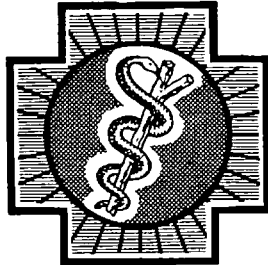


Bulletin

Vol. XVI—No. 1



JANUARY, 1946

Program



JANUARY 8

Medical Arts Building—8:15 P. M.

Fractures of the Extremities, a Standardized Method
of Treatment.....Roger Anderson, Seattle
Illustrated by Kodachrome Slides and Moving Pictures

Discussion.....W. H. Goering and H. B. Allison

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

1945-1946

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Bulletin

Editor.....	L. A. Hopkins
Business Manager.....	W. W. Mattson

HAPPY NEW YEAR

In spite of the many sad prognostications as to the hazards of medical practice, its future continues bright and our choice of professions continues fortunate. Worry, concerning the future of medical practice, is paying interest before it is due and too many doctors are sadly depleting their savings accounts of cheer and good humor.

Certainly there are problems ahead but life wouldn't be worth the living if that were not the case or if we knew today what tomorrow would bring forth.

With no boasting we can say that the doctors, taken as a group, occupy an outstanding position in our community. Credit for this situation is due chiefly to the public's high regard for our ability to cope with damaging health conditions which some day come to every family. We are the recipients of a constant supply of scientific professional discoveries, whose therapeutic limits are far reaching and which offer a stimulating challenge to the skills and ability any of us may possess.

We should remember that our financial compensation exceeds that of any similar group and for these many years we have enjoyed more freedom from restraint and regulation than any comparable business or profession.

With the advantages of position, influence and financial return go a large and definite responsibility to the general public. The extent of these obligations and the spirit with which we work for their solution are vital factors during the coming year.

But no matter what situations may arise in 1946 we must always keep in mind that America is the best country in which to live and that the people in our community have been and will continue to be good to the medical profession.

"Imagine my embarrassment," she said, "when according to my usual custom, I looked under the bed before retiring. I had forgotten that I was in an upper berth."

ANDREW M. FLYNN, M. D.

Dr. Flynn died December 28 in Tacoma at the age of 73.

His premedical work was done at Creighton University, receiving from there the degrees of B. S. and M. A. He continued his study in the medical department of the same school, receiving his M. D. degree in 1904.

Coming to Tacoma he took his interne training at St. Joseph's hospital and then located at 38th and Yakima in what was at that time considered a new section of the city.

His general practice was very successful and at all times he added to his medical treatment a kindly and genial personality. He was of the old school who believed in the value of a sincere word of encouragement and his always friendly smile will be remembered by his colleagues and his host of friends.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the city of Tacoma for the month of December, 1945:

Chickenpox	21
German measles	1
Gonorrhoea	46
Measles	78
Mumps	3
Poliomyelitis	2
Scarlet fever	5
Spinal meningitis	0
Syphilis	17
Tuberculosis	14
Whooping cough	61

"She turned off all the lamps 'cept one funny little green table light?"

"Then what happened?"

"Well . . . I've driven automobiles too long not to know what a green light means."

PASSING MENTION

At all times the cooperation of the hospital internes and staff physicians is necessary and any practice detrimental to that cooperation should be avoided.

In the past it has frequently happened that a doctor would have a financial arrangement by which an interne would take care of a portion of the doctor's emergency calls at the hospital or in homes. Certain of these services are entirely proper and necessary.

An unpleasant problem arises, however, when the interne diverts an undue proportion of emergency hospital cases to the service of the doctor or doctors from whom he receives his extra interne compensation. The remedy is simple and lies entirely with the staff doctor who chooses to accept this apparent advantage.

We know a fellow who will question some of the things he reads in the Bible, but believes everything his bootlegger tells him.

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Fred Ludwig

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PHYSIOTHERAPY

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Tacoma Takes Northwest Lead in Occupational Therapy and Rehabilitation

Occupational therapy is prescribed treatment of the sick or injured by directed activities. It has often been called the "work cure," and consists of remedial treatment by planned and supervised occupations in the field of the creative arts, recreational and educational activities, and pre-industrial training. It is supervised activity for persons injured in body or mind by accident or disease. Professional workers are employed in general and orthopedic hospitals, community workshops, psychiatric hospitals and tuberculosis sanatoria. These workers have as their concern the patient who needs a modern occupational therapy program to help toward his physical, mental, social and economic adjustment.

Occupational therapy was first used on a wide scale during World War I. Recognition of its value has expanded steadily in the past twenty-four years and with its growth has come the increasing need for more and well trained therapists.

In view of the increased demand today for qualified therapists in this field of rehabilitation to work in civilian and veterans hospitals, the College of Puget Sound is offering professional courses of study leading to a Bachelor of Science Degree and a Certificate of Occupational Therapy. The purpose of the program is to train men

and women so that they meet the educational requirements for registered occupational therapists. The course meets the standards required by the Council on Medical Education and Hospitals of the American Medical Association. Graduation in this course leads to registration upon examination with the American Occupational Therapy Association.

Upon finishing the academic work at the college, each student is required to take an internship of eight months in several types of hospitals. She must have work experience in a psychiatric hospital, general and orthopedic hospital and a tuberculosis sanatorium. Because this course is new and as yet there are but few hospitals with qualified registered therapists, most of the students must take their training away from the Northwest.

There are only twenty-two schools in the United States giving this course. Three of these are in California and the College of Puget Sound is the only one in the Northwest with such a course offered. There is a growing demand today for the well trained therapist and this profession can offer a strong challenge to the girl or boy interested in the rehabilitation picture ahead. Standards are high—a prospective student must because of the great physical demands upon her have a record of good

(Continued on Page 6)

Karen Rynning PHYSIOTHERAPY

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health. A prospective student must be definitely interested in the medical aspects of occupational therapy. She must have an understanding of psychological and social problems and a real desire to help the persons suffering from physical or mental illness. She herself must be academically capable, manually adept, and socially, emotionally and physically well-adjusted.

There is much concern today for effective rehabilitation not only for those in the armed services but for the civilian in the post war period. Occupational therapy as one phase of this picture is taking its place in the Northwest and the College of Puget Sound is happy to offer such a course.

EDNA ELLEN BELL, O. T. R.

Resolutions To Be Presented at Meeting

The trustees of the Pierce County Medical Society have approved the following resolutions which are to be presented to the society for action at the regular meeting on January 8, 1946.

Whereas the medical profession is facing a crisis of private practice of medicine versus the government control of medicine:

Whereas it now becomes necessary for the medical profession to uphold its own rights and privileges:

Whereas the time has arrived when it becomes necessary for the medical profession to fight for the rights of private practice of medicine; and

Whereas the control of governmental medicine would be in the hands of individuals not acquainted with the actual facts of medical practice, it now becomes necessary that the medical profession carry on a campaign of education to the public and our lawmakers, enlightening them on the evils and shortcomings of governmental medicine; therefore be it

Resolved that a special assessment of \$50.00 be levied on each and every

member of the Pierce County Medical Society for the year 1946 to defray such expenses as may be accumulated during such a campaign.

It will be to the interest of all members to be present at this meeting.

Very truly yours,

J. L. HANSEN, M. D.

Secretary, Pierce County Medical Society
Dec. 19, 1945

TO BE WELL SHAKEN

A prominent city man who is as mean as he is wealthy, relates an English paper, is fond of getting advice for nothing. Meeting his doctor one day, he said to him, "I'm on my way home, doctor, and I feel very seedy and wornout generally. What ought I to take?"

"A taxi," was the curt reply.

★ ★ ★

"She died," said a Brooklyn paper, describing the death of a citizen, "without medical assistance."

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PEDIATRIC ANTIQUES ON TOUR

It has been well said that more progress has been made in pediatrics during the past three or four decades than in all the time before that.

As applied to the feeding part of pediatrics, the Mead Johnson Collection of Pediatric Antiques bears eloquent witness to the great strides made. Without such evidence, it would be difficult, indeed, to imagine our own grandparents being fed from some of these odd-shaped utensils that defied thorough cleansing. To be sure, sterilization and pasteurization were not then in vogue. Not all babies received breast milk in abundance. In the days when wet nurses were common, some of these enterprising women literally did a wholesale business, managing to nurse three to four infants.

The baby's cereal of a century ago was simply stale bread lightly boiled in water, wine or beer. Butter or sugar might be added but the use of milk was regarded as fraught with danger. It was thought, according to Dr. T. G. H. Drake, "Milk might bring on the watery gripes, or the infant might imbibe with the milk the evil passions and frisky habits of the animal supplying the milk."

From a personal hobby enjoyed by the late E. Mead Johnson, Jr., the Collection of Pediatric Antiques, illustrated in the pages of a catalogue just issued, has evolved into one of considerable historical importance, depicting as it does the progression of infants' feeding vessels from the Greece

of twenty-five centuries ago down to time within our own memory.

The collection has been steadily growing in size and scope and is of increasing interest for teaching purposes via the historical route. The destruction of original sources caused by the war tends to add to the value of these objects.

Hence it is that, by request, the collection now goes on an annual pilgrimage to colleges, hospitals, museums, libraries and other institutions of learning. Arrangements may be made for "stopovers" upon application to the curator, Mead Johnson & Company, Evansville 21, Indiana, U. S. A.

ANNOUNCEMENT

The Sixth Annual Spring Post Graduate Course in Ophthalmology and Otolaryngology will be held in Portland, April 15-20, 1946. Another fine program has been arranged by the Oregon Academy and the University of Oregon Medical School. We are particularly fortunate in having two outstanding men in their respective fields as guest speakers:

Dr. Algernon B. Reese, professor of Ophthalmology at Columbia University, New York City; Dr. Gabriel Tucker, professor of Bronchoscopy and Laryngology at University of Pennsylvania Graduate School, Philadelphia.

There will also be lectures, clinical demonstrations and ward rounds.

Wives invited, social activities will be arranged later.

Preliminary programs will be out about February 15th and you may secure yours, and further information, from Dr. Harold M. U'Ren, secretary, 624 Medical Arts Bldg., Portland 5, Oregon.

OBSTACLES TO AMBITION

Gruff Father to Son: "Why don't you get out and find a job? When I was your age I was working for \$3 a week in a store, and at the end of five years I owned the store."

Son: "You can't do that nowadays. They have cash registers."—*Boston Globe*.

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TACOMA

An Ohio County Fee Schedule for Indigents

The *Columbus, Ohio, Medical Bulletin* gives the following information regarding their recommended fee schedule for services rendered to indigent patients where the fees are paid from public funds.

They follow the Ohio Industrial Commission fee schedule which corresponds to our State Department of Labor and Industries fee schedule.

The additional services which are not covered in the Commission schedule of fees are given below:

SURGICAL PROCEDURES:

Hemorrhoidectomy	\$ 50.00
Fistulectomy (anal)	50.00
Anal fissure operation	25.00
Laparotomy:	
Exploratory	100.00
With operation on viscera	150.00
Appendectomy	100.00

Resection of stomach	200.00
Abdominol-perineal resection of rectum and sigmoid	250.00

OBSTETRICAL PROCEDURES:

Delivery in home including pre- and post-natal care	\$ 50.00
Delivery in hospital including pre- and post-natal care	50.00
Caesarean section or version and extraction	150.00
Removal of retained secundines from uterus after abortion	50.00

WILLING TO BE SHOWN

Salesman: "This is the type of washing-machine that pays for itself, sir."

Prospect: "Well, as soon as it has done that you can have it delivered at my house."

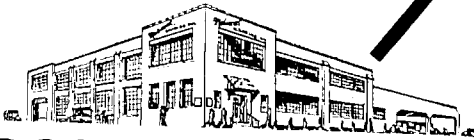
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"Doctor, I wish you would give me something to help my memory. I forget so easily."

"All right. I'll send you a bill every month."

