no reason why this cannot be made a center for the handling of the unusual and more difficult problems in child care seen throughout most of Southwest Washington.

W. W. MATTSON, JR., M. D.

STRICTLY LOCAL . . .

HAPPY BIRTHDAY



JULY

- 1 PAUL MICKENS
- 2 PHILLIP BACKUP
- 10 JOHN SHEPPARD
- 11 WALLACE HOYT
- 13 EDWIN CARLSEN
MICHAEL IRVIN
- 19 JUSTIN SCHWIND
- 21 GEORGE KITTREDGE
- 23 CHARLES DENZLER
CHARLES McCOY
- 24 JOHN SHEPPARD
- 25 CHRIS REYNOLDS
- 26 DONALD PETERSON
ARCHIBALD HEATON
- 27 FREDERICK SCHWIND
- 28 WILLIAM GOERING
- 31 FAY NACE

ROSTER CHANGES

CRABILL, ROBERT P. General Practice Office, Lakewood Medical Center Building Home, 8305 Lawndale Ave. S. W.	LA 4451 LA 9538
DURKIN, LLOYD Neurology—Wednesday Office, 1212 South 11th Home, 915 North Park Drive	BR 1255 BR 0493
JOHNSTON, HAROLD B. Psychiatry and Neurology—Saturday Office, 722 South K. Home, 7005 Pleasant St. S.W.	BR 4454 LA 4477
WEST, THOMAS R. Tuesday Office, Fife Corner, Rt. 12, Box 104 Home, 1017 North 10th	WA 6686 MA 3520
ZIMMERMAN, WAYNE Orthopedics—Wednesday P.M. Office, 1212 South 11th Home, 2017 North Cedar	FU 1524 SK 2493

You can get a lot of laughs out of life, if you can listen and don't get mad.

The defects of great men are the consolation of the dunces.

LIBRARY CORNER . . .

Users of the Book section of the Library will note that the re-cataloguing and re-arranging of the books is almost completed. Mr. White of the Tacoma Public Library has posted cards indicating material to be found in each section. We hope that the desired result of a quick, smoothly running library service will more than compensate for the cost of re-cataloguing.

Books received for June are:

Clinical Orthopaedics, Edited by Anthony F. Depalma.

Epilepsy and the Functional Anatomy of the Human Brain, by Penfield and Jasper.

William H. Welch and the Rise of Modern Medicine, by Fleming.

Although the budget allotment for books is spent, we hear via various interested doctors that St. Joseph's Hospital is eager for suggestions in that department. And we have a direct plea from St. Joseph's Hospital to Cecil's 8th Edition of the Textbook of Medicine: "Please Come Home."

Needed for exchange purposes: September, 1953, issue of the Western Journal of Surgery, Obstetrics and Gynecology. April, May, June issues of North-west Medicine.

APPLICATIONS FOR RESEARCH AWARDS

Applications for research awards to be made during the coming year by the American and Washington State Heart Associations are now being accepted, it was announced today by Dr. Robert L. King of Seattle, chairman of the association's Scientific Council.

Awards will be available for studies to be conducted during the year beginning July 1, 1955. Funds to support the research program are provided by the 1954 Heart Fund campaign.

Established investigatorships, awarded for one to five years periods subject to annual review, range from \$6,000 to \$9,000. They are available to scientists of proved ability who are engaged in a research career. Research fellowships, awarded for one to two year periods, range from \$3,500 to \$5,000, and enable young scientists to train under experienced supervision. Grants-in-aid are awarded in varying amounts, usually not exceeding \$10,000, for periods of one to three years, to experienced scientists working in non-profit institutions on specified programs of research.

Applications for fellowships and investigatorships may be filed up to September 15, 1954, and for grants-in-aid will be accepted up to December 1, 1954.

BOOK REVIEWS . . .

HANDWRITING AND THE EMOTIONS

By Malford W. Thewlis, M. D., and
Isabelle Clark Swezy

198 Illustrations. 264 pp. New York American
Graphological Society. \$8.00

The book is an expression of the experiences of a practicing physician and a graphologist in dealing with emotionally disturbed as well as "normal" individuals. It is based on the premise that characteristics of the handwriting will reveal, and change with, the emotional status of the writer. It presents the elementary principles only, and points out its limitations. Although graphology may be of significant value in the study of organic disease at times, the authors make no brief for its usefulness there, with a few exceptions.

The subject is presented in simple language with frequent illustrative specimens. It becomes as intriguing at times as a peek through a keyhole. One feels that now he has the method by which he can peer into the hidden recesses of his patient's personality. He finds, however, that the visual field is limited in scope and that it is only confirmatory to facts already suspected or known to be present through more thorough and intimate examination. It is the hope of this reviewer that the door is not inadvertently opened and the way laid open for an adverse self-diagnosis.

The subject is rather neglected in this country but provides another instrument in evaluating the present condition and course of the patient.

—J. L. Hansen, M. D.

"ELEVEN BLUE MEN AND OTHER NARRATIVES OF MEDICAL DETECTION"

By Berton Roueche

"Eleven Blue Men" is a fascinating collection of twelve short stories which originally appeared in the New Yorker Magazine. Mr. Roueche has written twelve tales of medical detection which include all the elements of the best who-done-its. Each tale features a detective, one or more victims and a more or less homicidal criminal. The detectives, however, are not the conventional detectives of fiction. They are doctors, medical inspectors, epidemiologists or research scientists. The criminals, for the most part, are rather unusual diseases which cropped up inexplicably during the past ten years in or near New York City. All of the stories are written in a very lively, witty and exceedingly literate style.

One of the most entertaining of the collection is entitled "A Man From Mexico," which is an account of the smallpox outbreak which occurred in New York City in 1947. Another entitled "The Alerting of Mr. Pomerantz" relates the discovery of the first known case of what we now know as rickettsial pox. "A Pinch of Dust" is a tale of horror which describes an outbreak of tetanus among users of heroin. This is a first-class thriller, and contains some of the most vivid word pictures of tetanus which you are likely to come across in any medical reading.

I strongly recommend "Eleven Blue Men" for your entertainment and enjoyment.

—George S. Kittredge, M. D.

HOSPITALS . . .

TACOMA GENERAL

July 1 was the date for welcoming the 1954 internes, who are: Drs. Dale L. Clinton, Richard E. Davis, and Ned B. Gorrell, all graduates of the Medical School of the University of Kansas; Drs. Calen H. Hoover, Robert E. Johnson, and Louis P. Mass, who come from the University of Washington Medical School; and Dr. David L. Glenn, a graduate of the College of Medical Evangelists. On October 1, Dr. Duane A. Coon, also from the Medical School of the University of Washington, will report for duty.

* * *

Drs. Charles P. Larson and M. J. Wicks attended the AMA meeting in San Francisco.

* * *

Tacoma General Hospital is proud of Carl Niwa

and Evelyn Gough Todd, who are the first students ever to receive from the College of Puget Sound the degree Bachelor of Science in Medical Technology. They are both graduates of the Tacoma General Hospital School of Medical Technology. We are also proud of Dale Simmons, one of our orderlies, who also was graduated from the College of Puget Sound this year.

* * *

Obstetrical Clinical Instructor, Miss Mona Fischer, was married on June 19th to Mr. Merrill Wood.

* * *

Dr. George Mix, Resident Anesthesiologist, is receiving congratulations on his recent marriage. The ceremony took place in New York, and Dr. and Mrs. Mix honeymooned back across the country.

* * *

X-ray Therapy Technician, Mrs. Genevieve McCarthy, has been away from her duties for several weeks because of an emergency surgery. We are all happy that she is making a fine recovery.

* * *

Miss Lucille Larson, Head Technologist in the Clinical Laboratory, flew to Miami Beach, Florida, for the national convention of the American Society of Medical Technologists.

* * *

Our congratulations to Dr. and Mrs. Raymond Ellis on the birth of a daughter, Bennett Patricia, on June 1.

* * *

Kenneth Ollar has been promoted to the rank of Captain in the 359th General Hospital U. S. Army Reserve.

* * *

Several days sight-seeing in Washington, D. C., was enjoyed by Bob Anderson, X-ray Technician, who drove Dr. Robson's car across the country. The Smithsonian Institute and the McCarthy-Army hearings were both on the list of things to see.

ST. JOSEPH'S

Result of the March survey of St. Joseph's Hospital was received last week by Sister Valeria. Full accreditation is granted to St. Joseph's by the Joint Commission of Hospital Accreditation. We are all very happy and feel this is an achievement, but St. Joseph's has been an approved hospital since 1920, shortly after the program was inaugurated by the American College of Surgeons.

* * *

Two local girls, Mary Marz and Mary Theresa Dugaw, have started their X-ray Technician training. Donna Gustin, X-ray student, is completing her last three months of training at Dr. Flynn's office at Kay Street Medical Center. Molly Love is spending the week-end of June 19th at the home of her parents in Victoria, B. C.

* * *

Mrs. Mae Patterson who has been Surgical Stenographer here for the past seventeen years, is retiring next month. We shall all miss Mrs. Patterson's friendly and cheerful presence and we want her to know we appreciate the years of her loyal and faithful service given to the hospital.

* * *

July 1st St. Joseph's will have new interns. We extend a warm welcome to Dr. Jack McDonough. How proud and happy his parents, Dr. and Mrs. Delaney must be to have their son a full-fledged M.D. We are also happy to have Dr. Bernd Kaute from Berlin, Germany, and of course Dr. Woo will still be here. The best of luck, best wishes and God's blessing be with our interns who are leaving us to start out on their own.

* * *

According to a report from Second Floor, Mr. Franklin Stewart Masher, our extern for the summer, is really on the ball getting histories and

physicals. He is going back to the University of British Columbia in the fall where he is a fourth year medical student. Keep up your good work, Frank!

* * *

Congratulations to Dr. and Mrs. Lasby on the birth of a little girl June 8th!

* * *

Diana Mazzuca is leaving June 25 for Palm Springs where she will join a couple of classmates, Jerry Wade and Betty (Medved) McDonald. She is planning to work there for a while.

* * *

Two graduates from the School of Medical Technologists became June brides; they are Mary Lou Owens from Aberdeen who became the bride of Ensign Leonard Deckey, a '54 graduate from Annapolis, and Anita Gregor from Ferndale who wed William D. Knowles, engineering student from the University of Washington. The Deckeys will make their home in Hawaii and the Knowles will reside in Seattle.

* * *

Mrs. Harold Bowman (Miss Rita Cozza) was married June 19th at St. Rita's Church. The reception was at the New Yorker and was well represented by the Pediatric Staff. They are going to Victoria, B.C., for a few weeks of rest before they return to Seattle where Mr. Bowman is returning to a Pre-Medical Course.

* * *

Mrs. William Pollard is traveling East where she plans on vacationing with her inlaws in Ohio.

* * *

We welcome Mrs. Burris, a graduate of St. Joseph's Hospital, Elmira, New York, to our Pediatric Staff. Her husband is a Professor of Music at C.P.S.