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 Membership.....Mrs. S. F. Herrmann

The Auxiliary will meet at 12:30 on January 10 for luncheon at the Pierce County Health Center, at 24th and Pacific Avenue. Following luncheon, members will be conducted on a tour of the center.

RADIO

Little girl (disturbed at her prayers by scratching on the screen door): "Stand by, God, while I let the cat out."

☆☆☆

The reason a dog has so many friends is because his tail wags instead of his tongue.

☆☆☆

GOOD FORM

The teacher was asking her class to define various words.

One precocious boy, on being asked what a husband was, replied:

"It's something that no respectable family should be without."

Army Medical Dept. Gets 6 Per Cent of World War II Decorations

Of the 1,400,009 decorations given in World War II in recognition of meritorious service and gallantry, 84,000 were received by Medical Department personnel, according to the biennial report by General Marshall. These figures are exclusive of the Air Medal and the Purple Heart.

Mary S.: "I wonder what causes the flight of time."

Liba D.: "It is probably urged on by the spur of the moment."

HAVE YOU PATIENTS WITH ANY OF THESE CONDITIONS?



Visceroptosis or Nephroptosis with symptoms; Hernia, if inoperable or when operation is to be delayed; Sacroiliac or Lumbosacral Sprain; Fractured Vertebrae; Protruding Disc; Spondylolisthesis; Spondylarthritis; Kyphosis, Lordosis, Scoliosis; Osteoporosis; Obesity; Postural Syndrome; Antepartum-Postpartum; Breast Conditions such as—Ptosed Breasts, Mastitis, Prenatal, Nodules, Nursing, Prolapsed and Atrophic Breasts, Stasis in Breast Tissues following breast removal; Following Nephrectomy, Nephrectomy, Cholecystectomy, Colostomy, Cesarean section, Hysterotomy, Hysterectomy, Appendectomy, Spinal Surgery.

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WARREN E. TUPPER, M. D.
Associate Director

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SEATTLE

24-HOUR SERVICE

PORTLAND

Minutes of Regular Meeting of Pierce County Medical Society - December 11, 1945

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on December 11, 1945, with Dr. W. H. Ludwig in the chair. Minutes of the previous meeting were read and approved.

The scientific program of the evening was presented by Virgil K. Hancock, M. D., Seattle, entitled "A Study of the Value of Hemoirradiation (Knott Technic) in Cases of Widely Different Pathology." He presented case histories of osteomyelitis, bursitis, asthma, meningitis following mastoidectomy, hemolytic strep septicemia following abortion and gonococcal peritonitis. He attributed the results to the irradiation and indicated that all these cases presented had good results. He also stated that he

believed it to be the most effective treatment for virus pneumonia. During the discussion he brought out the fact that some fifty to sixty cases of infantile paralysis have been treated and indicated that the results had been good.

Dr. S. S. Sanderson presented two case reports from the Indian Hospital, one a hypernephroma removed in 1943 with metastasis to the lung and bones.

The proud Californian had told his guest all about the wonders of the local weather when snow began to fall.

"What?" said the friend. "Snow in California?"

"Not at all," said the Californian. "It just drifts in from Alaska."

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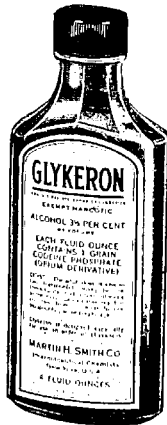
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Literature on request

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A. M. A. House of Delegates Meeting

The House of Delegates convened on Monday morning, December 3.

The Speaker of the House in his address stated that the American public has confidence in the medical profession which has been caused by (1) better public relations, (2) education of the public, (3) progress in the science and art of medicine and (4) there is a soul of medicine. The soul of medicine has existed through all history and has continued through depression and war. Advocates of changes have failed to recognize its existence, although it is indefinable, it does rest within the House of Delegates.

Dr. H. L. Kretchmer, president, stated that he viewed with alarm the inactivity of many physicians who are well recognized for their ability, to participate actively in their county and state societies. He said,

"They should ask themselves what can I do for American medicine?" not "What can American medicine do for me?"

In his remarks he reviewed the proposed changes for the methods of distribution of medical care, and urged that it should be definitely understood that physicians are the basis of all medical care. He recommended that county societies join together for scientific programs so that they could have the county society meetings to discuss economic problems, and that they should also develop programs for lay education. Also, that the medical profession should take an offensive attitude in securing enabling legislation, rather than being on the defensive in legislative matters. "It is no time for retreat," he said. "The profession must go forward in the interest of the people and the science of medicine."

Roger I. Lee, M. D., president-elect, spoke of the age of the members of the House of Delegates. He pointed out that it was not a matter which could be solved within the House, but one which must be solved by the State associations. He stated that he was an advocate of steady change. He recommended that the House of Delegates should meet twice each year. This would improve public relations with the lay public and relationship with the State societies.

The reports of the Trustees council and committees were presented in the report on the Council on Medical Service and Public Relations, a supplemental report was presented which included resolutions that came from the October meeting with

(Continued on Page 15)

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representatives from the State associations. These resolutions were the highlights of the meeting. Their purpose was to expand and further the work of the council in its activities pertaining to the development of a national medical service program, and greater activity in the field of public relations.

In the order of new business, resolutions were submitted, referring to the message of the President of the United States, the Pepper bill for maternal and infant care, the medical program of the Veterans' Administration, the activities of the officers and employees of the association, the American Cancer Society Detection Clinics and many others.

An outstanding event of the meeting was the presence of Maj. Gen. Paul R. Hawley of the Veterans' Administration, who reviewed the problems of the reorganization of the medical department of the Veterans' Administration, and the problem of medical care for the veterans of this war. He restated his recommendations for the establishment of veterans' hospitals and his program of placing within those hospitals, young physicians who are diplomates of the American boards and will accept part time positions. The hospitals are to be established so that they qualify for residencies. He recommended that State societies formulate plans for medical care to the veterans through which the veteran may choose his family physician. Arrangements are being completed with Michigan Medical Service for a program of this nature and arrangements are being made for a plan in Kansas.

He closed his remarks with the statement that "neither will I let down the veteran in his medical care or let down my profession."

A resolution requesting that the Board of Trustees and the Council on Medical Service and Public Relations proceed with efforts to establish a national medical care plan was approved by the Reference committee, and adopted.

Other actions of the House of Delegates

concerning resolutions will appear in the report of the J. A. M. A.

In the election of officers, H. H. Shoulders, M. D., was elected president-elect. Drs. John Fitzgibbon, Portland, Oregon; James R. Miller, Hartford, Conn., and Dwight Murray, Napa, California, were elected trustees. Drs. A. W. Adson, Walter B. Martin and Raymond L. Zech were elected to the council on medical service and public relations.

The meeting of the American Medical Association in 1948 will be held in St. Louis.

—From Jackson County Med. Soc. Bulletin

One to Speak Of

Into the delivery room of a charity hospital in the South walked a huge colored woman, announcing that she was in labor. (Subsequent inquiry revealed that she had not waited to be admitted, but had found her way up a back stairway—obviously having been in the hospital before.) As the interne on duty, I was told to take her history. Before I could even ask her name, she told me there was something I should know. "Ah's had five chillun an' Ah's a primipara," she informed me. "Really!" I replied. "Whatever gave you that idea?" "Well," she said, "the very first time Ah was here, Ah done heard the chief doctah tell all the young doctahs to to watch close 'cause Ah was a primapara. Every time since then, Ah've figgered Ah better explain mah condition."

—Medical Society of Atlanta Co.

Little Nelly told little Anita what she termed a "little fib."

Anita: "A fib is the same as a story and a story is the same as a lie."

Nelly: "No, it's not."

Anita: "Yes, it is, because my father said so, and my father is a professor at the university."

Nelly: "I don't care if he is. My father is a real estate man, and he knows more about lying than your father."

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CORRECT ANSWER

The Journal of AMA reports this incident at the Mayo Clinic: A lady psychiatrist was questioning a patient and asked: "What would you say would be the difference between a little boy and a dwarf?"

The patient thought for a while and said: "Well, there might be a lot of difference."

"What, for instance?*" asked the psychiatrist encouragingly.

"Well," replied the patient, "the dwarf might be a girl."

☆ ☆ ☆

STANDARD PRICE

He: "Your little brother just saw me kiss you. What can I give him to keep him from telling?"

She: "He generally gets a dollar."

☆ ☆ ☆

Rastus was urging upon his wife his dying wish. "Mandy, atah Ah dies Ah wish you'd marry Deacon Shorter."

"Why so, Rastus?" asked Mandy.

"Well, Mandy, I'll tell you de truff. Deacon Shorter trimmed me on a mule trade once."

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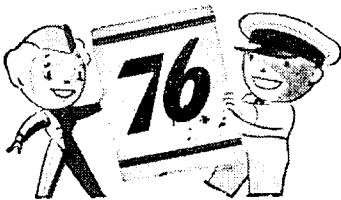
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Recent Progress in Control of Cancer

*Reprinted from STATISTICAL BULLETIN,
Metropolitan Life Insurance Company.*

There are definite indications from a number of sources that the mortality from cancer is beginning to come under control. During the past decade noticeable progress has been made, particularly among women, in the attack on this major public health problem. For example, among white females insured in this company's Industrial department, essentially an urban group, the standardized death rate from cancer at ages 1 to 74 declined steadily from 90.4 per 100,000 in 1934 to 80.3 in 1944, a decrease of 11 percent. Virtually every important age group among these insured women shared in the recent improvement. Nor are the signs of progress limited to the past decade. For almost a quarter century prior to 1934 the cancer mortality among these white women at every age period below 65 years was either fairly stable or showed a downward trend. The net result of these developments has been to bring the current death rates from cancer among white women in the broad age range 25 to 64 to the lowest levels on record in this third of a century of insurance experience. It is a striking fact that in the ages 35 to 54 the mortality dropped one-fifth between 1911-1913 and 1942-1944.

Even among white male policy-holders the situation has shown slight improvement in recent years. The distinctly upward trend in the mortality from cancer which was manifest during the first quarter century of this insurance experience has been stemmed, if not reversed. During the past decade, at no age period beyond 25 years has the cancer death rate among these insured men increased; in fact, it appears from an inspection of the left-hand panel of the chart that at some age periods the mortality has tended downward recently. However, there is good reason to believe

that much, if not all, of the increase recorded in the earlier years was more apparent than real. The upward trend probably reflected the fact that improved diagnostic methods and their greater use led to the discovery, and hence reporting on death certificates, or an increasing number of cases. It is pertinent to note in this connection that about four-fifths of the fatal cancers diagnosed among males were in internal sites, and therefore the mortality in this sex was particularly subject to apparent increases with the growing ability of physicians to recognize the disease. Among women, only about one-half of the fatal cancers occurred in inaccessible sites.

There is infirmation from other sources as well that the organized movement to control cancer is bearing fruit. The educational campaign, which is a vital part of the whole program, is succeeding in having people, and more especially women, seek diagnosis and treatment earlier in the course of the disease, when the chances of cure are best. For example, among the patients at the cancer clinics in Massachusetts, the average delay between first symptoms and visit to physician was reduced from somewhat more than six months in the period 1927 to 1935, to 3.3 months in 1943. If this accomplishment is not typical of the country as a whole, it at least has counterparts in many other clinical experiences.

The increasing control over cancer may also be attributed to a number of other factors. It is even likely that prevention has played some part. The close relation between cancer of the cervix of the uterus and neglected injuries at childbirth has been generally recognized. With the long-term fall in the birth rate and with marked improvements in obstetrical and postpartum care, the incidence of cancer of the female reproductive organs presumably has decreased. Similarly, more attention to mouth hygiene, particularly among men, may have reduced the number of buccal

(Continued on Page 19)

cancers. But far more important, in the total picture, than prevention, has been the constantly increasing number of physicians trained to deal effectively with the disease, the marked increase in the public and private facilities for treatment, and the development of new and improved techniques.

This discussion would be incomplete without mention of the fact that the year 1945 marks the 100th anniversary of the birth of Wilhelm Konrad Roentgen (born March 27, 1845) and the 50th anniversary of his discovery of the x-ray, which has proved invaluable in the diagnosis and treatment of cancer, as well as many other diseases.

Perhaps the best index of the progress being made in cancer control is the mounting number of cured cases. The American College of Surgeons up through 1943 had registered more than 39,000 patients who had not had recurring symptoms five years or more after treatment. In line with these results are reports of various investigators on the improved survival of cancer patients. To cite one instance: In Connecticut, of the hospitalized cancer cases treated for the first time in 1935, 63.6 percent were alive at the end of the calendar year of treatment and 40.7 percent were alive at the end of the next calendar year; for cases first treated in 1942, the respective percentage were 74.5 and 63.1.

These favorable developments must not obscure the fact that cancer is, and for many years will continue to be, one of our major public health problems, especially in view of the increasing proportion of older people in the general population. Ranking numerically second only to heart disease as a cause of death, cancer in 1943 took about 167,000 lives in the United States, accounting for about one in every nine deaths. Among white females, the disease is the leading cause of death between ages 30 and 60 years. It is obvious that the conquest of cancer will prove to be difficult and that the battle has only just begun.

WHERE DID THIS HAPPEN?

"Now, tell me, what is the opposite of misery?"

"Happiness," said the class in unison.

"And sadness?"

"Gladness."

"And the opposite of woe?"

"Giddap!" shouted the enthusiastic class.

☆ ☆ ☆

Two old maids were discussing men.

Asked one: "Which would you desire most in a husband—brains, wealth, or appearance?"

"Appearance," replied the other. "The sooner the better."

☆ ☆ ☆

Church Notice in Iowa Paper: "We are studying sin now in every way, and it is very enjoyable and interesting. You will get a different view of sin than you ever had before. Come!"

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

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

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

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

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

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Betty: "I believe my husband is the most generous man in the world?"

Jane: "Why do you say that?"

Betty: "I gave him a dozen neckties for Christmas and he gave them all to some charity organization."

☆ ☆ ☆

HEREDITARY TRAITS

A GI Joe from Oklahoma was enjoying the hospitality of a British home. The host

sought to put his guest at ease with conversation about America.

"You Yanks amaze me with your ingenuity," he commented. "Is it something you inherit from your ancestors?"

The Oklahoma lad was baffled by the word "ingenuity," but he was willing to hazard a guess.

"Ingenuity," he repeated. "Oh, yeah, we get that from the Injuns!"



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TOUGH TREATMENT

From directions given with a new-fangled nursing bottle for babies: "When the baby is through drinking it should be unscrewed and laid in a cool place under the hydrant or in the refrigerator. If the baby does not thrive on fresh milk, it should be boiled!"

☆ ☆ ☆

SMART WIFE

Helen: "How did you stop your husband from staying out late?"

Mabel: "When he came in late I called out. 'Is that you, Jack?'"

Helen: "How did that stop him?"

Mabel: "My husband's name is Bill."

☆ ☆ ☆

QUITE RIGHT

"Now, what's the most you ever weighed?" the doctor asked the co-ed.

"One hundred and twenty pounds," she replied.

"And the least?"

"Five pounds, six ounces."

PROPER PUNISHMENT

From our boys in Australia comes the story of the kangaroo, which, after pausing several times to scratch at her stomach, yanked two baby kangaroos from her pouch and thrashed them soundly for eating crackers in bed.

☆ ☆ ☆

Money doesn't always bring happiness. A man with ten million dollars is no happier than a man with nine million dollars.

☆ ☆ ☆

Traffic Officer: "As soon as I saw you come around the curve I said to myself, 'Forty-five at least!'"

Woman Driver: "Well, you're off. This hat is what makes me look so old."

☆ ☆ ☆

"I never feed tramps," the housewife informed Weary Willie.

"I ain't askin' yer ter feed me, lady," he replied. "Just gimme the grub an' I'll feed myself."

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SMALL DIFFERENCE

The young school teacher had just finished telling a small boy the story of a lamb that had strayed from the flock and been eaten by a wolf.

"You see," she said, "had the lamb been obedient and stayed in the flock it would not have been eaten by the wolf, would it?"

"No, ma'am," answered the boy. "It would have been eaten by us."

☆ ☆ ☆

HEIRLOOMS

Young man: "Good morning, Doc! I just dropped in to tell you how greatly I benefited from your treatment."

Doctor: "But I don't remember you. You're not one of my patients."

Young man: "I know, but my uncle was, and I'm his heir."

☆ ☆ ☆

A combination blackmail, collection letter and literary gem came out of a mid-western town some time ago:

"If you don't pay me what you owe me, I'll tell your other creditors that you did."

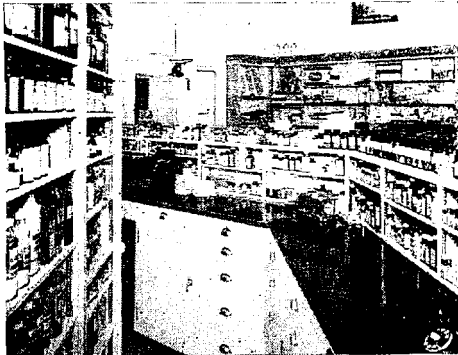
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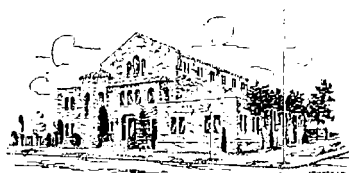
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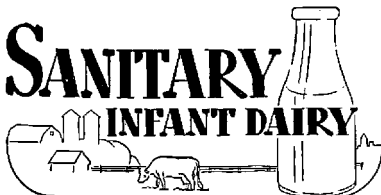


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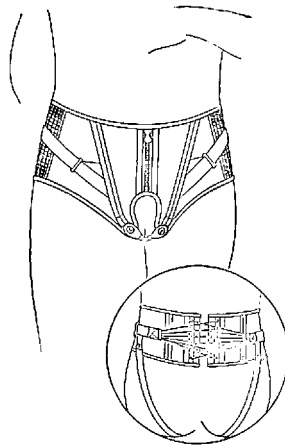
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(Bumping into fire hydrant): "Excuse me, little boy."

(Bumping into second lamp post and falling down): "Well, I'll just sit here until the crowd passes."

☆☆☆

A real philosopher was the defeated candidate who said he was glad he hadn't won the election because now he wouldn't have to keep all those promises he made.

☆☆☆

Service Station Man: "How much gasoline does the tank in your car hold?"

Autoist: "I don't know. I've never had enough money to get it filled yet."

☆☆☆

Nit: "Do you work in the shirt factory?"

Wit: "Yes."

Nit: "Why aren't you working today?"

Wit: "We're making nightshirts this week."

Millie (aged 5): "I wonder why babies are always born in the nighttime?"

Tillie (aged 7): "Don't you know? 'Cause they want to be sure to find their mothers at home."

☆☆☆

"I don't mind washing the dishes for you," wailed the hen-pecked husband. "And I will even sweep the floors, but I ain't gonna run no ribbons through my nightshirt just to fool the baby."

☆☆☆

Visitor: "Well, Joe, how do you like your new little sister?"

Joe: "Aw, she's all right, but we need a lot of other things worse."

☆☆☆

Mrs. Flanagan: "Was your old man in comfortable circumstances when he died?"

Mrs. Murphy: "No, 'e was 'alf way under a train."

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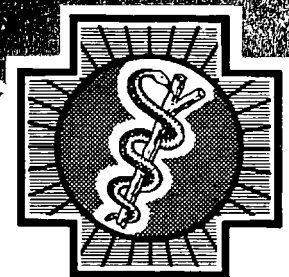
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Vol. XVI.—No. 2

FEBRUARY, 1946

Program



FEBRUARY 12

Medical Arts Building—8:15 P. M.

Psychoneurosis in Organic Disease.....R. J. Bennett
Discussion.....C. I. Hood

Congenital Intestinal Obstruction.....S. F. Herrmann
Discussion.....J. L. Vadheim

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Our Medical Bureau

S. I. SLEEP, M. D.

At meetings of the Medical Society, rarely, if ever, does time permit the discussion of medical economics or the many changes now taking place that have direct relationship to the practice of medicine. This being the case, we look to the Medical Bureau as the source of information and perhaps our first line of defense. In meeting this responsibility, it is obvious that the directors of the Bureau and its executive officers are always on the alert. Their co-ordinated activities with other Bureaus and their State organization makes available information that we individually do not receive until it appears in print. The trustees of the Bureau devote much time and study in their endeavor to protect the interest of all doctors.

A real progressive move was the recent change in the Articles of Incorporation, which, among other things, will permit the doctors through the Bureau to participate in government programs such as the medical program of the Veterans' Administration. The Bureau can now qualify as a non-profit service organization. While this change was but a legal technicality, nevertheless the opinions and decisions made by the government or its varied agencies, are based upon such technicalities. In the amended Articles, the capital stock was eliminated with the result that membership certificates will be exchanged for stock certificates and the rights of all members will be equal. This corporate change was with the unanimous approval of the members, two-thirds of whom were present or represented at the meeting held January 22nd, 1946.

The amended By-Laws that were also approved, confirmed the serious practical thinking on the part of the Bureau trustees upon whom the membership voted so many

(Continued on Page 5)

responsibilities.

The booklet containing Rules and Regulations that was recently furnished to all doctors is most helpful and comprehensive. In it is found much information which should enable all of us to have a clear understanding of our combined undertaking. There is much food for thought in the introduction. This should be read at least twice by every participating physician. We are the Bureau; the responsibility of its success rests upon us.

Tacoma General Hospital News Notes

New faces seen around the hospital: Dr. Richard Rich, son of the late Dr. E. A. Rich, is taking a general mixed residency. He replaces Dr. E. F. Darling, who completed such a residency December 31st.

Dr. Charles P. Larson, director of laboratories, has announced the appointment of Mr. E. J. Levin as chief technician in the Clinical laboratory. Mr. Levin has recently been discharged from the U. S. navy, where for two years he was in the laboratories at the National Naval Medical Center, Bethesda, Maryland, and later was chief laboratory technician aboard a carrier. Prior to that he was chief laboratory technician at the McKay Memorial Research Hospital, Soap Lake. He has also worked in the laboratories of Pierce County Hospital, Western State Hospital, and in the Verdun Protestant Hospital, Montreal. Mr. Levin is married, and has two children.

Mr. Kenneth G. Ollar has returned to the hospital after a period of three years spent in the army. He is a medical photographer.

Miss Callie Short has joined the staff of Anesthetists at Tacoma General. She comes from St. Luke's Hospital, Milwaukee, Wis.

Lt. Gladys Hovland, former supervisor on One North was a recent visitor at the hospital. She has been stationed in Manila and New Guinea, and now plans to take some post graduate work before returning to civilian nursing.

Communicable Diseases

The following is a report on the number of contagious diseases in the City of Tacoma for the month of January, 1946:

Chickenpox	19
Diphtheria	1
Erysipelas	3
Food Poisoning	30
German Measles	4
Gonorrhoea	32
Measles	116
Meningitis, Spinal	2
Scarlet Fever	15
Syphilis	22
Tuberculosis	17
Vincent's Infection	1
Whooping Cough	34

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Minutes of Regular Meeting of January 8, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on January 8, 1946, Dr. W. H. Ludwig presiding. Minutes of the previous meeting were read and approved.

Returning service members were welcomed. Visitors were welcomed and introduced.

The scientific part of the program was then presented by Dr. Roger Anderson, entitled "Fractures of the Extremities; a Standardized Method of Treatment." His talk was reinforced by slides and color movies. He stressed the importance of contact of the fragments and ambulation.

Dr. W. H. Goering commented, stressing the danger of infection and stating that in many of the army hospitals the method had been abandoned because of its inept use.

Dr. E. C. Yoder commented on some of the former errors in utilizing the method in early days.