* * *

Mrs. Faber and Mrs. Lehmker from the Business Office are returning June 21 after a pleasant vacation. Mrs. Nish had one week of hers in June and is taking the other week in August.

* * *

Several of the girls on Second Floor Staff are flashing diamonds these days. Looks like you're giving up your freedom, gals!

* * *

Mrs. Fawcett with a couple of other Fawcetts plus the little drip, Mac (the dog) went fishing at Sekui and guess what?—they caught three salmon weighing over twenty pounds each.

* * *

Mrs. MacDonald came back to C.S.R. for a few days but had to stay home again. We are sure sorry, and, Mrs. MacDonald, get well fast and hurry back to work!

* * *

Mrs. Harbord, who was X-ray Secretary here for many years, was a patient on third floor for a few days but is at home recuperating at present.

A good name is rather to be chosen than great riches.

CASE REPORTS . . .

GALLSTONE OBSTRUCTION OF THE SMALL INTESTINE

The incidence of intestinal obstruction caused by gallstone is variously stated to be 1 to 3 per cent. In the great majority of cases the stone enters the intestine via a cholecysto-duodenal fistula caused by erosion. The obstruction may occur anywhere in the small intestine or in the sigmoid but the commonest site is in the lower two feet of the ileum where the lumen becomes narrowed. As in gallbladder disease in general the sex incidence is 80% female. Almost always these persons are in the sixth to eighth decade of life. In about half of the reported cases there is no previous history suggesting gallbladder disease. Usually the signs and symptoms of obstruction develop slowly as the stone, depending on its size, meets increasing resistance in its passage. Finally it becomes firmly lodged and produces a full blown intestinal obstruction, and nausea, vomiting, abdominal distension and pain follow. There is nothing about this that is peculiarly suggestive of a gallstone etiology. The preoperative diagnosis is rarely made and can only be done with any measure of certainty when there are positive X-ray findings. Unless the diagnosis is thought of first the radiological evidence is usually missed. There may be a shadow where the gallstone is impacted or there may be air in the biliary tree. The latter is rarely picked up preoperatively. A barium swallow has been used to detect the presence of a cholecysto-duodenal fistula. Of course, a previous X-ray finding of a poorly or non-functioning gallbladder, with or without cholelithiasis could be helpful in making the diagnosis.

The treatment of choice in this condition is early surgery after first paying special attention to fluid and electrolyte balance, instituting tube decompression and administering antibiotics. No attempt should be made to explore the biliary system at this time and it is not often indicated later. The gallstone should be milked either downward, or that being too difficult, upward: into undilated bowel before being removed. It is probably best to open the bowel longitudinally and close transversely to avoid constricting the lumen.

The mortality from this condition is generally considered to be about 50 to 60 per cent. The major contributing factors are delay in diagnosis and treatment and advanced age. In good hands the results should be considerably better than that stated above.

A 63-year-old house wife was admitted to Pierce County Hospital on April 21, 1954. A two-day history of gradual onset of crampy, non-radiating mid-abdominal and R.L.Q. pain, accompanied by nausea and vomiting of bitter greenish fluid. These symptoms had not been relieved by enemas and the patient was referred by her physician with a tentative diagnosis of intestinal obstruction. There was no past history referable to the urinary or G.I.

tract except for longstanding constipation and hemorrhoids. There had been no operations.

Physical examination revealed a markedly obese white female in mild to moderate generalized abdominal distress. The vital signs were within normal range. The significant positive findings were limited to the abdomen, which was moderately distended and tympanitic. No masses could be palpated through the thick panniculus. There was no spasm or rebound tenderness. The bowel sounds were hypoaactive. Serial X-rays of the abdomen showed an increasing amount of small bowel distension.

Laboratory studies showed a wbc of 10,600 with 79%. The blood sodium chloride was slightly decreased and the alkaline reserve slightly increased. Continuous gastric suction recovered slightly fecalic fluid. Antibiotics and intravenous fluids were administered and an exploratory laparotomy was performed on 22 April for small bowel obstruction of undetermined origin. The gall bladder area was completely enveloped by adherent greater omentum. No stones could be palpated in this region. The small bowel was free from the Ligament of Treitz down and became slightly to moderately distended as the ileocecal valve was approached. The lower ileum was blocked by a spherical gallstone which was easily milked downward a few centimeters into normal bowel and removed through a longitudinal incision, which was closed transversely. The stone measured 2.5 x 2 cin. and was laminated, and consisted of soft yellowish-gray material, pigment and some cholesterol.

The post-operative course was uneventful except for a small superficial wound separation. The patient made a rapid recovery. The preoperative X-rays were reviewed for evidence of air in the biliary tree but none could be found. A gall bladder series on 19 May revealed non-functioning of that organ.

This case is presented as being very typical of this unusual condition that is so rarely diagnosed preoperatively mainly because it is not thought of.

—Theodore R. Haley, M.D.

VERY BAD COLD?

By C. B. Arnold, M.D., and Stanley Durkin, M.D.

This seventeen year old white male was admitted to the St. Joseph's Hospital on March 30, 1954, in deep coma. The history, as related by his mother, stated that the boy had had a "cold" for a week, had received no treatment and had scoffed at the suggestion of having a physician see him. This continued until the time of admission when accompanying a rise in this fever he had a convulsion, which was followed by a series of convulsions during the next one-half hour and when advised of this his physician sent him into the hospital.

On arrival at the hospital he was in deep coma with marked rigidity of the neck, a positive Kernig, Brudzinski and bilateral Babinskis. His temperature was 105.2, rectally, the pupils were dilated, equal

in size and had a minimal response to light. The respirations were stertorous and with the rate of 42 per minute, the pulse was thready and the apical rate was 140. The skin revealed a very fine mottled rash over the chest, the flanks and on the neck area. Spinal puncture revealed a grossly purulent fluid with a 4,000 WBC and 87 per cent of which were Polymorphonuclear leucocytosis. A centrifuged specimen was stained and a smear did not reveal any organism after very careful search. Culture of the cerebrospinal fluid was negative and all attempts to identify this organism were without avail.

Because of the critical condition of this patient it was not deemed wise to prolong diagnostic studies in an attempt to isolate the causative organism and he was placed upon intra-venous Terramycin and Sulfadiazine as well as intra-muscular penicillin in very large doses. He remained in deep coma for

forty-eight hours and on his third day he regained consciousness, remaining highly confused and disoriented for another twenty-four hours. His fever began to subside at this time.

On this third day, he began to have a normal urinary output, his tachycardia and respiratory rate began to return to normal and on his fifth day he was afebrile, taking all medications, except penicillin, by the oral route. He remained afebrile for the remainder of his next six days in the hospital and was given antibiotics up to twenty-four hours before discharge.

When examined on the day of discharge all neurological findings were normal, he was well oriented and seemed to have no residual of this severe meningitis infection. Re-examination one week later in the office was found to be perfectly normal.

MEDICAL MINUTES . . .

ANESTHESIOLOGY—

A most interesting article on the central nervous system and anesthesia. Sonnenschein, *Anes.*, Jan., '54.

CARDIOLOGY—

Arthralgia, headaches, prostration, fever, skin lesions and glossodynia as result of prolonged administration of large doses of Apresoline. Slonim, *J.A.M.A.*, Apr. 24, '54.

DERMATOLOGY—

Controlled experiments with hormone creams on facial skin failed to demonstrate any appreciable difference between base and base plus hormone. Behrman, *J.A.M.A.*, Vol. 155, No. 2.

GASTROENTEROLOGY—

While many patients recover from acute cholecystitis with conservative therapy all will need cholecystectomy eventually. Collier, et al., *G.P.*, Jan., '54.

GENERAL PRACTICE—

Osler lists 10 books for bedside table of medical students and practitioners: Old & New Testament; Shakespeare; Montaigne; Plutarch's Lives; Marcus Aurelius; Epictetus; Religio Medici; Don Quixote; Emerson; Holmes; Breakfast Table Series.

GENERAL SURGERY—

Clinical evaluation sodium deficiency most important; deficit producing hypovolemia and shock may exist with normal blood values. Chassin, *S. Cl. N. Am.*, Apr. '54.

INDUSTRIAL HEALTH—

Use of some hydrocarbons as anti-cancer agents. Sampy, *Ind. Med. & Surg.*, April, '54.

NEUROPSYCHIATRY—

Patients who reveal anxiety, obsessive thinking and suicidal ideas of high affect and feeling present the best prognosis in psycho-surgery. Freeman, *Am. J. Psychiat.*, Feb., '53.

NEUROSURGERY—

Myeloma of skull may extend into cranial cavity or it may grow from intracranial structures to stimulate a space-taking lesion. Clarke, *Brain*, 77: '54.

OBSTETRICS & GYNECOLOGY—

Studies in experimental endometriosis give support to Samson's theory ("tubal regurgitation of menstrual flow"). Scott, et al., *Am. J. Ob. & Gyn.*, Nov., '53.

OPHTHALMOLOGY—

Case of bilateral choroidal metastasis from chorio-epithelioma of testis is reported. Chitwood, et al., *Arch. Ophth.*, Sept., '53.

OTO-RHINO-LARYNGOLOGY—

Submucous resection of nasal septum instead of external carotid artery ligation has been found to be effective for intractable post-nasal hemorrhage. Beinfeld, *Arch. Oto.*, Jan., '53.

PEDIATRICS—

Thumb-sucking which begins in infancy usually disappears spontaneously by end of 3rd year of life if treated with complete indifference. Graber, *Ped.*, June, '52.

PROCTOLOGY—

In 1700 rectal examinations of new born 13.8% had anorectal rings—4 times oftener in females than males. Rings disappear during first week of life. Harris, *Ped.*, Jan., '54.

RADIOLOGY—

Most measurable evidence of left atrial enlargement is esophageal displacement. Lehman, et al., *Am. J. Roent.*, Apr., '54.

TUBERCULOSIS & CHEST—

Isoniazid is indicated in all acute, infiltrative tuberculosis. More acute the lesions better the results. Sweaney, et al., *Dis. of Chest*, Apr., '54.

UROLOGY—

Salt does not produce as much thirst in domesticated Norway rats as in their wild ancestors. Richter, et al., *Am. J. Physiol.*, Feb., '54.

SPECIAL ARTICLE . . .

THE APPRENTICE-PRECEPTOR SYSTEM IN MEDICINE, IN AMERICA

In the Dawn Centuries, and with all primitive peoples, cultures were passed on from generation to generation by example and word of mouth: There was no written word. Some crude records were made painted or inscribed on the walls of caves where the primitives lived or on lasting stone, pictographs, petroglyphs. Thus knowledge and skill progressed, from master to pupil. As the master worked with tangible things, gathered from his environment, words of wisdom fell from his lips while the pupil watched and listened, doing some of the simple things himself, gaining skill and gradually growing in wisdom until he, himself became the wise, master to, in turn, pass on his skill and knowledge to a following generation.