New members were voted on and were unanimously elected, as follows: Drs. Hugh A. Larkin, T. M. Barber, A. C. Tait, F. L. Williams, William Rademaker and Everett P. Nelson. Courtesy members were elected as follows: Drs. A. J. Olson and R. E. Musser.

The following resolution was read:

WHEREAS the medical profession is facing a crisis of private practice of

medicine versus the government control of medicine;

WHEREAS it now becomes necessary for the medical profession to uphold its own rights and privileges;

WHEREAS the time has arrived when it becomes necessary for the medical profession to fight for the rights of private practice of medicine; and

WHEREAS the control of governmental medicine would be in the hands of individuals not acquainted with the actual facts of medical practice, it now becomes necessary that the medical profession carry on a campaign of education to the public and our lawmakers, enlightening them on the evils and shortcomings of governmental medicine; therefore be it

RESOLVED that a special assessment of \$50.00 be levied on each and every member of the Pierce County Medical Society for the year 1946 to defray such expenses as may be accumulated during such a campaign.

This resolution was discussed briefly, voted upon by a standing vote and carried.

Drs. Govnor Teats and W. H. Goering were nominated to fill the position on the Board of Trustees vacated by Dr. C. F. Engels. A ballot was taken and Dr. Goering was declared elected.

Dr. Ross Wright gave a brief report of the meeting of the House of Delegates in Chicago.

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Re-organization of Staffs At Pierce County Hospital

The visiting and resident staffs of the Pierce County Hospital are being re-organized with the return from war service of many former staff members and of other physicians new to the community and who have applied for appointments to the staff. It is believed that the time is now propitious for new planning. At the last monthly meeting of the staff, a committee was named to plan a complete revision of the staff appointments and schedules. Adoption of a comprehensive set of rules and by-laws is contemplated. These have been approved by the Board of Trustees. Beginning February 1, 1946, the residents and internes are on rotating services. The number of residents and, particularly, of internes is to be increased as soon as circumstances permit. This will make it possible for improvements in the standards of care and to meet the demands for a larger volume of patients.

The weekly clinical pathological conferences each Friday at 4 p. m. and the grand rounds each Saturday at 8:30 a. m. will also be improved, rendering attendance, by the visiting staff, much more worth while. The present staff committee extends an invitation to any member of the Pierce County Medical Society to apply for service at the Pierce County Hospital in any division of medicine he may choose. For this purpose, post card forms will be mailed in a few days, urging any county society member to accept a rotating service.

A complete staff that will function and assume responsibilities is the aim, if a sufficient number, who are qualified, will respond. The obligations assumed can be spread over a sufficient number so as not to be burdensome to any one member. The return to rotating services, by the house staff, will become practicable with the addition of a few more internes. This should make possible the more prompt completion of work up of cases than has been possible in the past. There is a fair proportion and,

in some divisions, an abundance of clinical and pathological material for teaching and experience purposes.

More real progress is now possible because the County Hospital is financially maintained by the State Department of Social Security, county funds providing for capital outlay only. If there is a sincere desire to see a further improvement in standards of medical care in the County Hospital and a development of the institution in size and importance as the opportunities immediately ahead in this post war period may afford, then the doctors of Tacoma and Pierce County have not only an opportunity to make this possible but to receive public recognition and credit and other intangible, if not material, returns that the future may well reveal.

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The Hobo: "Just about that. You see, I only washes before I eats."

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PERSONAL

Our most sincere sympathy goes to Dr. Lewis Hopkins in the death of his brother, Mr. Harry Hopkins. Dr. Hopkins left for New York by plane on receiving word of his brother's turn for the worse, but did not arrive until after he had passed away.

Dr. W. H. Goering is back with us again, having served in the army since April, 1941. He has opened offices at 401 Medical Arts Building.

A newcomer in the Medical Arts group is Dr. Horace A. Anderson, who is associated with Dr. T. H. Duerfeldt. Dr. Anderson is a graduate of the University of Kansas Medical School, class of 1941, and interned at Albany Hospital, Albany, N. Y. Rejected for military service, he completed a three-year fellowship at the Mayo Clinic in September, 1945. Dr. Anderson, who is 30 years old and unmarried, investigated various cities on the West Coast before making Tacoma his final choice.

Dr. L. E. C. Joers has recently received his discharge from the navy. He has opened temporary offices at his home, pending the time when he is able to get a suitable location.

Dr. Joseph Hansen and family recently spent two weeks visiting relatives in Oakland.

Dr. E. R. Anderson is back at the Northern Pacific Hospital. Dr. Gullikson will be able to draw a long breath, now that he has Dr. Lewis and Dr. Anderson to take part of the load he has been carrying.

We are glad to see Dr. Chris Reynolds around the building again. He has opened temporary offices in Dr. Stewart's old suite.

Dr. G. C. Kohl, formerly of Sumner, has opened offices in the Medical Arts Building. Dr. Kohl expects to receive his final discharge from the army this month.

Another familiar face is that of Dr. Miles Parrott, who also will receive his final discharge this month. It is really beginning to seem like old times around the building.

In spite of the Legislative Committee facing a very busy season, may we suggest another worthwhile project. Get under way a bill making it illegal for anyone to use the prefix "Dr." in front of his name without adding after his name an identifying abbreviation such as M. D. for physicians; D. D. S. for dentists; D. O. for osteopaths; D. S. C. for chiropractors; D. D. for optometrists, etc. This would provide a much needed service to the public at large who are too often misled by the prefix "Dr.", which means nothing definite and too frequently leads patients into offices where they did not intend to go.

We asked one of our returned service brothers this question: "On your return what changes did you notice in the Medical Building?" and this was what he said.

"I had to get different space and a new nurse. Certainly many more people are coming to the building and wait longer to get on an elevator and longer to get off. It really didn't seem like the same old place until I went to my first Medical Society meeting. Even after I sat down in the auditorium and glanced around there were many unfamiliar faces of doctors new to me. It was not until I looked at the walls and ceiling that I was sure I was among friends. There were the same black and tan dirt streaked walls just as they were three years ago only more so. The familiar festoons of cobwebs hung from the ceiling in longer and larger groups and on the speaker's stand was the same apology for a reading lamp, still trying to be of service and stay put with the aid of a liberal amount of adhesive. I slid down a little lower in the sleep-easy chair ready to enjoy the program with my mind and body both 'at ease'."

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The Nurses Official Registry in the Rust Building has enrollments of registered nurses, receptionists, assistants who are desirous of securing positions in doctors' offices.

The number of enrollees is increasing. They are women of pleasing personality, good personal appearance, with varying experiences, including typing and general clerical work. Registered nurses are graduates from the hospitals of Tacoma as well as elsewhere and some are being released from government service.

The Registry staff is glad to aid the doctors in this capacity and feel they can be of service to both employer and employee.

Nurses Official Registry, 615 Rust Bldg., BR. 4215, 8 a. m. to 4 p. m., daily except Sunday.

The A. P. A. A. (Ninth) 1947 Exhibition*

The A. P. A. A. (Ninth) 1947 Exhibition is to be held at Atlantic City, on the occasion of the Centennial Session of the American Medical Association, will also be the occasion of the judging of the "Courage and Devotion Beyond the Call of Duty" Art Prize contest (\$34,000 in savings bonds).

This contest was originally scheduled for the 1946 A. M. A. session but has been postponed one year, upon the best advice, in order to give more physicians an additional year to complete their art pieces on this special prize subject.

*For further information regarding both the San Francisco 1946 and the Atlantic City 1947 Art Exhibits, the physicians may write either the American Physicians Art Association Secretary-Treasurer, Dr. Francis H. Rodewill, Flood Bldg., San Francisco, Calif., or the sponsor, Head Johnson & Co., Evansville 21, Ind.

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The Auxiliary will meet on February 14th at the home of Mrs. Cyril Lundwick, 731 North Stadium Way, for a Valentine tea.

Miss Ruby Blackwell will reminisce on "Old Tacoma" and musical selections will be given.

☆ ☆ ☆

Of unusual interest was the meeting of January 10, when the Auxiliary visited the new Pierce County Health Center at 24th and Pacific avenue. Members were acquainted with the activities of the Health Department since it has been in its new quarters, which were made possible through federal and local funds.

The women met in the sound-proof library, which seats forty-five comfortably, and were served luncheon by a caterer. Following luncheon Dr. Magnussen spoke to the members, giving a resume of the

growth of the department, and then conducted them on a tour of the quarters, including the offices, the sanitation department and the nurses' division. From there they went to the north end of the building, where the well-baby, pre-natal, tuberculosis, old age and dental clinics are situated. X-ray chest films were offered to those who desired them.

The city side of the clinic was next visited. There members met Mrs. Perry, in charge of the venereal clinic, formerly located in the Provident building.

Dr. Magnussen stated that any medical books that the doctors might wish to donate to the library would be acceptable.

How To Be a Doctor's Wife in Ten Not-So-Easy Lessons

KAY DANGERFIELD MAJOR
Hazleton, Penna.

This material has been gathered, in the main, at meetings of the Ladies Auxiliary of the Luzerne County Medical Society, where the girls compared experiences and techniques in their role as The Doctor's Wife. Their husbands, you doctors, had from ten to twelve years schooling, studying, interneship, to learn to be doctors. Your wives, on the other hand, have had little or no preparation for their role. So, here and now, we give you a summary of the things every doctor's wife should know entitled "How To Be a Doctor's Wife in Ten Not-So-Easy Lessons."

1. When speaking of your husband in public refer to him, not as "Bill," or "Jake" or "Wilberforce," but as "The Doctor," using a tone just one shade less reverent than you'd use to say "Mr. God."

2. Learn to lie blandly and convincingly over the telephone: "I'm sorry, the doctor isn't in," as you eye him lounging comfort-

(Continued on Page 11)

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ably, of an 11 p. m., in the big, easy chair.

3. On the other hand, when an 11 a. m. emergency call comes in, you must be a mind reader and know in just which of ten possible places you may locate him immediately.

4. Remain cool, calm, and *cordial* as another woman confides: "They say he's the best doctor in town!"—when she's *not* referring to *your* husband.

5. Also learn to remain as dumb and uncommunicative as your husband when a non-professional guest recites a long list of symptoms; the first few times it happens you may think your husband doesn't know medicine if he doesn't speak up but he'll later tell you that the so-and-so was seeking free medical advice—and *that's* not ethical!

6. It would be wise to arrange to be a nurse before marriage! So, on those rare occasions when he does talk shop, you'll know what he's talking about.

7. Never use his nice, sharp scissors for

cutting paper, dress material or toe nails. Never!

8. Don't learn to drive, expecting to use the family car—he's in it morning, noon, and night!

9. Never expect to arrive at a dinner, dance, or dog-fight on time or at an early hour. The doctor's patients stage an en-masse epidemic on every big social evening.

10. Last but not least—as a matter of fact this is *the* most important rule and regulation—never become ill! It not only doesn't look good but when your husband comes home from the office he's always much too tired to even hand you a pill!

A Virginia family was training a colored girl from the country in her duties as maid. On answering the telephone the first day she brought no message.

"Who was that, Sarah?"

"I warn't no buddy, Mrs. Bailey. Jes a lady sayin' 'It is a long distance from New York,' and I say, 'Yes, ma'am, it sho is.'"

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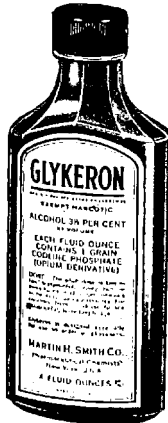
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New Photographic Service

A new service is now being offered at both the Tacoma General Hospital and the Pierce County Hospital. A full time photographer is available who can furnish the staff members with complete photographic service. Some of the services which are now available include: photographs in black and white or color of interesting gross specimens and clinical cases, before and after photographs of all types of skin lesions, photographs of any patient demonstrating an interesting clinical disease, copies of x-rays for lantern slides, photicgraphs of clinical slides and medical legal photography. In addition, in the near future not only 3x4 in. lantern slides but also 35mm. lantern slides can be made for those doctors owing personal 35mm. projectors. Also, it is hoped that a motion picture service will soon be possible which will offer the doctors not only black and white but color,

of various interesting operations which may be performed at the hospitals.