One of the first organized systems of inscribed language, hieroglyphic, we credit to the Egyptians. The common material used for the inscriptions was papyrus. Some of these are preserved today, the most valuable of these we now have in America. It is the earliest of all published scientific treatises known. Its present name comes from the man who found it in Egypt in 1862; it is the Edwin Smith Papyrus, brought to America after his death by his daughter, and is now preserved, hermetically sealed between plates of glass in the archives of the New York Academy of Medicine. Here it can be seen by the admitted public. It has been photographed, transcribed, translated and transcribed by the earliest of our learned Egyptologists, Dr. James Henry Breasted, the first head to the Oriental Institute of the University of Chicago. The Institute has published in two large volumes the complete work in this of Dr. Breasted and has made it available to the public.

According to Dr. Breasted the present papyrus was inscribed about 1600 B.C. and is a word for word copy, expertly done, of an earlier papyrus which had been inscribed about 3000-2500 B.C. as judged by him.

The earlier papyrus (master copy) according to Dr. Breasted was inscribed by a master hand at the command and under the personal supervision of Imhotep, the earliest doctor known. The papyrus is a scientific surgical treatise dealing with the wounds and treatment of 48 persons, probably soldiers, with comments by the attending surgeons who always went with the armies. The treatise is scholarly and even by today's standards is set up in logical sequence. Starting with head wounds it passes on to injuries of the neck and on to the chest. Further discussion is missing because of the loss of the balance of the papyrus. It is supposed that further discussion would deal with wounds of the abdomen.

As we study the papyrus we can see that it had at least three separate functions or uses—

1. As a reference medical treatise;

2. As notes for students;

3. As material for the "Masters in training students under their individual instruction, which suggests that the Masters could be classed as "preceptors" and the students under them as "apprentices." Accepting this we would see the apprentice-preceptor system in the early Egyptian system of medicine, the prototype of today's A.P.S.

Along in the 16th century A.D., Europe had the apprentice system in full swing in the training of the barber-surgeons, whose functions were not only to shave the heads of the monks and others and to trim hair, but also to do the simpler mechanical things in Medicine, bleeding,—a common practice and in opening abscesses with their sharp instruments, functions beneath the dignity of the school-trained, erudite surgeons, of the "Long Robe." The barber-surgeons were of the "Short Robe." Each had its separate Guilds. Yet from this lowly beginning many Short Robes became famous even into the present.

Such a one was Ambrose Pare', called "The Father of Surgery in France." Some of his innovations are standard technique today. One of these is the ligation of bleeding vessels. At the time he used this technique, the common practice was to use boiling oil or hot metal for the control of bleeding.

His barber-surgeon training was later supplemented by his attendance at many of the notable medical centers where the masters of the time held their clinics. His innate personality and acquired skill were such that he gained high honor with royalty, his most famous patron was Catherine-de-Medici. He became the attending doctor-surgeon of her entire family.

Husband, Henry II of France, who died from a lance thrust into the brain.

Son, Francis II of France, who died from a spreading ear infection.

Son, Charles IX of France, who died of tuberculosis.

Son, Henry III of France, who was assassinated.

Daughter-in-law, Mary Queen of Scots.

Three kings of this group died under his ministrations, yet he gained no discredit with Catherine. In fact, in her massacre of several hundred Huguenots, she saved him, although he, too, was a Huguenot.

The story of the barber-surgeon is long and history of the time is dim and confusing regarding the apprentice system in Medicine in Europe, so we turn to the stirring days of the early colonies, when disease was rampant and death common, both on their long sea voyages as well as after landing. Let us cite one instance to illustrate. In 1618 an expedition sailed from Europe under Blackwell to found a colony in Virginia. On the long sea voyage of more than two months, 130 out of 180 passengers died including the leader, Blackwell. The expedition was a failure. Throughout the colonies a

similar death rate prevailed. Scurvy, measles, diphtheria and smallpox were major threats. After landing, dysentery and typhoid fever were common due to unusual food and to the unaccustomed hot climate. "Yellow Jack" came in as a new disease with disastrous effects, brought in on ships from the West Indies. All of this made of the doctor the Great Need, the Saviour from extinction.

In an emergency, a few friendly Indian doctors served as "pinch hitters" with their crude methods: the layity was also enlisted, preachers, teachers, public officials including the governors who were most in demand.

But too the kindly, experienced neighbor mother was in great demand. For the most part the women took charge of the sick children and serviced in childbirth, when, it was said, that babies might be "dropped" in the open fields to be taken home by the young mother who would carry on with no interruption with her common tasks. In time these women gained a near monopoly as midwives. At an early date in Philadelphia a special course of training them and their patients was set up by Dr. William Shippen, Jr., in 1786.

But the urgent necessity was for trained doctors, who could no longer come from the Old Country, for that supply had been exhausted: it took too long and was too expensive for the poor colonists to go back to Europe for training or to South America where medical schools had been established two centuries earlier, in Peru in 1551 and in Mexico City at about the same time. The need was urgent, immediate and so the immigrant doctors, well trained, coming from Europe came to the rescue by establishing the apprentice system of training young men with them as preceptors. Thus began the Apprentice-Preceptor System in Medicine in America and formed the foundation of American Medicine, which stands today the greatest in the world.

It was a simple, logical system where the pupil "shadowed" his master in all of his professional work, living in his home when possible and doing the simple things until he could do the greater. Inspiration came from the master and from his example proper habits were formed and high humanistic motives were instilled.

"Reading Medicine" formed an important part of the training, limited only by the scarcity of medical books. The earliest medical document issued in the colonies was a popular pamphlet put out by Dr. Thatcher dealing with the common care of patients in measles and "smallpocks." This pamphlet was issued in 1677.

The first medical book to be published came in South America by Dr. Francesco Bravo bearing the title "Opera Medicinalia."

Many of the young doctors in America solely apprentice trained gained immortal fame. Herein we can name only a few, but of the others let us say "There were Giants in the Land."

Ephraim McDowell—"The Father of Ovariectomy."
Daniel Drake—"The Medical Pioneer of Ohio."
William Beaumont—"Discoverer of the Human Stomach."

Henry Dearborn—Called by Chicago "Father Dearborn: One of our greatest, with widespread interests and activities, medical, military, civic

With no opposition or competition the system at first widened and flourished occupying the entire field of medical training. But competition did come with the founding of medical schools which at first were adjunct to the older system, their curricula being for the most part didact. The first medical school was established in the city of Philadelphia in connection with the college already established there. This was in 1765 with its first class of ten graduates in 1768, receiving the degree of "Bachelor of Physic:" and with the license to practice. Later this medical school was absorbed by the University of Pennsylvania, forming the beginning of this university's medical school.

Later other medical schools began to appear and when clinical training was introduced by them in hospitals often built by the schools, a real hazard to the apprentice system came producing a gradual waning which ended in a near eclipse about the end of the 18th century. At the same time the family doctor, often the Preceptor, began to lose prestige. At the same time science was growing in leaps and bounds and changing the whole medical picture.

Many of the deans of the medical schools noted the trend with alarm and cast about for antidote. The antidote almost universally chosen was re-adoption of the early Apprentice-Preceptor system, the Corner Stone of American Medicine.

As early as 1920, it is said, that Dr. Hugh Cabot, then dean at Michigan saw the change coming and sounded an alarm. But nothing came of it. Dr. Bardeen, of Wisconsin, however, was more successful when in 1926 he successfully established the preceptorial plan as a continuing part of the school's curriculum. Its success has followed throughout the following years. (Vide the report given by the present dean, Dr. Wm. S. Middleton, under title "The Medical Preceptorial Plan at the University of Wisconsin," published in the Quarterly of the Phi Beta Pi, March 1950.)

About twenty years ago two medical schools, one on the East Coast and one on the West Coast, attempted to establish an A-P.S. Both failed doubtless due to faults in their respective plans. One of these has finally succeeded in establishing the plan which is meeting with success: the other, in private correspondence expresses the wish for a new trial.

A published report comes from Dr. Edward L. Turner of the Washington State University Medical School telling of their successful plan. This report came into print in the Illinois Medical Journal, October 1949 and bears the title, "A Dean Looks at Medical Education and Practice."

In the New England Journal of Medicine, July 6, 1950, Yale published an editorial in which they indirectly extoll preceptor training in Medicine. By private letter they report a three year test of the preceptorial plan, which has met with enthusiasm.

The State of Kansas, under the dean of their medical school, Dr. Frank D. Murphy has developed a highly successful apprentice training system for

undergraduates in medicine. Contact with rural communities and the use of rural doctors as preceptors form the basic of their success. Kansas in this has received wide publicity.

Other medical schools have fallen into line with marked success even with enthusiasm. Yet few have made public reports.

In order to gain full data in the reception of the system, a survey by correspondence was recently had by this writer. Of the more than 20 medical schools in the U. S. and Canada, consulted prompt and full reports came from almost all. Almost all reported success even enthusiasm.

Lessons coming from these reports:

1. The preceptorial plan has a place in today's schools of medicine.
2. Certain "musts" go with the plan if success is to be had.
3. The chief, most important and essential is the selection of preceptors.
 - (a) This must never be a present member of the teaching staff as schools have been organized. Though some schools are adding a preceptor thus forming a new department.
 - (b) At present the rural general practitioner is a best choice.
 - (c) "Shadowing" the preceptor in all of his professional work seems ideal. This may form a part only of the program while other experience in boards of health, mental hospitals, etc., may well follow, (As with Washington State.)

Other factors can be chosen as circumstances or condition warrants.

Up to date the time has been too short to make full judgment. Yet success seems assured as interest widens and experience grows. It would seem that we can look forward to the coming years visioning them as forming the Greatest Era in Medicine.

Herein we pay tribute to Ancient Egypt, to the Family Doctor and to our many leaders in Medicine.

—S. Edward Sanderson, M. D.
Tacoma, Washington.

ANSWERS

What Do You Remember About?

1. Among the advantages of the chair rest regimen in the treatment of myocardial infarction are: (1) lower mortality, (2) minimal incidence of complications, (3) improved patient morale, and (4) shorter convalescence with more rapid rehabilitation and return to gainful work.
Wilson, J. L., et al.: *Journal American Medical Association*, 155, May 15, 1954.
2. In the light of our present understanding of the pathogenesis of poliomyelitis, the occurrence of uterine infection of a fetus in a mother who is in the viremia stage of poliomyelitis infection is more than probable.
Schaeffer, M., et al.: *Journal American Medical Association*, 155, May 15, 1954.
3. Treatment with oxytetracycline and dihydrostreptomycin combined, apparently was effective in 7 cases of bacteremia due to proteus organisms.

Spittel, J. A., et al.: *Proceedings of the Staff Meetings of the Mayor Clinic*, 29, April 1954.

4. Perforation of the caecum may occur in colonic obstruction as a competent ileocecal valve allows the ileal contents to empty into the colon without return, making a "closed loop" obstruction.

Wilkinson, E. A., *Research Clinic Bulletin*, 4, January 1954.

5. It occurs in 1 out of 2,500 to 4,000 instances of all types of thyroid disease.
Zaslow, J., et al., *Journal American Medical Association*, 155, May 22, 1954.

6. Duplications of the alimentary tract include enteric cysts, enterogenous cysts, enteric diverticula, giant diverticula and enterocystomas. Such anomalies are uncommon, and duplication of the stomach is one of the most uncommon of the entire group; the most common site appears to be the ileum.

Owen, H. W., et al., *Proceedings of the Staff Meetings of the Mayo Clinic*, 29, April 1954.

7. High cerebral sensory rhizotomy proved to be a very successful method of controlling a certain type of occipital pain.

Chambers, W. R., *Journal American Medical Association*, 155, May 29, 1954.

8. There are two types of spread. The first and most common one is by slow contiguous growth, and the second, which may occur in very early lesions, is by metastasis.

Traut, H. F., et al., *Cancer of the Female Genital Tract*, Monograph, American Cancer Society, Inc., 1954.

9. Even in advanced cases of carcinoma of the prostate, a 60 per cent five year survival rate may be anticipated.

Burford, C. E., et al., *Missouri Medicine*, 51, June 1954.

10. In our series the roentgenographic diagnosis of cancer of the stomach was correct in 96% of the cases.

Ochsner, A., & Blalock, J.: *Journal of American Medical Association*, 151, April 18, 1953.

11. The usual symptoms of poliomyelitis such as fever, headache, vomiting, stiff neck, muscular sensitivity, and muscular weakness, are of course well recognized. It is not so well known that the disease may exist in spite of a normal spinal fluid count.

Britt, R., & Batson, R.: *Journal of American Medical Association*, 154, April 24, 1954.

In one of her exotic moments a famous dancer wrote to the late George Bernard Shaw and suggested that the two favor humanity with an incomparable offspring, saying:

"What a contribution to the human race we could make with a child who possessed your brain and my body."

To which Shaw replied:

"Have you ever thought of the catastrophe should that child happen to possess your brain and my body."

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"A FAMILY DOCTOR FOR EVERY DOCTOR'S FAMILY"

The American Academy of General Practice is enlisting the support of the American Medical Association and other medical organizations in a project which is being given high priority support during 1954. The project is best described by the slogan, "A Family Doctor For Every Doctor's Family."

The academy undertook the project because it felt that, like the cobbler's children who have no shoes, the doctor's family may be getting the poorest medical care and attention.

The idea first was formulated by Dr. Merrill Shaw, academy vice-president, who has been critically ill at his home in Seattle.

In outlining the idea to the academy's board of directors, Dr. Shaw said he was convinced that physicians and their families received "hopscotch" medical attention, neglect their own health, and seldom have a thorough check-up. He said that during his 20 years as a general practitioner, he does not recall that a single doctor ever came to him for a physical examination. Dr. Shaw provided records to show that the country is losing many highly trained doctors at the peak of their careers. Many of the deaths are due to preventable illness. He estimated that more than half the doctors in private practice work 60 or more hours a week. Their failure to practice what they preach may result in many premature deaths.

The academy presently is leading a campaign, especially among women's auxiliaries of state and county medical societies, to have every physician arrange for their services of a family doctor for himself and his family.

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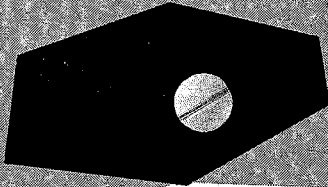
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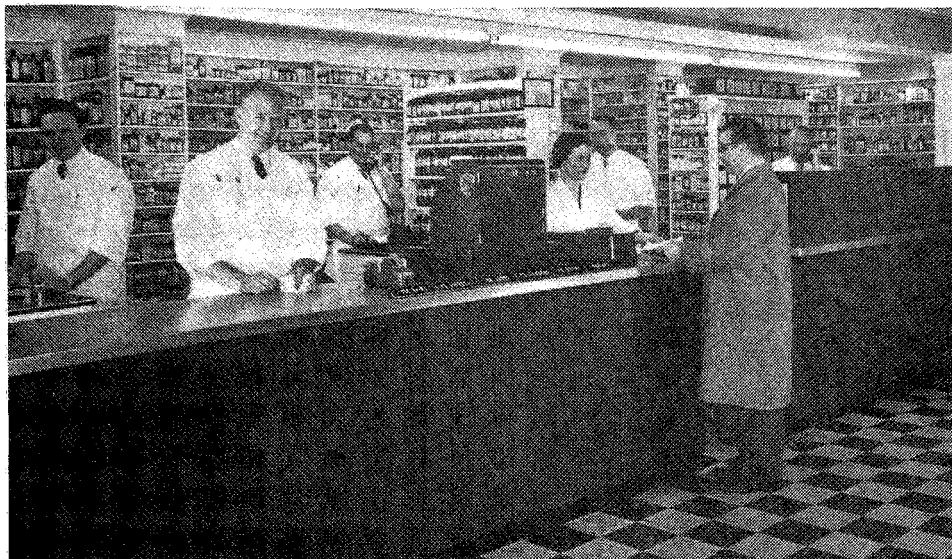
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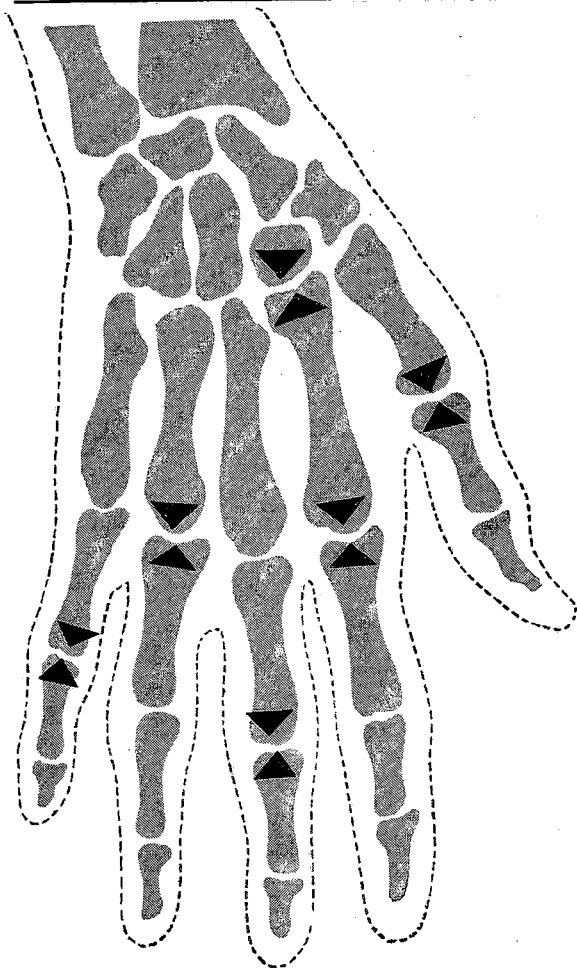
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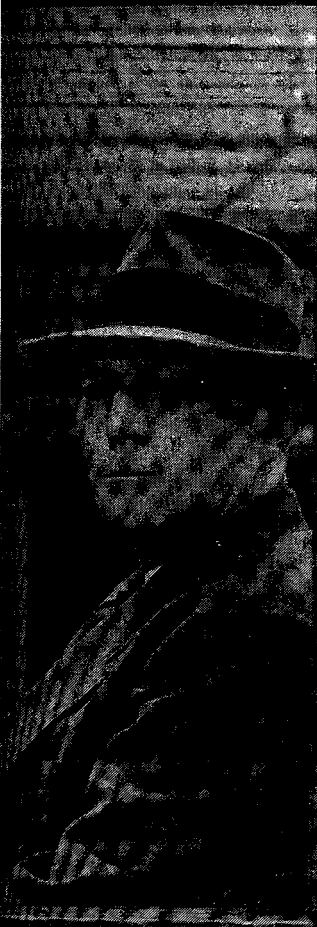
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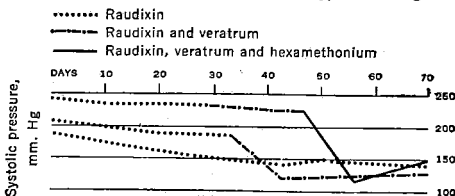
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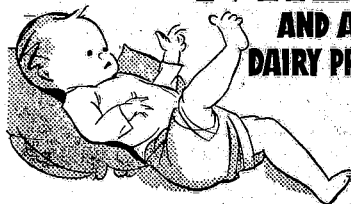
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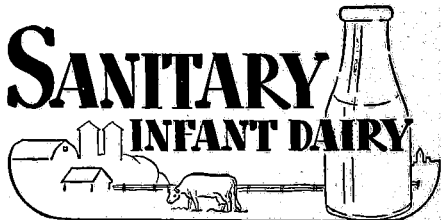


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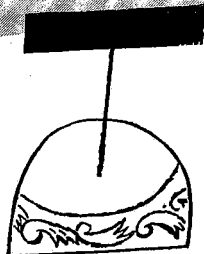


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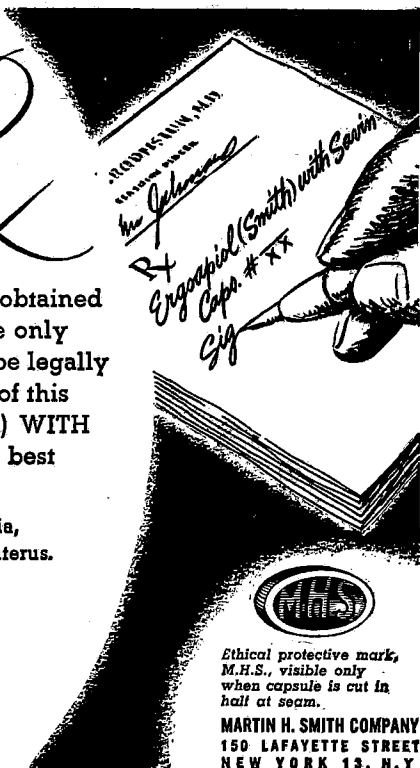
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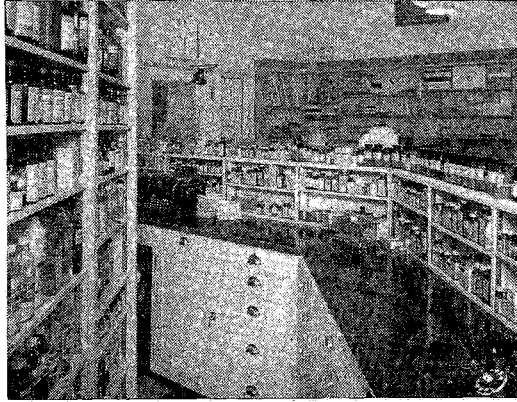
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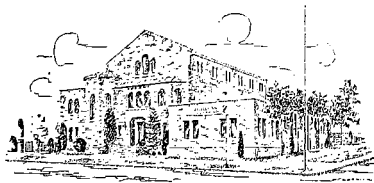
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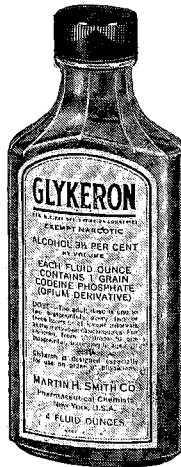
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STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

STAFF OF PIERCE COUNTY

Last Monday of each month

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

VOL. XXIV—No. 12

TACOMA, WASH.