All cases photographed will be made into 3x4 in. lantern slides, classified by disease and filed in the libraries of both hospitals. These slides will be available to staff members for lectures; and prints can be made for those desiring to include photographs with articles being written. Duplicate slides or prints from slides or photographs in the hospitals will be made for a nominal fee, while photographs and slides for personal use only will be charged for at a regular commercial rate.

To those doctors interested in the study of vascular abnormalities it may be of interest to them to know that with some of the wartime restrictions on film gradually being lifted, that infrared photographs will soon be available and that such cases which can be aided by the application of infrared photogrpahy will be welcomed by the photo laboratory.

Visual education has proven to be one of the best means of teaching and in the past month in which this photographic service has been offered there have been many interesting cases which could have been put in the file, of value to not only the doctor on the case, but later on to be used for teaching of both internes and nurses.

The photographer is Mr. Kenneth G. Ollar who has just returned from the army after two years overseas as a Signal Corps photographer.

Doctors, this is a personal service being offered you by the hospitals and at no charge when the photograpsh and slides are filed in the hospitals' libraries for general use of the staff members.

Take advantage of it!

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WORRY

F. A. Willius, M. D., M. S.—in "Medicine",
Rochester, Minn.

There is an old adage to the effect that worry has killed more people than all the wars of the world. However this may be, no doubt exists that worry is the most frustrating reaction of the human mind. The word "worry" is so commonplace and so frequently used that it has become an integral part of daily conversation. Yet, when an individual is asked to define the word, he invariably hesitates and instead of defining the word goes on at length to cite examples wherein an attempt is made to give something considered abstract a definite character. Webster offers numerous definitions and usages for the word, the most applicable are as follows, "To feel or express great care and anxiety; to manifest disquietude or pain; to fret; chafe; to be or become anxious and fearful." Still another interpretation may not be inappropriate, that is, worry is the unproductive expenditure of nervous energy.

Worry plays an important role in cardiology, not only when heart disease is present but likewise when heart disease is not present but merely suspected. This is also true of all categories of disease. This frustrating reaction is an important factor in both the development and perpetuation of various visceral neuroses.

It is doubtful that any person has entirely escaped worry. It is useless to tell an individual not to worry although the problems which comprise the basis for worry usually do not eventuate into realities. The trivia of life for the time being loom with the magnification of twilight shadows occupy much attention while actual impending calamities usually occupy only a small part of an individual's consideration. At this point in the discussion it becomes desirable to distinguish clearly between the act of worrying about a problem and being concerned about a problem. Worry, which is a protracted or recurrent act of mind, follows devious and complex courses,

always fails to result in a constructive solution of the question and eventuates in confusion, fatigue and emotional instability. Concern, on the other hand, comprises interested and usually deliberate consideration of a problem in an orderly manner, with acceptance or rejection of apparent facts and contradictions. Concern ultimately results in an acceptable conclusion. Even though the conclusion is contrary to the individual's wishes, it is accepted philosophically and owing to the fact that a definite conclusion has been reached, the effort has been constructive. Thus, the nervous energy expended has not been unproductive and confusion of thought has not prevailed.

That state of mental tranquility, known as peace of mind, is necessary for most individuals to be efficient and productive in their undertakings, and to accomplish their responsibilities in an economical manner. Therefore, contentment and happiness occupy divergent positions from worry and its concomitant frustration. Individuals differ greatly in temperament, nervous stability and ability to reason and analyze the everyday problems of life. Those to whom life remains but a series of recurrent and inexplicable complexities have insidiously developed a complex of insecurity in which even relatively unimportant decisions cannot be made readily and the inevitabilities of a situation or even life itself cannot be accepted graciously. This group of individuals, with few exceptions, are those who worry. Their nervous reserve is squandered; they are perpetually tired or fatigued; the molehill assumes the proportion of the mountain, a state of chronic tension exists, or chronic nervous exhaustion with its protean train of clinical manifestations.

The acceptance or creation of a philosophy of life is a necessity for all persons but particularly for those who tend to worry. This is usually a subtle process and too often is accepted as an extemporaneous

(Continued on Page 16)

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one. However, deliberate contemplation is necessary in a program of this sort in order to accomplish its basic intent, which is to develop a philosophy of life which meets the individual's peculiar problems. Furthermore, the fact must not be ignored that an adequate philosophy of life must alter as the path of life is traveled. Experience plays an important part in this metamorphosis which may occur so inconspicuously that the individual may not be aware of the changes until a later day when retrospection takes place. A suitable philosophy is one which is protective, permits the acceptance of inevitables, and permits the preservation of contentment and peace of mind.

Man cannot escape from himself or his problems although some attempt this impossible feat by artifices that only temporarily dispel realities. This is the tragic procedure which eventuates in addiction to liquor, narcotics, sedatives, and so forth. Escape occurs only during the period of mental fogginess and when a state approaching normality is attained the temporary deferment projects the image of the problem in a greatly magnified manner and completely out of focus. Without a doubt, a restful night's sleep, a vacation, the pursuance of some form of recreation, and so forth, are commendable avenues of temporary escape and usually result in more clarity of thought and in an appreciable restoration of nervous reserve.

THEY KNEW HIM WELL

There is a story of a southerner of prominence who went to Kansas City with a well packed hip. He ran out of money and went to a bank to have a check cashed. The bank wired his bank:

"Jim Blank here. Drunk. Wants money."
There came an immediate reply by wire:
"Identification complete. Cash check."

☆☆☆

First Little Girl: "What's your last name, Annie?"

Second Little Girl: "Don't know yet; I ain't married."

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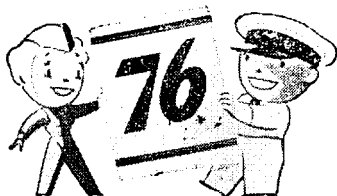
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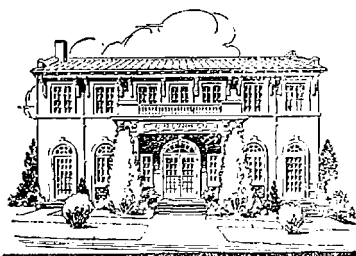
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Report on A. M. A.

The meeting of the A. M. A. House of Delegates was held in Chicago, December 3 to 5, inclusive. One of the most important changes that was voted was the creation of a section on general practice. Inasmuch as two-thirds of the physicians in the United States are general practitioners, it was deemed only wise and fair that they be represented by a section of their own. Private hospitals throughout the United States might wisely consider this in their own staff departmentalization.

President Truman's proposed compulsory health insurance program was considered and condemned, with the exception of two parts of the program, namely Federal aid in building hospitals and health centers, and the establishment of a national research foundation. These two parts were heartily approved.

The delegates for the first time instructed the trustees of the A. M. A. to develop a voluntary national health program. It was proposed that the A. M. A. take the lead in developing voluntary health insurance on a nation-wide basis, and that it should proceed immediately with the integrating of forty-seven physician-sponsored, non-profit health insurance programs now in effect in twenty-four states, and with the stimulating of new plans in those states which do not have a program, the plans to be conducted and coordinated by medical associations. This will probably evolve from "catastrophic" protection in the early stage of illness, to eventual full coverage on a national basis, as time goes by. It is believed that if the A. M. A. takes the lead,

favorable progress will be made in the development of voluntary medical plans.

—ALAMEDA CO. MED. SOC. BULLETIN

THE CHECK-UP

"Doctor," said the sick man, "the other physicians who have been in consultation over my case seem to differ with you in the diagnosis."

"I know they do," replied the doctor who had great confidence in himself, "but the autopsy will show who was right."

☆☆☆

A CLOSE SHAVE

"Mama," said little Elsie, "I never see any pictures of angels with whiskers. Do men go to Heaven?"

"Well," said the mother, thoughtfully, "some men do go to Heaven, but they get there by a close shave."

HAVE YOU PATIENTS WITH ANY OF THESE CONDITIONS?



Visceroposis or Nephroposis with symptoms: Hernia, if operable or when operation is to be delayed; Sacralgia or Lumbosacral Spain; Fractured Vertebrae; Protruding Dicit; Spandylolisthesis; Spandylarthritis; Kyphosis; Lordosis; Scoliosis; Osteoporosis; Obesity; Postural Syndrome; Antepartum-Postpartum; Breast Conditions such as—Ptosed Breasts, Mastitis, Prenatal, Nodules, Nursing, Prolapsed and Atrophied Breasts; Stasis in Breast Tissues following breast removal; Following Nephropexy, Nephrectomy, Cholecystectomy, Colostomy, Cesarean section, Hysterotomy, Hysterectomy, Appendectomy, Spinal Surgery.

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In Memorium

CLAUDE C. LEAVERTON, M. D.

—I will consider the benefit of my patients and abstain from what ever is deleterious or mischievous—Into whatever houses I enter I will go for the benefit of the sick and will abstain from every voluntary act of corruption—What ever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge—

Dr. Claude C. Leaverton practiced in Tacoma since March, 1919. Those who knew him best saw personified those qualities and ideals set forth in the oath of Hippocrates. His associates, his patients, his neighbors and friends admired the soft spoken dignity which instilled confidence in all who sought his counsel or friendship. There was nothing spectacular about Claude, nothing sensational unless it be the perfection he had attained in that "bed side manner" which brought comfort and relief to so many Tacomans.

The Medical profession has lost a member whose interest and participation in community and social life of the city reflected with credit on the profession.

His life reflected the culture and refinement of his early training and came to focus in the home he built and maintained in this community.

The years of man are the looms of God let down

from the place in the sun.

Wherein we are weaving always, till the mystic web

is done.

Weaving kindly; but weaving surely, each for himself,

his fate,

We may not see how the right side looks, we can only

weave and wait.

But looking above for the pattern, no weaver hath

need to fear.

Only let him look clear into heaven—the perfect

pattern is there.

If he keeps the face of the Savior forever and always

in sight,

His toil will be sweeter than honey, his weaving will

always be right.

And when his task is ended, and the web is turned

and shown,

He shall hear the voice of the Master, it shall say

unto him "Well done."

MERELY CIRCULATES

Next Case—"What is your occupation?" asked the judge, sternly.

"I haven't any," replied the man. "I just circulate around, so to speak."

"Please note," said the judge, turning to the clerk, "that this gentleman is retired from circulation for thirty days."

☆ ☆ ☆

Hi: "Gee, girlie, but she's a beaut!" enthusiastically pointing to his new car.

Girl: "Why do you allude to the car as a 'she,' Hi?"

Hi: "Because it has beautiful curves, is not altogether trustworthy, and keeps its owner broke."

☆ ☆ ☆

"I'm afraid I'm catching cold," said the canny and astute Scot, fishing for medical advice free. "Now and again there is an itching in my nose, and then I sneeze. What would you recommend, doctor?"

"Well," replied the doctor. "I think I'd sneeze too!"

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Old Way . . .

CURING RICKETS in the CLEFT of an ASH TREE

FOR many centuries,—and apparently down to the present time, even in this country—ricketic children have been passed through a cleft ash tree to cure them of their rickets, and thenceforth a sympathetic relationship was supposed to exist between them and the tree.

Frazer⁴ states that the ordinary mode of effecting the cure is to split a young ash sapling longitudinally for a few feet and pass the child, naked, either three times or three times three through the fissure at sunrise. In the West of England, it is said the passage must be "against the sun." As soon as the ceremony is performed, the tree is bound tightly up and the fissure plastered over with mud or clay. The belief is that just as the cleft in the tree will be healed, so the child's body will be healed, but that if the rift in the tree remains open, the deformity in the child will remain, too, and if the tree were to die, the death of the child would surely follow.



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

New Way . . .