AUGUST - 1954



Pierce County Medical Society

1954

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TABLE OF CONTENTS

Cover (Picture courtesy of Ken Ollar)	1
What Do You Remember About	2
Editorial	3
Strictly Local	5
Special Article	5
Book Review	7
Women's Auxiliary Annual Report	9
A.M.A. Meetings	11
Hospitals	15
Special Article	17
Answers to What Do You Remember About	19

WHAT DO YOU REMEMBER ABOUT?

1. Major surgery in the patient with coronary disease?
2. Paul Ehrlich?
3. ACTH in bronchial asthma?
4. The adrenal medulla?
5. Sexual libido in the female?
6. Acute pancreatitis?

NOTICE

Check back page of Bulletin for calendar of special meetings

EDITORIALLY SPEAKING . . .

Initiative 188 represents a real challenge to the medical profession as well as to the public. Through its misleading phraseology and terminology, many people are apt to get the wrong impression as to what this initiative really stands for. This initiative actually sets up separate standards for one branch of the healing arts which up until now have all been under the basic science law. The basic science law is an effective means of protecting our present day health standards.

In previous years this problem has been settled by a few doctors at a committee level, but now it is going to the people. They in turn must be properly informed as to the true nature of Initiative 188. Each individual doctor has a real responsibility in disseminating this information. As election time nears, literature will be available to help explain the true and undesirable nature of Initiative 188.

WM. W. MATTSON, JR., M. D.

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RADIO

Programs of music and medical information, produced by the American Medical Association, are replacing "Your Doctor Speaks" during the mid-summer weeks.

In the fall plans are being made to return to a doctor-participation type of program.

HAPPY BIRTHDAY

C



AUGUST

- 2 JOHN STEELE
- 5 GLENN McBRIDE
- 12 ROBERT BROWN
- CHARLES McCOLL
- 13 RICHARD VIMONT
- 15 CHARLES LARSON
- 20 ERNEST BANFIELD
- 21 KARL STAATZ
- ELMER WAHLBERG
- 22 HAROLD KAHLER
- 23 GERHART DRUCKER
- 26 GLEN BROKAW
- STILLMAN HATHAWAY
- 28 JOSEPH JARVIS
- EDWIN YODER
- 31 HARLAN McNUTT
- SAMUEL LIGHT

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Dr. Murphy submitted this letter at the request of the editor. It was thought that this matter might be of interest to all of us. I suspect that we are not as well informed on these matters as we should be. The material is not as specific and well-documented as I would like to see it. Perhaps (and I hope) this will stimulate further discussion on this matter.

—W. W. Mattson, Jr., Editor.

DOCTORS AND LOYALTY QUESTIONNAIRES

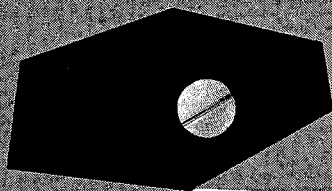
On May 19 a group of doctors met to hear Dr. Bernard Lown, a physician from Boston, tell about being drafted into the Army as a private following his refusal to sign one part of a "loyalty questionnaire." (By the time of the meeting he had also been handed an "undesirable" discharge from the service for the same reason.)

Dr. Lown, a research cardiologist, several of whose publications in heart physiology and pharmacology are currently appearing in both journal and book form, explained that he is one of an unknown number of doctors who balked at signing the attorney general's list of allegedly subversive organizations. He said these men signed without reservation questions relating to their loyalty, swore unqualified allegiance to the United States and to its constitution, and agreed to defend this country against all enemies domestic and foreign. They were then presented with a list of about 250 organizations arbitrarily labelled subversive by the attorney general and requested to state not only that they had not belonged to any of them, but also that they had never attended a meeting either official or social, or been "associated with them in any other way." Dr. Lown brought this questionnaire with him and explained that many of the organizations listed had functioned legally on campuses throughout the country and had gone out of existence ten or more years ago. He believes the purpose of the list is not so much security as to force people to become informers. It does not suffice, for instance, to admit a past association; one has to state dates, places and many other particulars and thus implicate others. The doctors present agreed that a good many physicians must have to perjure themselves to sign this list in the negative, and they undoubtedly do so because they cannot believe that such past personal affiliations can really have significance in the measurement of their loyalty.

Some doctors, answering the questionnaire fully at the time of being drafted, admitted having belonged to one of more of these organizations and gave the other information requested. Despite this cooperation with the authorities, these men also were subsequently drafted as privates.

At about the mid point of the current McCarthy-Army hearings many if not all of the doctor-privates who were still in service were abruptly given "undesirable" discharges. This is a punitive separation, penalizing its recipient in the areas of money, accumulated leave, veteran's rights and future reputation. This type of discharge had previously been reserved only for persons unfit for military duty and guilty of moral tergitude during service. Dr. Lown believes that the other doctor-privates, like

(Continued on Page 7)



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(Continued from Page 5)

BOOK REVIEW

himself, have received only "excellent" and "superior" service ratings.

Speculating on the purpose of the questionnaire, Dr. Lown believes even its supporters can hardly take it seriously as a security measure. A dangerous or potentially subversive person would hesitate to call attention to himself by refusing to sign, but would be more inclined to support it in every possible way so as to conceal his own designs. As for the function served by his being denied a commission, he says it can be nothing but punishment for having used his constitutional privilege; the action has proved unrelated to security in any way. As a private he was in charge of a medical service in which military personnel from private to colonel followed his orders and placed their lives in his hands. If he were a security risk, then forcing him to work as a private would hardly make him less alert to classified information than if he were doing the same professional work as an officer.

Tracing the history during the last 300 years of the various constitutional guarantees against being compelled either to bear witness against oneself or to inform on others, Dr. Lown points out that Anglo-Saxon law has long recognized the fact that no one can prove his own innocence. There are more reasons than guilt to refuse the demand that one attempt to do so, and depriving people of their constitutional protection by punishing them for using it, he regards as a step backward historically. It was against the use of the thumbscrew and the rack that such constitutional guarantees were devised in the first place. The present treatment of those who try to invoke such protection, while not yet so openly brutal, may be a tendency in that direction.

Although the fate of these doctor-privates may be intended by the Army as a warning that absolute conformity is expected of them, Dr. Lown urges that doctors and other opinion leaders take it as a warning that their freedom to think and act is becoming progressively more seriously curtailed.

—R. C. Murphy, Jr., M.D.
R. A. Norton, M.D.

And time and space,—what are they? Our first problems, which we ponder all our lives through, and leave where we found them; whose outrunning immensity, the old Greeks believed, astonished the gods themselves; of whose dizzy vastitudes all the worlds of God are a mere dot on the margin; impossible to deny, impossible to believe.

—Emerson.

Review on "Epilepsy and the Functional Anatomy of the Human Brain," by Wilder Penfield, M.D. and Herbert Jasper, M.D.

It is difficult to know just how to review this monumental work other than to state that it is a complete summary of the investigations of the two authors brought up to date. Their conclusions are based on their extensive clinical experience of patients studied at the Montreal Neurological Institute.

The purpose of the volume, according to the authors, was "to achieve a better understanding of the mechanisms and causes of epileptic seizures so as to provide a more rational and more effective treatment for patients who are subject to various forms of cerebral seizures. This has led to the secondary, but ever more engrossing, consideration: the functional anatomy and physiology of the human brain. Any epileptic patient whose case has been completely studied may well provide a dramatic demonstration of functional localization in the cerebral cortex during the evolution of his attacks."

Doctor Jasper's historical introduction is an interesting and valuable preface to the book, and Doctor McNaughton's chapter on medical therapy reviews the general aspects of non surgical treatment.

This comprehensive study is an outstanding contribution to both the understanding of epilepsy and the clinical applications of our knowledge of the structure and functions of the cerebral cortex. Clinical neurology owes a great debt to Doctors Penfield and Jasper—not only for the fundamental scientific advances they have made in the study of epilepsy, but also for this volume in which they have correlated their work and presented in a clear and concise manner. It is indeed a tribute to John Hughlings Jackson and Sir Charles Sherrington, to whom the book is dedicated.

This volume is an essential reference work for any doctor who is concerned with the epileptic problem and will certainly take its place as a leading and standard text book on the subject.

—Michael P. Goodson, M.D.

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1) WEST, E. S., and TODD, W. R.:

Textbook of Biochemistry, New York, The Macmillan Company, 1952, p. 899-901 • 2) PETERSON, R. D. et al: Federation Proc. 339:254 (March) 1953 • 3) DIXON, H. H. et al: West. J. Surg. Obstet. & Gynec. 60:327 (July) 1952 • 4) ALDES, J. H.: (Abstract) Bull. Biol. Sciences Foundation 1:4 (April) 1954 • 5) DIXON, H. H. et al: West. J. Surg. Obstet. & Gynec. 62:338 (June) 1954 • 6) GRAYBIEL, A. and PATTERSON, C. A.: Ann. West. Med. & Surg. 5:863 (Oct.) 1951.



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WOMAN'S AUXILIARY

To The Pierce County Medical Society

President's Yearly Report

(Condensed from Committee Reports)

A board meeting was held at the home of the President in August to formulate plans for the 1953-54 program of Woman's Auxiliary to Pierce County Medical Society. The National theme "Together We Progress" was chosen for our theme also—

The Membership Committee, with Jo Kohler as chairman took on the task of compiling the Year Book which was ready for presentation at our first meeting in October. All doctors' wives had been contacted by phone before their names were included. This Committee assisted in the mailing of the President's letter which was sent out to *All* eligible members in September. They have also served as our Hospitality Committee at all meetings throughout the year, taking charge of the name plates as well.

The Program Chairman, Hazel Whitacre, assisted by Pearl Baskin, gave us an interesting varied program. Hazel's introduction of the entertainment for the day always lent interest to the program which followed. (Consult Year Book Program).

Our efficient Hostess Chairman, Oleva Jones, with Merle Herrmann's assistance made all arrangements for obtaining homes in which to hold the seven meetings as well as arranging for a hostess and co-hostess for the "lap luncheon" which preceded each meeting. Approximately ten members assisted at each of the delicious luncheons served. Of special note was our meeting held in Puyallup in April. The luncheon itself was well worth the drive over to Puyallup and the entertainment deserves special mention. Mrs. Hoyt, mother of Dr. Hoyt charmed us all with her reading of a collection of verse, and the musical portion of the program was put on by the Puyallup High School under the direction of Lewis Owens.

We held one money raising project for the year which was a Rummage Sale held December 3, 4, 5. Under Barbara Teats' able management the sale was again a success and we netted \$507.80. Most of the articles sold had been collected from the members but many business houses donated merchandise that added greatly to the sales interest. A list of the business houses contributing is included in the Chairman's report.

We have had excellent publicity throughout the year. Edith McGill's monthly report to the Bulletin has been a complete record of the Auxiliary's aims and accomplishments and the personal notes of interest recorded should rate her as a first class reporter. Kay Herrmann handled all newspaper publicity and we have Kay to thank for favorable write-ups for all meetings. Her article on the Future Nurses Clubs which appeared in the Magazine Section of the News Tribune, May 9th, was accepted in its entirety by the editor.

It is the type of publicity we hope our Auxiliary can have more of. We have the News Tribune to

thank for the pictures that were included in the article.

Our Legislative reports have been kept up to date by the Chairman, Ruth Light. During action on the Bricker Amendment the members were contacted and alerted to its importance.

Five Future Nurses Clubs are now active in Pierce County. Two were founded last year and three more have been organized this year. Ruth Murphy, as chairman with an active, interested group on her committee has put Pierce County as leading all other counties in the state in Nurse Recruiting activities. Ruth Murphy and Jo Kohler were invited to attend the Washington State League of Nursing Meeting held in Seattle to hold a panel discussion of Future Nurses Clubs organizations. The hospitals have given us public thanks for our interest and help in this field. Attached to this report is Mayor Tollefson's Proclamation declaring May 9th through May 16th as Nurses Recruitment Week which appeared in local papers.

The Pierce County Civil Defense Council presented a workshop in March and we were represented by seven of our members. Janet Moosey, Civil Defense Chairman, assisted by Mrs. Jack Lee helped with the packing of First Aid supplies as part of the Civil Defense work.

Our Public Relations Chairman Ruth Brooks brought encouraging reports to the Fall meeting, that K.T.N.T. was interested in presenting a program centering around a medical theme. All arrangements had been made with Connie Page but delays in working out a feasible program with the Medical Association did not permit a scheduled program to appear this year on T.V. However, the ground work has been well laid and enough doctors have become interested so that it should materialize in the future. A program was arranged for Dr. Chas. Larson's appearance to discuss Diagnosis and Treatment of Cancer on T.V. during Cancer month. We were included on the program of both St. Joseph's and Tacoma General for the Capping Exercises when our scholarships were presented.

Today's Health chairman, Clara Skinner, reports a total of 238 subscriptions. As membership dues of \$6.50 included a subscription to the magazine it showed 167 members having subscribed. Eleven (11) gift subscriptions from members which brings our percentage to 106%. The remaining subscriptions were gifts from dentists, Western Clinic and individuals outside our own organization.

We have our support to the Blood Bank by being "on call" on Mondays of each week (from October through May) to help if additional help were required. This was carried on by Midge Geissler, who only called for assistance when she herself was unable to answer calls.

We have Pat Flynn, her Co-chairman Sally Bond and her faithful Committee of sixteen to thank for

(Continued on Page 11)

(Continued from Page 9)

keeping members informed of the meetings and obtaining reservations for luncheons.

Katherine Humiston has been our representative on the Heart Board and Florence Durfeldt on the Board for Mental Health. Mary Steele has been in charge of the Speakers Bureau and has compiled a list of speakers available for organizations throughout the City.

Three scholarships of \$10.00 each have been awarded. One to an outstanding Junior at both Tacoma General and St. Joseph's Hospitals and one to a High School graduate who plans to enter nurses training. Further contributions include \$150.00 to the American Medical Education Foundation, \$50.00 to the YWCA for a three months swim tuition for nurses from both hospitals and \$100.00 to American Cancer Society. A committee of three from the Auxiliary met with representatives from St. Josephs and Tacoma General to help award scholarships from \$2,200.00 allotted for this purpose by the Pierce County Medical Association.

It is with mixed feelings of regret and relief that I now terminate my term of office. Regret that my association with those of you with whom I have closely worked has ended, and relief to be free from responsibility as President. It has been an experience that has proved challenging and interesting. I end the year with our motto in mind "Together We Progress" and I trust that you all share my feeling that together we *have* progressed—thanks to the effort of the 167 members.

—Hilda I. Lantiere, President.

1954 ANNUAL MEETING OF THE AMERICAN MEDICAL ASSN.

By I. A. Drues, M.D.

The annual meeting of the A.M.A. was a very comprehensive affair, but in this article I will mention only those ideas brought out in the sections on Ophthalmology and Otolaryngology which were of general interest.

Dr. Pang stated that 70% of nasal infections, and 90% of sinus infections were allergic in origin. I do not agree with these figures but this is probably a difference of interpretation.

He felt the perennial hay fever was due to contactants such as house dust, molds and tobacco and that we should always suspect allergy in headaches of obscure origin. Treatment was of three types, general as improved nutrition, specific as antihistamines or vaccines and local as cortisone ointment.

He advised against doing elective surgical procedures during the acute allergic state as it might start a severe asthmatic condition, but if surgery was done that the allergy treatments should continue after the operation.

Many ear conditions were allergic, such as eczema of the external ear secretory otitis media and swelling or hydrops of the labyrinth.

Dr. Marcus felt that deafness in children of even slight or moderate degree was important because it might cause the child to fall behind in his school work. Tonsillectomy and adenoidectomy may improve the hearing and lip reading or hearing aids may help.

Dr. Wexler was of the opinion that a deviated septum was often due to injury during birth. A little manipulation of the nose at this time might avoid future trouble. He felt that submucous resection of the nasal septum could be done in children in necessary cases if only sufficient bone or cartilage was removed to correct the deformity. Personally I have seen very few patients who could not wait until the nose was fully developed.

In cases of fracture of the nasal bones it is sometimes necessary to do an open operation to find and repair the fracture.

Dr. Goldman felt that electrodesiccation of the inferior turbinates was a valuable procedure in vasomotor rhinitis. In secretory otitis media he advised aspiration of the middle ear through the drum.

Dr. Rawlings associated Cortisone with the stress mechanism. He advised against its use in chronic conditions but said it may be used in severe hay fever, short season allergy, acute edema of the larynx, severely ill patients and Bell's Palsy. He mentioned a new and as yet unproved theory, that improvement in allergy in some procedures was due to formation of cortisone in the body due to stress. This was a very exciting idea. If the patient cannot afford Cortisone tablets, keep him under stress and let him make his own cortisone.

Among the scientific exhibits was a Hydrocortisone nasal spray. It was not considered to be curative but to keep the nasal allergy under control during the hay fever season. It was not on the market at this writing but should be available around the early part of August.

The scientific exhibits were very interesting. One on psychosomatic ophthalmology suggested that many common eye conditions have a psychogenic basis, even styes or chalazia.

There was a new and very rapid screening method of testing the visual fields called the multiple pattern method but it was not as accurate as the Perimetry examination.

Another booth showed the organisms identified in inflammatory diseases of the eyes and included virus inclusion bodies and the organisms of syphilis, tuberculosis, leprosy, blastomycosis, moniliasis, mucor mycosis, toxoplasma, and helminthiasis.

At the Ophthalmology meeting it was brought out that there were too common but preventable causes of blindness, glaucoma and amblyopia ex anopsia. There may be over 1,000,000 unrecognized cases of glaucoma in the United States, and an additional 1,000,000 people with amblyopia ex anopsia in one eye.

Many of these could be found if tonometry was made part of every physical examination in patients over thirty years old, and if all children of three or four years of age had their vision tested.

Ocular tumors could be diagnosed by the help of radioactive phosphorus and the geiger counter, but his method cannot supplant clinical methods as yet.

Loss of vision in one eye, field defects and fundus changes were often the first symptoms of tumors of the brain, especially pituitary adenomas and tumors

(Continued on Page 13)

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INSTRUMENTS

(Continued from Page 11)

round the chiasma. Bitemporal hemianopsia was the most common field defect.

Extensive tests were done to find the best preservative for eye medications—Chlorbutanol was found to be best and small bottles of 7½ ccm. each were advised to prevent contamination. Dropper bottles were not recommended.

AMERICAN MEDICAL ASSN. MEETINGS

By S. Robert Lantiere, M. D.

Many thanks to the busy members who found time to report the events of the American Medical Association Meetings for us. —Editor.

With each succeeding year the American Medical Association convention gets bigger and better. The convention at San Francisco this year was no exception. The number of commercial displays, scientific exhibits and papers, and persons in attendance adds glamour and allure to everything, new or old. Even our colleagues, with whom you rub shoulders daily in the home town, seem to take on a new glow and are greeted like long-lost brothers.

One always remember a few practical bits of information learned at such a conclave, and one such was the demonstration by Benjamin Manchester of George Washington University Medical School, of a simple bedside method of determining the prothrombin level. The test is accurate, can be done in a few minutes at a cost of a few pennies, and is very useful in the control of anticoagulant therapy.

Another useful set of tests were demonstrated by members of our own University of Washington Medical School. These were relatively simple bedside methods for determining blood electrolyte levels, which are familiar to some of our local men who attended the course given at Seattle some months back.

Of interest in the field of education was the Audio-Digest service put out by the California Medical Society. This consists of abstracts of the medical literature (recorded on tape) by a staff of outstanding medical men. These tape recordings are published weekly for general practice and bi-weekly in the specialties. A wealth of information is packed in these hour long recordings. It saves the practitioner many hours of reading and at the same time keeps him abreast of new developments. This service would be a very valuable addition to our library. It could be used either in the library when a physician has a few minutes or the recordings could be loaned out and used at home with any tape recording machine.

NEW REPORT

By Robert H. Gibson, M.D.

The annual AMA convention could be considered a rousing success, partly I believe this is due to the fact that San Francisco is a charming and most entertaining city for a convention and partly because even though the gathering is such a large one it is most surprising how it is possible to run across old friends and colleagues from about the country.

The large civic auditorium did not provide the space required for the technical exhibits, accord-

ingly a large circus type tent was erected adjacent to the larger building. Over 300 firms exhibited their latest wares. Since it was rather warm the soft drink firms perhaps had the biggest consistant play, as they were plentiful and free. Perhaps conspicuous by their absence were the usual exhibits of the tobacco companies. (At this meeting the American Cancer Society gave a preliminary report indicting the chronic use of cigarettes).

The scientific exhibits on the first and second floors of the auditorium presented most of the newer frontiers of medical research. The exhibits from the section on surgery this year if any criticism could be made were top heavy being largely concerned with the recent developments in cardiovascular surgery. DeBakey and his colleagues presented a spectacular exhibit on aneurisms and thrombo-obliterative diseases of the aorta, which incidentally won the Gold Medal. Kirklin had a meticulous exhibit presenting the problem of atrial septal defects, this was illustrated by a series of beautifully constructed models. Hufnagel had an interesting exhibit illustrating the principles of maintaining an arterial bank. Beck had a display showing the results obtained on about 150 patients operated for coronary disease. These operations were of two types: in the first, the myocardium and pericardium were abraded with asbestos to stimulate the growth of vascularity, in the second the coronary sinus was partially ligated and a graft was inserted between the aorta and the sinus, this is done in two stages. While this work is beyond the experimental stages it is to be noted that the mortality rate is still very high.