Preventing and Curing Rickets with MEAD'S OLEUM PERCOMORPHUM

NOWADAYS, the physician has at his command, Mead's Oleum Percomorphum, a Council-Accepted vitamin D product which actually prevents and cures rickets, when given in proper dosage.

Like other specifics for other diseases, larger dosage may be required for extreme cases. It is safe to say that when used in the indicated dosage, Mead's Oleum Percomorphum is a specific in almost all cases of rickets, regardless of degree and duration.

Mead's Oleum Percomorphum because of its high vitamins A and D content is also useful in deficiency conditions such as tetany, osteomalacia and xerophthalmia.

COUNCIL-ACCEPTED: Oleum Percomorphum With Other Fish-Liver Oils and Vio-sterol. Contains 60,000 vitamin A units and 8,500 vitamin D units per gram and is supplied in 10 c.c. and 50 c.c. bottles; and in bottles containing 50 and 250 capsules.

MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U.S.A.

GETTING EVEN

The fatal word had just been spoken. The rejected suitor was standing before her, listening to her elaborate explanations of her decision.

"I trust that I have made myself sufficiently plain," she said.

"It's only fair to give nature the credit for that," he murmured, as he retired in good order.

"Do you suppose there ever was a human being who didn't talk about his neighbor?" asked the cynical man.

"Yes," said his companion.

"Name him."

"Robinson Crusoe."

☆☆☆

"'Tis better to have loved and lost than never to have loved at all."

—William Shakespeare



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

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June 15—Pay \$5.00 Washington License Renewal Fee.

July 15—Pay Excise Tax for May and June.

July 31—File Form W-1 for April, May and June and pay tax.

July 31—Pay Social Security Tax for April, May and June.

July 31—Pay Unemployment Insurance for April, May and June.

Sept. 15—Pay 25% of Estimated Personal Income Tax.

Sept. 15—Pay Excise Tax for July and August.

Oct. 31—File Form W-1 for July, August and September.

Oct. 31—Pay Social Security Tax for July, August and September.

Oct. 31—Pay Unemployment Insurance for July, August and September.

Nov. 15—Pay Excise Tax for September and October.

Dec. 1—Obtain from each employe a new withholding exemption certificate on Form W-4 (Rev. 1944).

Dec. 15—Pay balance of Estimated Personal Income Tax, making a new declaration if necessary.

Jan. 15—Pay Excise Tax for November and December.

Jan. 31—Give each employe a receipt for Income Tax withheld from wages (Form W-2 Rev.)

Jan. 31—File Form W-3, Reconciliation of Quarterly Returns with Collector of Internal Revenue. Attach copies of Form W-2 (Rev.)

Jan. 31—File (Form W-1) Quarterly returns of Income Tax, from Employees wages for October, November and December, and pay tax.

Jan. 31—Pay Social Security Tax for October, November and December.

Jan. 31—Pay Unemployment Insurance for October, November and December.

Mar. 15—Pay Excise Tax for January and February.

Mar. 15—File Declaration of Estimated

Personal Income Tax (Forms 1040-ES) and pay 25% of this amount.

Mar. 15—Pay any unpaid balance of previous year's Personal Income Tax.

Apr. 30—File Form W-1 for January, February and March and pay tax.

Apr. 30—Pay Social Security Tax for January, February and March.

Apr. 30—Pay Unemployment Insurance for January, February and March.

May 15—Pay Excise Tax for March and April.

June 15—Pay 25% of Estimated Personal Income Tax.

June 15—Pay Narcotic Tax (\$1.00) to Collector of Internal Revenue.

—SPOKANE CO. BULLETIN

Ma: "Johnny, run over and find out how old Mrs. Brown is today."

Johnny (upon returning): "Mrs. Brown says it's none of your business how old she is."

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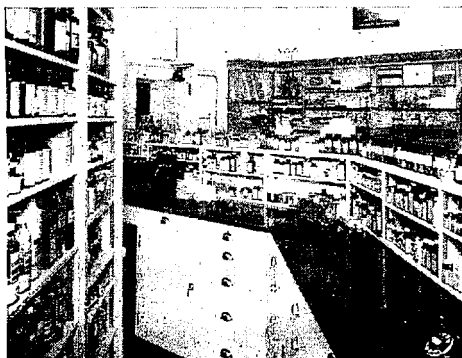
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May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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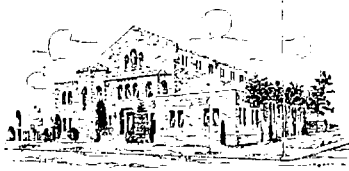
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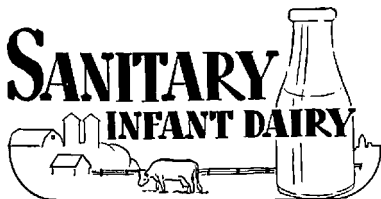


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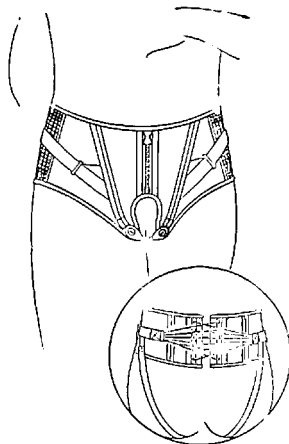
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"Was it a good one?" inquired hubby.

"It was the best we had—the one with 'Davenport Hotel' on it."

☆☆☆

WHEN FATHER WAS IT

Proud Parent (who served): "What I told you is the story of the World War."

His Son: "But, papa, what did they need the rest of the army for?"

☆☆☆

If wives only knew what stenographers really think of their husbands, they would cease to worry.

☆☆☆

Small Girl (to seven-year-old boy friend): "Oh, I think you're lots better looking than your daddy."

Boy (true child of the motor era): "Well, I oughta be—I'm a later model."

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Bulletin



Vol. XVI.—No. 3

MARCH, 1946

Programs

Medical Arts Building—8:15 P. M.

MARCH 12

Colic in Infancy.....Everett P. Nelson

Surgical Management of Bronchiectasis.....
.....Louis P. Hoyer, Jr.

MARCH 26

Discussion of Legislative and Economic Problems

Pierce County Medical Society

1945-1946

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Bulletin

L. A. Hopkins
Business Manager.....W. W. Matson

The Leaders of Our A. M. A.

To a great majority of the medical profession the officers, trustees and delegates of our A. M. A. are strangers. Most of us know the members from our own state and that is about all. We know that the delegates meet annually to receive reports from the chairmen of various committees regarding their several accomplishments during the preceding year. Their most important duty is to formulate policies concerning medical practice, a large and difficult task. We know they have been responsible for raising to the present high levels, the standards of medical education, of general practice, of specialties and of hospital care. For that and much more they are entitled to great credit.

What we have not understood, especially those of us in the Pacific Coast states, was their apparent lack of appreciation or knowledge, during the past few years, of the growing importance of initiating national prepayment medical care plans. Their long lag in suggesting action is certainly characterized by, "Sufficient unto the day is the evil thereof."

Possibly some light can be shed on the etiology of this situation with the following approximate figures giving the age groups of the 180-odd officers, trustees and delegates who guide the destinies of our profession. We appreciate the fact that speaking of ages, be they men or women, is fraught with danger, but we believe these figures worthy of careful consideration.

In the age group: 40 to 50, there are 15 members; 50 to 60, 63 members; 60 to 70, 74 members, and 70 to 80, 28 members, with one member over 80 years of age.

In one state their two delegates have reached the ages of 76 and 78.

The professional attainments of the above leaders cannot be questioned but unfortunately their awareness of impending medical economic problems seems to have

(Continued on Page 3)

been very successfully concealed until the situation has become entirely too acute.

Much could be written regarding medical politics, tenure of office and professional courtesy in County and State medical societies, but for one constructive criticism regarding our national delegates could we suggest the following: a four-year limit to be placed on each delegate's term of office. That would recognize the ability of more men in each state who are capable and deserving of the honor and responsibility to serve as a national delegate. With a four year limit the delegate would be retired without embarrassment or injured pride and thus avoid returning the same delegate year after year, when the proper time for his retirement may have long since passed.

May we be bold enough to suggest that in these years of extreme change the medical profession would profit if the majority of those who give us direction were under rather than over 60 years of age.

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The Lakewood Clinic

There is now under construction in the Lakewood Center district a modern medical-dental clinic building, innovating in Tacoma a trend toward the decentralization of offices to privately owned buildings, which trend is becoming apparent in other cities.

Dr. Lawrence E. Skinner, who has been practicing in the Lake district with an office in the Lakewood Center building, has decided the time has arrived for him to build his own building and become his own landlord. The Clinic building is located on the east side of Gravelly Lake Drive directly across the road from the Park Lodge grade school, on 18 acres of property purchased from the Visitation Villa. The building will be 37 by 85 feet, one story, red brick, Colonial type and modern in every respect. The building will provide liberal office space and special rooms for laboratory, X-ray and various types of physiotherapy.

Associated with Dr. Skinner will be Dr. Richard I. Rich, each of whom will conduct his own private practice.

The dental suite will be very modern with two operating rooms flanking a business office and a dental laboratory. Dr. Francis Smith, who recently returned from the Army Dental Corps, expects to occupy these offices.

Dr. Skinner hopes his building will be ready for occupancy in May but wisely states that due to hazards beyond his control, the less he says the less he may have to take back. He is to be congratulated on his far sighted planning and we wish him every success.

Equipment to Buy or Sell

Beginning with our April issue the Bulletin will be glad to list, free of charge, used instruments, articles of office or waiting room equipment which any of our doctors may wish to buy or sell. Please feel free to make use of this service and list your articles with Mrs. DeWitt at the library.

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

FEBRUARY 12, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on February 12, 1946, with Dr. W. H. Ludwig in the chair.

Minutes of the previous meeting were read and approved.

Visitors were introduced and welcomed by Dr. Ludwig.

A paper entitled "Psychoneurosis in Organic Disease" was given by Dr. R. J. Bennett. He stressed the common error committed by the busy practitioner of classifying his patient as functional or organic and not recognizing that the patient might be suffering from both factors. He presented several case histories of patients who had been diagnosed as functional conditions by their regular physicians and after referral to a psychiatrist had been found to have organic disease. Dr. Connie Hood discussed this paper and evaluated the part of organic and functional disease in somato-psychiatric and psychosomatic medicine. This discussion was continued by Dr. Barber and Dr. Rickles.

Dr. S. F. Herrmann's paper was entitled "Congenital Intestinal Obstruction." Two cases were presented which were treated surgically and found to be due to failure

of development of the gut. Dr. Vadheim discussed the paper and cited a similar case in his own experience. He stressed the importance of speed, silk and ether in the surgery on these babies. Dr. W. W. Mattson and Dr. Govnor Teats commented.

The following resolution was read:

WHEREAS the Washington State Medical Association has approved of (a) the prepayment plan for medical and surgical services (b) the selling of hospital service insurance and (c) the extension of selling some type of prepayment plan for medical and surgical services to cover families,

BE IT RESOLVED that the Pierce County Medical Society shall endorse:

(1) The prepayment plan of selling medical and surgical services to groups of employees, as is now practiced by the Pierce County Medical Bureau;

(2) The selling of hospital service insurance to families of members of the Pierce County Medical Bureau and the privilege of obtaining this insurance be extended to all families in Pierce County as rapidly as possible;

(3) The formulation and selling of some plan in which the prepayment services for catastrophic medicine be extended to families in Pierce County.

BE IT FURTHER RESOLVED that it en-

(Continued on Page 6)

Karen Rynning

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dorse the tax supported programs, as Old Age Assistance, Rehabilitation, Crippled Children and Veterans as is being administered by the Pierce County Medical Bureau.

BE IT FURTHER RESOLVED that the Pierce County Medical Bureau now open its membership to all qualified members of the Pierce County Medical Society and that all members be urged to participate in the practices of the Bureau.

After a brief discussion it was moved by Dr. Robertson and seconded by Dr. Vadheim that the resolution be accepted. This was passed.