Exhibits presenting a number of the more common problems common to the surgeon were to be found in some of the other sections, such as gastroenterology. Here one that intrigued me was the display by Poppel illustrating an oral technique for demonstrating the bile ducts after a cholecystectomy had been done. This would be of great value in conditions such as retained common duct stones, biliary dyskinesia, retained cystic duct remnant, and chronic pancreatitis. Later Gershon-Cohn gave a paper illustrating similar accomplishments, however he used a new intravenous drug, Cholegrafin.

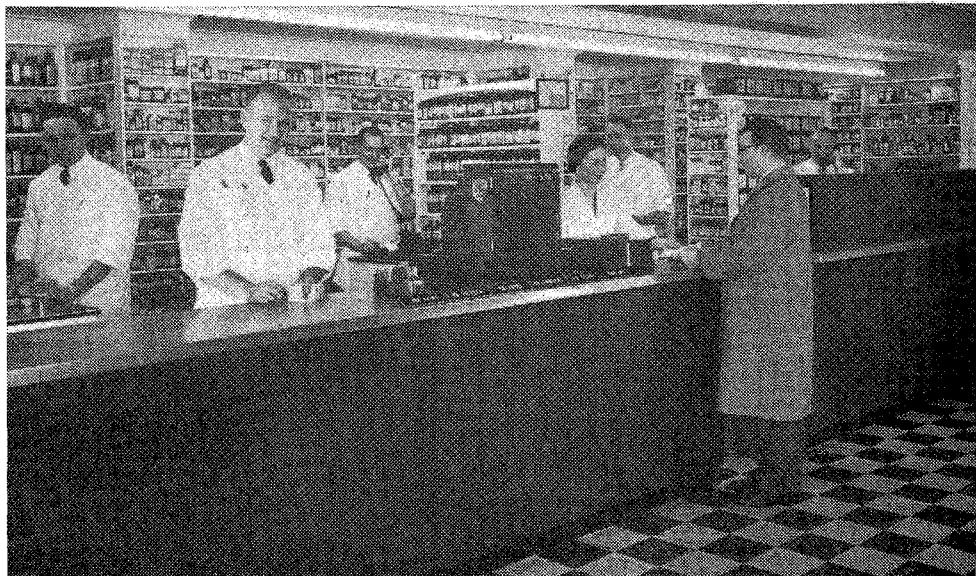
Since they were primarily concerned with surgery, it should be mentioned that the military had some unusually fine exhibits. Among these were displays of the recent development of body armor, skin grafting, and arteriography and technique in traumatic vascular injury. Perhaps the best presented was the photographic story of the naval medical service with the first Marine division in Korea.

The papers read before the section on surgery were representative of all phases of general surgery. The discussions were interesting and at the close of each session there was a panel of experts to answer questions from the audience or a clinical pathological conference. These added zest for a series of long clinical papers can be very tedious.

Turnbull discussed the surgical treatment of ulcerative colitis, it was his feeling that the classical ileostomy was made in violation of surgical principles thus resulting in varying degrees of intestinal

(Continued on Page 15)

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(Continued from Page 13)

obstruction do to infection of the protruding segment. He presented a method of construction on ileostomy protected by a sliding graft of its own viable mucosa thus circumventing the above changes. A paper on cystic disease of the breast came to no particular conclusion, it was of interest in the discussion that the authorities were divided as to the efficacy of aspirating cysts.

Gilchrist reported on the surgical treatment of diverticulitis of the sigmoid colon. His indications for surgery are perforation, abscess formation, fistulas, obstruction, persistent pain, and inability to exclude carcinoma. He did not include massive bleeding. A plea was made for earlier surgery in patients destined to chronic distress, invalidism, and secondary complications.

Boyden reported that common and hepatic duct stones were recovered in a higher percentage of cases of acute cholecystitis than in a total series of cholecystectomies. It was his feeling that a re-evaluation of the surgical approach to the acute gall bladder was necessary. Postponement of definitive surgery, until a safer interval was recommended in selected cases, this would prevent surgical accidents,

and facilitate recovery of more common duct stones.

Ravdin, in a paper on the relation of gallstone disease to the symptoms of angina pectoris, pointed out that evidence is now available showing that reflexes arising in the extra hepatic biliary ducts can cause coronary vessel spasm. A series of patients were presented whose symptoms of angina pectoris were entirely or in a large part relieved by adequate biliary tract surgery.

Szilagyi and Overhulse presented an encouraging discussion on the treatment of segmental arteriosclerosis of the large arteries of the legs. They pointed out that localized obliterative disease of the larger arteries of the extremities was not recognized until techniques of angiography were developed. They surveyed 20 cases in which localized portions of the iliac or superficial femoral vessels were excised and replaced with homografts, the results were quite remarkable. It was pointed out that by careful search many instances of so called peripheral with seemingly poor or hopeless outlook, as well as some bizarre complaints often classified as neurological or orthopedic can be correctly recognized as caused by segmental arterial occlusion and successfully treated.

HOSPITALS . . .

TACOMA GENERAL

Tacoma General featured twins in July. Seven sets made their debut in the Nursery during the first half of the month.

* * *

The American Board of Pathology has informed Dr. M. J. Wicks that he has passed the Clinical Pathology Examination. This means that Dr. Wicks now has Board certification in both Clinical Pathology and Pathological Anatomy.

* * *

Mrs. Emma Troup is back in the Emergency Room after an enjoyable vacation. Her new co-worker on the 3-11 shift is Mrs. Nellie Bridston. Mrs. Bridston replaces Mrs. Gladys Derrick, who has transferred to general duty on Second East.

* * *

Miss Jean Schenk of the Faculty of the School of Nursing is on an extended leave of absence because of illness.

* * *

Farewells are being said to the doctors who are completing internships. First to go was Dr. Jess Chavez, who has accepted a residency in Internal Medicine in Vancouver, Washington.

* * *

Dr. Hugo Van Dooren and Dr. Ada Van Dooren are travelling to Salt Lake City by way of Oregon, California, and Arizona. They will do some sight-seeing before Dr. Hugo Van Dooren begins a one year residency in Child Psychiatry at Salt Lake County General Hospital.

* * *

A few days before leaving for Whittier, California, Dr. Michael Delich was married. His bride is a native of Yugoslavia also. She is a graduate

pharmacist as well as a student of languages. Dr. Delich intends to enter private practice in Whittier.

* * *

Mrs. Bonnie Stone, formerly of Braley's, will be working in the Pharmacy during the vacation period.

* * *

We wish to add our congratulations to the others which Dr. and Mrs. L. Stanley Durkin are receiving on the birth of a daughter, Judith Canby, on July 13.

* * *

Mrs. Joan Beard Stout has joined the Faculty of the School of Nursing as an Assistant Clinical Instructor. Her present assignment is Diabetic Service.

* * *

Dr. Philip Matzinger has completed his residency in Anesthesiology and has returned to Oakland, California. Dr. Charles W. Dreher will complete his residency this month also. He has plans for practicing in Washington.

* * *

The annual Hospital Picnic was a huge success. An important factor in its success is the beauty of the location, Camp Ta-Ha-Do-Wa, which Dr. Schultz makes available for the occasion. Reliable reports indicate that next in importance is the wonderful food provided by our dietary department.

ST. JOSEPH'S

Vacation time is here and those who have been fortunate enough to enjoy the sun's rays really look tanned.

(Continued on Page 17)

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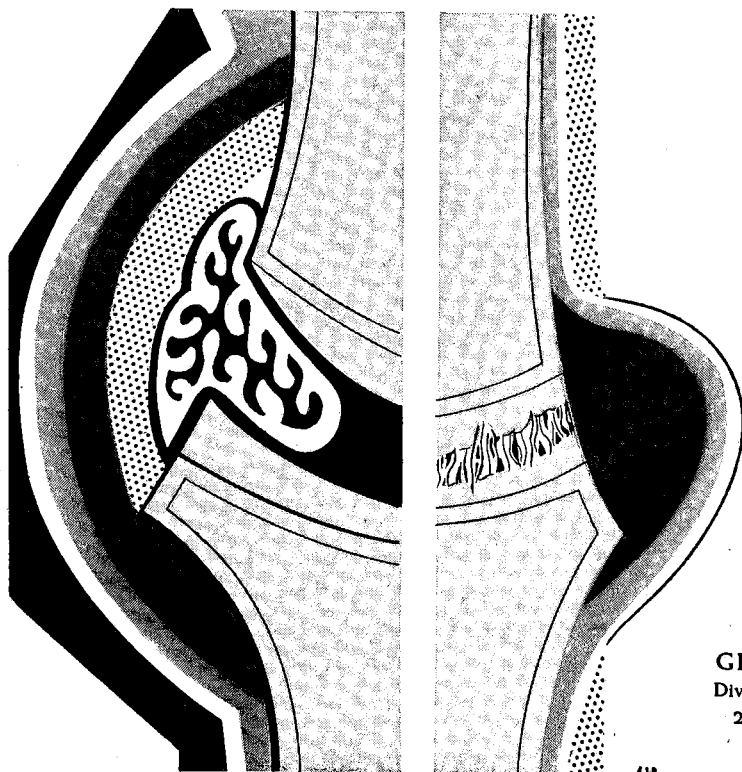
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(Continued from Page 15)

* * *

The Faculty and the Student Nurses had a most enjoyable picnic at Point Defiance on the beach Thursday, July 15th. A city bus was chartered for transportation. The weather was beautiful and everyone enjoyed the water, the roses, green lawns, and the sun. The food was delicious and lasted until 7 P.M.

* * *

A Tacoma Chapter of the Creighton University Alumni was formed on June 30th at the Top of the Ocean. Present were the Reverend Fathers Reinert, Foley, Linn and Dr. Gillick, Dean of the Medical School, all from Omaha, Nebraska. Also present were approximately fifteen alumni and their wives. Dr. Darwin Marlatt was elected President and Dr. Hugh Kohler, President-elect.

* * *

The new class of Student Practical Nurses began their rotation this month and look different in their blue uniforms.

* * *

Mrs. Florence Riedinger, Supervisor of the Pediatrics Department is enjoying her vacation at present. We are glad to see Mrs. Marie Renggli out of the hospital where she was a patient and are looking forward to seeing her back at her nocturnal vigil. Mrs. McCarthy, Mrs. Peg Rountree's mother is a patient here at present. We wish her a speedy recovery.

* * *

Mrs. Mae Patterson was feted at a party given by Sister Valeria on July 19th. All the office personnel and old friends of Patty's had an enjoyable luncheon.

* * *

Virginia Buscho, graduate from Virginia Mason Hospital has joined our Medical Staff for the summer months.