Dr. Ross Wright reported on his trip to St. Louis for the meeting of the National Physicians' Committee. At that time a study was made of the various legislation now pending.

Dr. T. B. Murphy reported on local pending elections.

Correspondence was read.

A motion was put on the floor by Dr. Buis that we have two meetings a month, the one on the second Tuesday being devoted mostly to scientific material and that on the fourth Tuesday devoted mostly to political and economic considerations. Seconded by Dr. Wright and passed.

"Courage and Devotion Beyond the Call of Duty"

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

This contest is open to members of the American Physicians Art Association. For full details, write Dr. F. H. Redewell, Secretary, Flood Building, San Francisco, Cal.

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St. Joseph's Hospital Staff Meeting

The monthly meeting of the St. Joseph's hospital staff was held February 18.

Two interesting cases of nephritis presented by Dr. E. P. Nelson and Dr. Carl Scheyer. An extended discussion of the cases was given by Dr. H. A. Anderson.

Dr. C. R. McColl discussed some of the pathological aspects of nephritis.

As is always the case, a very delicious dinner preceded the program.

The committee reports, as given by the committee chairmen of the various hospital activities, showed one outstanding characteristic. Chairman after chairman with a full stomach, gave an empty re-

Patient: "What's the birth rate in your country, doctor?"

Dr. Childs: "Well, mine is \$50."

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Periodicals Received by Pierce County Medical Society Library

- American Heart Journal
 American Journal of Clinical Pathology
 American Journal of Diseases of Children
 American Journal of Obstetrics and Gynecology
 American Journal of Public Health
 American Journal of Roentgenology
 American Journal of Surgery
 American Journal of the Medical Sciences
 American Review of Soviet Medicine
 American Review of Tuberculosis
 Annals of Internal Medicine
 Annals of Otolaryngology, Rhinology and Laryngology
 Annals of Surgery
 Archives of Dermatology and Syphilology
 Archives of Pathology
 Archives of Surgery
 Bacteriological Reviews
 British Journal of Ophthalmology
 British Journal of Surgery
 British Journal of Urology
 Bulletin of the American Cancer Society
 Bulletin of the American College of Surgeons
 Bulletin of the Medical Library Association
 Bulletin of the Menninger Clinic
 Bulletin of the National Tuberculosis Association
 Bulletin of the New York Academy of Medicine
 Bulletin of the School of Medicine, University of Maryland
 California and Western Medicine
 Cancer Research
 Cleveland Clinic Quarterly
 Clinics
 Current Researches in Anesthesia and Analgesia
 Federation Proceedings
 Gastroenterology
 Geriatrics
 Hospital Corps Quarterly
 Hygeia
 Illinois Medical Journal
 Industrial Medicine
 International Medical Digest
 International Surgical Digest
 Journal of Bacteriology
 Journal of Bone and Joint Surgery
 Journal of Clinical Investigation
 Journal of Industrial Hygiene and Toxicology
 Journal of Infectious Diseases
 Journal of Investigative Dermatology
 Journal of Laboratory and Clinical Medicine
 Journal of the American Dental Association
 Journal of the American Medical Association
 Journal of the Iowa Medical Association
 Journal of the Medical Association of Georgia
 Journal of the Medical Society of New Jersey
 Journal of the Missouri State Medical Association
 Journal of the Tennessee State Medical Association
 Journal of Thoracic Surgery
 Journal of Urology
 Journal of Venereal Disease Information
 Kentucky Medical Journal
 Lancet
 Laryngoscope
 Medical Annals of the District of Columbia
 Medical Clinics of North America
 Medical Record
 Medical Woman's Journal
 Memphis Medical Journal
 Mental Hygiene
 Minnesota Medicine
 New England Journal of Medicine
 New York State Journal of Medicine
 North Carolina Medical Journal
 Northwest Medicine
 Nutrition Review
 Pennsylvania Medical Journal
 Physiological Reviews
 Physiotherapy Review
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 Surgery, Gynecology and Obstetrics
 Surgical Clinics of North America
 Texas Reports on Biology and Medicine
 Texas State Journal of Medicine
 United States Naval Medical Bulletin
 Urologic and Cutaneous Review
 Virginia Medical Monthly
 Western Journal of Surgery
 Yale Journal of Biology and Medicine

Medical Hospital Fund

Of the money contributed by the great majority of our non-service doctors to pay hospital bills incurred by families of our service doctors, there remains on hand as of January 1, 1946, \$1,906.30.

When the purpose for which the fund was raised has been completed, the disposal of the fund should be left to a decision of the general membership.

Flora: "I won't marry a man who won't look me straight in the eye when he's talking to me."

Dora: "Then wear 'em longer, dearie."

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TACOMA

Dr. Drucker in Italy

Under date of January 30, Dr. Drucker writes from Naples, giving his various hospital assignments since he enlisted twenty-eight months ago, twenty-five of which he has spent overseas.

During the first six months he was at Antwerp and Brussels in Belgium. In one night, during a blitz, he counted 100 buzz bombs going overhead on their way to England. He spent the year in France at Rheims and Nancy on medical services. In 1944 he was transferred to Italy, enjoying a beautiful Mediterranean cruise from Marseille to Naples. He says there is tremendous destruction of cities, roads and bridges in Italy, with misery and poverty everywhere. He has had the opportunity of visiting many historic towns and cities which he is well able to appreciate.

He is now stationed in the 300th General Hospital at Naples, the only remaining General Hospital in Italy. While work is

heavy he does find opportunity for an occasional day of skiing.

Like all service men, he keeps an accurate account of his points as they accumulate all too slowly. Mrs. Drucker, during the Doctor's absence is working in the laboratory of the Pierce County Hospital. Dr. Drucker's address is Capt. Gerhart A. Drucker, 300th General Hospital, A. P. O. 782, c/o P. M., N. Y. C.

A customer sent the following note to his grocer:

"Please send six dozen eggs; if good I will send check."

Grocer replied:

"Send check; if good I will send eggs."

☆ ☆ ☆

Uncle: "You boys of today want too much money. Do you know what I was getting when I married your aunt?"

Nephew: "Nope! And I'll bet you didn't either."

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Membership.....	Mrs. S. F. Herrmann
National Bulletin.....	Mrs. J. B. Robertson

The March meeting will be a luncheon at Dalhem at 12:30 o'clock on the 14th.

Dr. Ross Wright, president-elect of the Washington State Medical Association, will speak on "Medical Legislation."

DOCTOR IS A FUNNY GUY

A doctor is a funny guy;
 He tells us that we are sure to die,
 If we don't hustle into bed
 The minute that our throats get red,
 And temperatures rise two degrees,
 And we begin to cough and wheeze.
 But when he gets the self-same way,
 He thinks he's made of tougher clay;
 That he can gambol in the rain,
 In spite of fever, cough and pain.
 His rules, when other folks are ill,
 Applied to him are simply nil.
 He's different! tho' he can't tell why.
 A doctor is a funny guy.

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Public Health Laboratory Moves to New Quarters

The Public Health Laboratory service of this department formerly done by the Porro Biological Laboratories will now be done at the New Health Department Laboratory, located at 2324 Pacific avenue.

The laboratory procedures can be placed in three general groups, the first of which is available to the private physicians.

I. Tests for the etiologic diagnosis and release from quarantine of cases of communicable disease. This service will be available to private physicians at no cost to the patient. The chief tests in this category will be: Diphtheria, cultures; gonorrhoea, smears, cultures; meningitis, smears, cultures; syphilis, darkfield, Kahn precipitation; tuberculosis, smears, cultures, guinea pig inoculation later; typhoid, blood cultures, stool cultures, agglutination.

II. Supervision of Sanitation: Water analysis, milk analysis, restaurant eating utensil analysis, suspected contaminated food analysis.

III. Clinical diagnostic tests for Health Department Clinics: Urine analysis, blood analysis, blood sedimentation rate, spinal fluid analysis.

THERE'S A REASON

Two small girls were playing together one afternoon in the park.

"I wonder what time it is," said one of them at last.

"Well, it can't be 4 o'clock yet," replied the other with magnificent logic, "because my mother said I was to be home at 4—and I'm not."—*From the Tatler, London.*

☆ ☆ ☆

Teacher: "Who can give me a sentence containing the word insulate?"

Small boy: "At the breakfast table Ma said to Pa, 'How come you got in so late?'"

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find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

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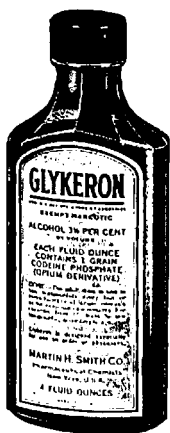
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Meetings Are for Members To Attend

"For years the meetings have not been worth going to" . . . "Nobody ever goes any more" . . . "I can't be bothered with meetings" . . . "I have other things to do." These remarks are heard with annoying frequency. They usually emanate from colleagues who, by their own admission, have not attended a meeting of the Medical Society for years. Yet they are ever ready to air their unsolicited opinions with authority. There are not more than a dozen of these "super" extroverts in the profession in Omaha. But what they lack in actual number they better than make up in staff room noise.

Our Society has always respected suggestions and criticisms on its functions and its activities. The aims of our officers have been directed toward constant improvement in usefulness to the members individually and to the community at large.

During the years of war and their concomitant manpower restriction, it is true that a few of our scientific programs have fallen short of our usual standards. It was unfortunate, but it was not the result of inefficiency or neglect on the part of any one individual or of the program committee. On the other hand, most of the meetings, even during the period of national emergency, were of excellent quality. That the meetings were poorly attended was again the result of conditions over which we had little control. Burdensome teaching schedules, house and hospital calls after a busy day in the office are not conducive to meeting attendance.

These statements are not designed for an apology or for a reply to the utterances of the staff-room "philosophers." The Society has nothing for which to apologize. It does the best it knows how to serve its members. There is no need for a reply because this type of critic is so constituted psychologically that there is no room for anyone else's viewpoint. Besides, he does not read The Bulletin anyway.

Medical Society meetings are for members who attend. Let the quality be judged by those who participate. And there is no member willing to make the effort to whom such participation will be denied by any officer or any other member of the Omaha-Douglas County Medical Society.—*Bulletin of the Omaha-Douglas County Medical Society.*

It was their first airplane ride, and the young woman of the party felt quite nervous.

"You will bring us back safely, won't you?" she said to the pilot, with a rather faint smile, as they were about to start.

"Of course, I will miss," he assured her, touching his leather helmet. "I've never left anybody up there yet."

☆ ☆ ☆

Breathless Visitor: "Doctor, can you help me? My name is Jone—"

Doctor: "No, I'm sorry; I simply can't do anything for that."

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Medical Care for Veterans

MAJOR GENERAL PAUL R. HAWLEY,
MC USA

Medical Director, Veterans Administration

I am going to present to you very briefly and very frankly what we have in mind to improve the medical service of the Veterans Administration.

This falls into two large problems, one of institutional care of the sick and injured veteran and the other of outpatient care. I presume the large bulk of the membership of the component societies here is interested more in outpatient care than in institutional care and I shall devote most of my time to explain what we intend and hope to do in that. First, I should say that we have started institutional care. We are trying to get the best people in the United States to help us to put our program into operation. We are going to the medical profession, to people known and respected in the profession, for that help, to improve our institutional care by getting attending staffs from the community and from schools near our hospitals.

Now let us get to the problem. I think you are more interested in this than institutional care. *It is the outpatient problem.* At the moment all women veterans are entitled to outpatient care at whatever expense for any disability, service-connected or not service-connected. *Men veterans are entitled to outpatient care only for service-connected disability.* This introduces an administrative problem in the determination as to whether or not a man going for outpatient care is entitled to it at government expense. However, that is not an insurmountable problem and can be solved in many ways. It can be solved by the ordinary identification card which can be issued to each veteran, and without proclaiming publicly, a code number of disabilities can be used. He can display the card when he comes in. It will show the disability, if service-connected, and the doctor can look after him with some assurance of his pay.