* * *

St. Joseph's has installed a remote control system for dictating operative reports, histories, physicals and consultations. There are five stations throughout the house; namely, North and South Chart desks on the Medical Floor, on Surgical Floor at Center and North, and in Surgery. The Dictaphone Telecord System is the best in dictating and easy to operate. To use, pick up the telephone and as you do a light shows on each phone to show it is in use. Second, depress button on phone. This starts the machine in the Record Room and sets it for recording. The important point to remember is that the button must be depressed as long as dictating. C is for correction, P is for playback, A is for attendant. The playback is for a sentence or two used only to get trend of thought. So in case a longer playback is needed call A attendant and she will set it back for you.

We hope the doctors will like this system so try it out the next time you have an operative report, history or physical or consultation to write.

* * *

To all our doctors, nurses, and personnel on vacation we wish a pleasant time, lots of sunshine, and safe return.

EUROPEAN ADVENTURE

By S. F. HERRMANN, M.D.

* * *

Thank you, Dr. Herrmann, for sharing your journey with us. —Editor

* * *

So many colleagues have asked about our European trip that it seems desirable to make a brief report. We had a wonderful time. The scientific meetings were very much worthwhile and the sightseeing experiences very enjoyable. Nevertheless we were happy to get back home.

We on the west coast have the disadvantage that we must go three-thousand miles before we can start to cross the Atlantic Ocean. The first leg of our trip, therefore, was made by air, stopping enroute at Cleveland to see our daughter and her family. In New York we boarded the R.M.S. Queen Elizabeth. This is a wonderful ship, a real luxury liner! It was our first long ocean voyage and we enjoyed it to the full. Accommodations were perfect; we could rest as we pleased in a roomy stateroom; we could promenade about the ship and enjoy the games on deck, particularly shuffle board and ping pong; food was excellent; we dressed for dinner every evening and every dinner was a real celebration. Evening entertainment consisted of bingo or horse racing, a first class movie in a beautiful theatre, and dancing as long as one cared to dance. There were approximately one hundred surgeons with their wives on board so that one could make many interesting contacts and meet old friends. Every day there was a scientific meeting at which papers were presented by outstanding men who were making this voyage. These meetings were run strictly by the clock and lasted only one hour. The five days aboard ship were certainly not strenuous and if one observed reasonable hours it was possible to arrive in England relaxed and rested. I should mention two complimentary cocktail parties, one given by the Ethicon Suture people and the other by the Captain of the ship. These provided further opportunities for meeting fellow travelers and also provided champagne and other beverages in unlimited quantities. The weather was very favorable during the crossing. There was not the least suggestion of seasickness in our stateroom. My stick of Dramamine remained untouched.

It was exciting to see land. We stopped briefly at Cherbourg on the coast of France and then crossed over to Southampton, England. We were divided into groups which traveled by motor coach. Our first stop was at Stratford,—Shakespeare's city. It was most interesting to see this historic place and we were fortunate indeed to get seats to the production in the Shakespeare Memorial Theatre. We saw "Romeo and Juliet". It was a fine balmy evening. The theatre was packed and between acts one could stroll along the banks of the Avon River where the swans and canoes were floating about and where the entire crowd from the theatre came out to enjoy a cup of coffee or a cocktail according to preference. The next day we were on our way to Harrogate. The English countryside was

(Continued on Page 19)



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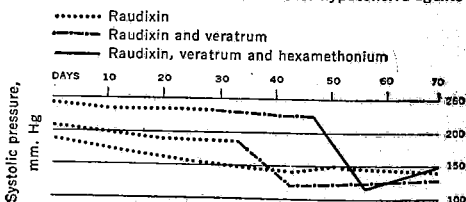
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1. WILKINS, R. W., AND JUDSON, W. E.: NEW ENGLAND J. MED. 248:48, 1953.

2. FREIS, E. D.: M. CLIN. NORTH AMERICA 38:369, 1954.

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(Continued from Page 17)

beautiful because the fields are all divided by hedgerows rather than fences. As we went farther north the picture changed and we came to the mining district where huge piles of coal could be seen from the highway.

At Harrogate and Leeds I attended the excellent meeting of the Association of Surgeons of Great Britain and Ireland. The Royal Hall at Harrogate was a beautiful structure which was ideal for the presentation of papers. The meeting lasted three days. In the morning we listened to papers and in the afternoon we went by coach to Leeds to visit the hospitals and the University of Leeds, a very large medical school. I cannot report on all the subjects that were discussed, although I have notes on many but would like only to say how much I was impressed by the ability of the English and Irish surgeons to disagree freely, eloquently and elegantly. Differences of opinion were applauded and enjoyed and those who differed were evidently the best of friends. For instance Mr. P. R. Allison discussed the subject of hiatus hernia. He is a well-known authority on the surgical repair of this type of hernia and I considered myself fortunate to hear him talk and later to see him operate. He emphasized in particular the importance of a phrenico-esophageal ligament which must be properly dealt with in order to prevent reflux from the stomach after repairing a diaphragmatic hernia. One of his distinguished conferees, Mr. N. R. Barrett, proceeded to tell us that this ligament described by Dr. Allison was of absolutely no significance and could frequently not even be found by the operator. Dr. Tanner of London, whose name is familiar to all of us, joined in the discussion. It was most enjoyable. Operations at the general infirmary of Leeds were presented by television. Dr. Allison was able to prove his point to everybody's satisfaction and did a beautiful repair of a diaphragmatic hernia. Here we also saw a subtotal thyroidectomy done under so called hibernation anesthesia; by drugs and by actual cooling, the patient's metabolism is reduced to a state of hibernation. Bleeding was almost non-existent and it looked as if the operation were done on a cadaver. Professor Chamberlain did a subtotal gastrectomy for duodenal ulcer, the notable thing about this was that it was an all cat-gut job and the sizes of gut were much larger than we would care to use.

A note of sadness was introduced the following day when Dr. Fred Rankin's paper on ulcerative colitis was read by Dr. Glenn. Dr. Rankin, President of the American College of Surgeons was unable to be with us because of serious illness. His death was announced a few days later when we were at London. The subject of his paper was discussed by many men. It was interesting to learn that there are several English surgeons who are getting enthusiastic about colectomy and ileocolic anastomoses. In other serious cases primary colectomy is being done as a life saving measure. Sir Cuthbert Dukes presented some interesting studies relating to the incidence of cancer in chronic ulcerative colitis. He felt that mucosal polyps merely indicate chronicity; that this type

of polyp in itself is not a precancerous lesion. Cancer does occur, however, in an average of 5% of chronic ulcerative colitis cases and when it does it is a very serious lesion with wide spread intramural extension. In disclaiming any originality for his work he ended with a quotation "I have milked many cows but the cheese is mine". This was his way of giving credit to all the other men upon whose work he drew for his conclusions.

(To Be Continued)

ANSWERS

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5. Libido or amorous desire in the human being is a complex function in which anatomic, physiologic, neurologic, hormonal and psychological factors all play determining parts.
6. The most important considerations in the diagnosis of acute pancreatitis are to suspect it early in the course of the disease, to search out the physical manifestations of the disease, and above all, to obtain serial values of the serum or urinary amylase.

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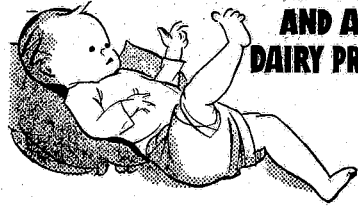
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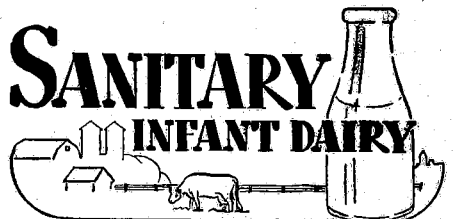


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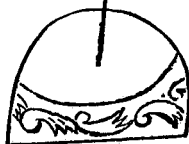


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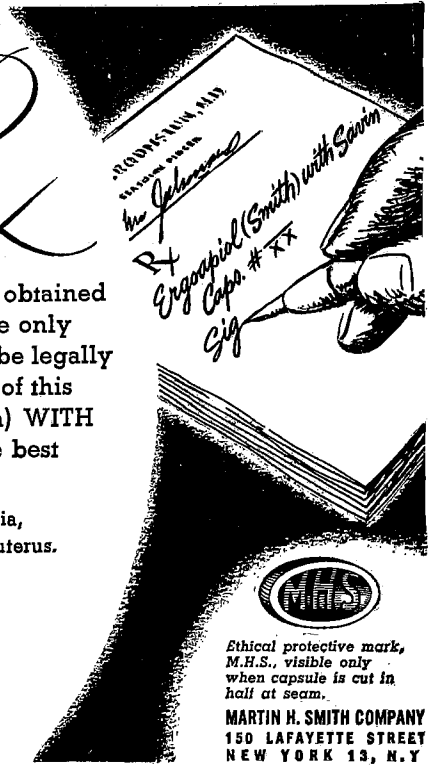
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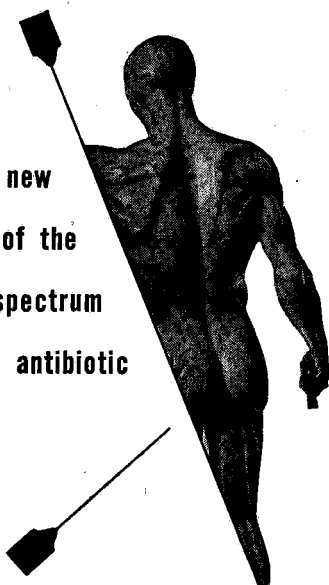


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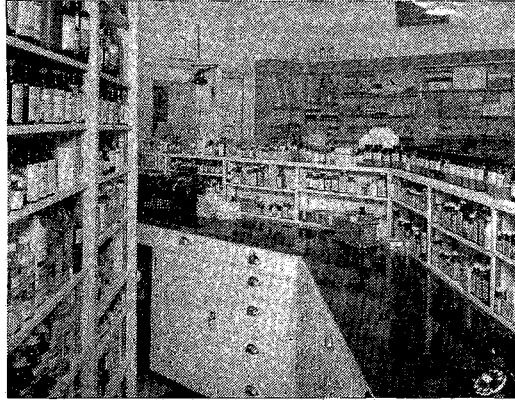
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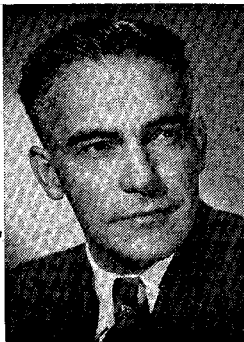


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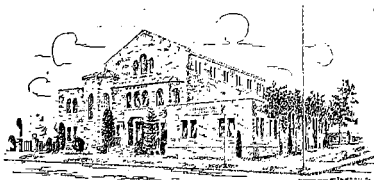
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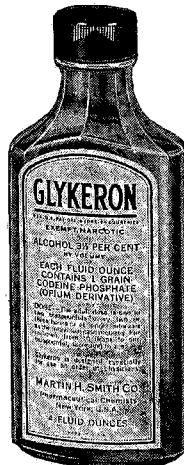
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STAFF OF TACOMA GENERAL

First Tuesday of each month

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

STAFF OF PIERCE COUNTY

Last Monday of each month