We don't want to have the veteran

treated in any way as a class apart from society. He is a part of society and insofar as possible he should get his medical care just as any other member of society in the United States gets his medical care. In the past it was customary to designate one, usually, or two physicians in the community, as Veterans Administration physicians. All veterans were forced to go to them.

We should like to reverse that. We should like to have every physician in each community designated as a veterans' physician and we should like insofar as possible for the veteran to choose his own physician in his own community as any other person in the community does.

How are we going to work that out? I don't know how many counties there are in the United States, three thousand or so. The problem may have to be worked out in three thousand different ways. Each county has its own problems—has its own medical problems—and we are not interested in demanding only one plan. We will subscribe to three thousand different plans. We will make the shoe fit the foot of the county society.

We have made a start. The Monmouth County, New Jersey, Medical Society last May submitted a plan whereby, as a county society, they would give outpatient care to the veteran. They would establish an outpatient clinic. The clinic would be staffed with various specialists one night a week, or two nights a week, but would be kept open all the time with somebody in attendance for the veteran to come to in an emergency.

Now as to fees. We could no more set a scale of fees in Washington which would be applicable to every community in the United States than we could set a scale of prices for meals to be applicable in every restaurant in the United States, and we don't intend to do it. We don't intend to publish our scale of fees. We told Monmouth County, "You put in a scale of fees you think is fair and equitable to your

(Continued on Page 16)

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own people, remembering only one thing—there are many times when a doctor does charge a fee but does not get it. The Government wants to pay as much as is reasonably justified. We don't want to beat the doctor down at all. At the same time we don't think we are in a sound position if we pay the top prices he gets from his wealthiest patients, but you submit us a scale of fees for Monmouth County and we are not going to have much argument about it."

Obviously the scale of fees varies with communities and we are going to have no set scale.

PAPER WORK

In the first place we are going to try to simplify these forms. You must remember that these are pensionable cases, and the government does have to have some permanent record of what is wrong with the patient. This does not have to be as voluminous as it is now, but we do have to have a record. Furthermore, anybody who draws pay from the government has to sign something once a month, or every time he submits a bill, somebody has to fill out a form. Our position is that since the Veterans Administration requires all this over and above medical care, the Veterans Administration should furnish the clerical help to do it. And if we establish an outpatient clinic in any town we shall put clerical help in there to fill out the doctor's vouchers for his charges. They will also be available to write up the medical history of the case from his notes on the case, taking away from the doctor any necessity for doing all of this administrative work.

We have only made a start in one county. We hope that the news gets around to other counties, because it is essentially a local arrangement. Conditions vary so widely in different parts of the country.

In conclusion, I want to say that in the interest of the veteran, and the interest of the people of the country, we want this care of the veteran to be done by a free

(Continued on Page 18)

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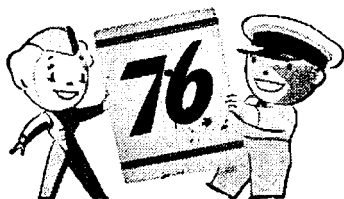
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Phone MAIn 7745

and unregimented profession. We want to preserve the structure of medicine in this country. We want a minimum of government supervision of the care of the veteran. We are willing to rely on the large picture for the honest effort of the profession as a profession and we feel—and perhaps it is apropos here, with the discussion which is before you, in the nature of Public Relations—that we are contributing something to the medical profession in giving them an opportunity at no great sacrifice.

Mississippi Valley Medical Society 1946 Essay Contest

The Mississippi Valley Medical Society is resuming its annual Essay Contest which has not been held during the war. In 1946 it offers a cash prize of \$100, a gold medal and a certificate of award for the best unpublished essay on any subject of general medical interest (including medical economics) and practical value to the general practitioner of medicine. Certificates of merit may also be granted to the physician whose essays are rated second and third best. Contestants must be members of the American Medical Association who are residents of the United States. The winner will be invited to present his contribution before the next annual meeting of the Mississippi Valley Medical Society to be held at St. Louis, Mo., September 25, 26, 27, 1946, 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 not exceed

5,000 words, be typewritten in English in manuscript form, submitted in five copies and must be received not later than May 1, 1946.

Further details may be secured from Harold Swanberg, M. D., secretary, Mississippi Valley Medical Society, 209-224 W. C. U. Building, Quincy, Illinois.

A Cigarette Testimonial

Cigarettes called for by Johnny,
Was the brand I used to smoke;
Tho' my throat stayed irritated
And occasionally I'd choke.

Radio advertising daily
Praised them as the smokers' find;
Which the medical profession
Recommend to all mankind.

In each issue of my Journal
Was a full page ad that said:
"All the doctors boost our product,
No one else that line can spread."

Yes, I smoked that brand of Burley,
'Till a few short months ago;
Certain it was tops tobacco
For the doctors said 'twas so.

Then I saw some advertising,
Heard the radio blare 'twas true,
Cigarettes of other makers
Had the doctor's blessing too.

So I hunted up a Journal,
Scanned each advertising page;
Sure no other brand of smoking,
Could appear on Fishbein's stage.

But alas, my faith was blasted,
Ads were there: two, three, four, five;
ABC, a dromedary,
Polls of every Doc alive.

That is why I then decided,
Claim-full ads are so much tripe;
I'd choose Bull that suits the palate,
Go back to my good old pipe.

—L. A. H.

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Getting the Facts on Medical Care

In a good public relations program the first step should be an effort to determine the climate of public opinion, to find out what your customers and friends think of yourself and your work.

This has been done rather effectively for medicine within recent months by the Opinion Research Corporation of Princeton, New Jersey, at the request of the National Physicians Committee. Dr. Claude Robinson, president of Opinion Research, reported the results of a national survey of public opinion on medical questions at a recent luncheon of the N. P. C. in New York.

According to Doctor Robinson, the American public has not yet chosen finally as between government or privately sponsored medical care plans, but two out of three of our fellow citizens are in favor of pre-paid medical care and 77 per cent be-

lieve that something can be done to ease the financial strain of medical expenses.

Forty-five out of every 100 persons interviewed expressed a preference for government sponsorship of medical care programs, while 43 preferred private sponsorship.

"It seems likely," Doctor Robinson suggested, "that whichever sponsorship first makes its prepayment plans both widely known and widely available can count on public acceptances."

Among the objections cited by many people to a government plan were that it would involve too much red tape and political influence; that it would circumscribe the rights of people to join or withdraw from plans, and that doctors and insurance companies would do better work in the open competition of non-government plans.

Doctor Robinson found that three out of four doctors are opposed to the compulsory health insurance features of the Wagner-Murray-Dingell Bill but most of them seemed to have an open mind as to which other type of plan they would prefer to work under.—*New York Medicine*.

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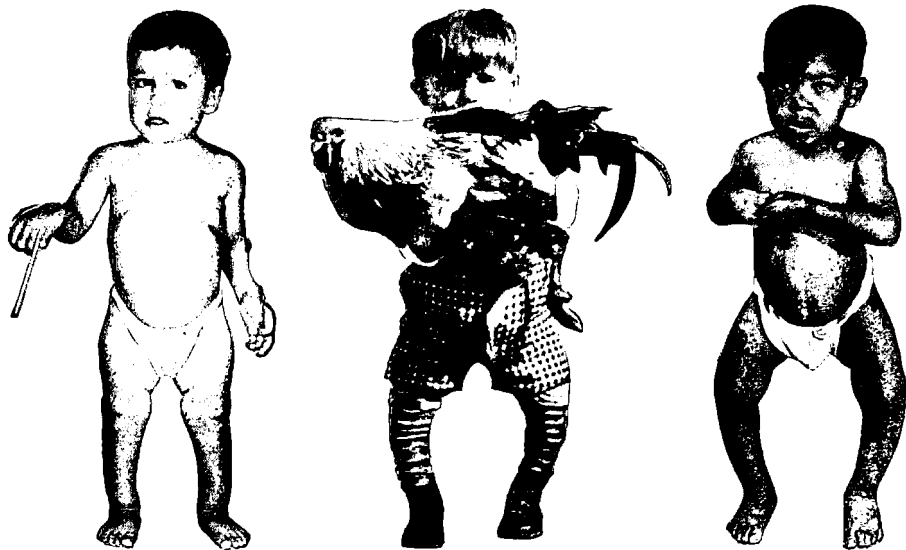
3818 North 26th Street

Physicians' Annual License Fee

The Medical Library has had inquiries regarding the liability of returning medical officers for the annual license fee for the portion of the year following their return. In response to an inquiry we have the following letter from the Department of Licenses:

Any doctor who is returning from military service and is now resuming the civilian practice of his profession must renew his license at this time. The current renewal fee, if paid now, together with proof of his military service, will renew the license until July 1, 1946. At that time the 1947 renewal fee will become due.

Our idea of an understanding wife is one who has the pork chops ready when you come home from fishing.



IT DOES HAPPEN HERE

Severe rickets still occurs — even in sunny climates

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

To combat rickets simply, inexpensively, effectively —

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This highly potent source of natural vitamins A and D, if administered regularly from the first weeks of life, will not only prevent such visible stigmata of rickets as pictured above, but also many other less apparent skeletal defects that might interfere with good health. What parent would not gladly pay for this protection! And yet the average prophylactic dose of Oleum Percomorphum costs less than one cent a day. Moreover, since the dosage of this product is measured in drops, it is easy to administer Oleum Percomorphum and babies take it willingly. Thus there is assurance that vitamin D will be administered *regularly*.

Oleum Percomorphum offers not less than 60,000 vitamin A units and 8,500 vitamin D units (U.S.P.) per gram. Supplied in 10 and 50 c.c. brown bottles, also in 10-drop soluble gelatin capsules, each offering not less than 13,300 vitamin A units and 1,850 vitamin D units, in boxes of 25 and 100.

FOR GREATER ECONOMY, the 50 c.c. size of Oleum Percomorphum is now supplied with Mead's patented Vacap-Dropper. It keeps out dust, is spill-proof, unbreakable, and delivers a uniform drop. The 10 c.c. size of Oleum Percomorphum is still offered with the regulation type dropper.

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Drunk (to splendidly uniformed bystander): "Shay, call me a cab, will ya?"

Splendidly Uniformed Bystander: "My good man, I am not the doorman; I am a naval officer."

Drunk: "Aw right, then call me a boat, I gotta get home."

☆ ☆ ☆

Visitor: "What nice buttons you are sewing on your little boy's suit! My husband

once had some like that on his suit."

Pastor's Wife: "Yes, I get all my buttons from the collection plate."

☆ ☆ ☆

"Why do you want such a big sink?" asked the plumber.

"Well," explained the man who was building a new house, "when my wife leaves in the summer, she's generally gone for a month."



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Vitamin Deficiencies, Alcohol and Tobacco Cause Heart Disease Rise

Metabolic disturbances brought about by deficiency of vitamins B1 and C, accentuated by the sympathetic-adrenal response to narcotic addiction, notably tobacco and alcohol, are responsible for the striking rise in the incidence of heart disease, particularly coronary thrombosis. This is the conclusion reached by Dr. W. J. McCormick of Toronto, as reported in *L'Union Medicale du Canada*.

STUDY 151 CASES

The report is based on a study of 151 male cases of coronary thrombosis, obtained by questionnaire from their widows. Average at death was 52 years, of which cases 94% were tobacco addicts and 55% were also users of alcoholic beverages. The average age of the heavy smokers at death was

47 years, while that of non-smokers was 59½ years. The sex incidence of coronary thrombosis, which has been predominantly male—5 to 1 and 3½ to 1 in earlier reports—has shown a trend toward a relative rise in female incidence, latest reports showing a 2 to 1 ratio.

MORE FEMALE ADDICTION

This change, according to Dr. McCormick, cannot be explained by improved diagnostic methods or by relative aging of the female population, but apparently reflects the influence of increasing female addiction to tobacco and alcohol.

Clinical application of intensive vitamin B1 and C therapy in many incipient cases produced marked improvement in prodromal symptoms.

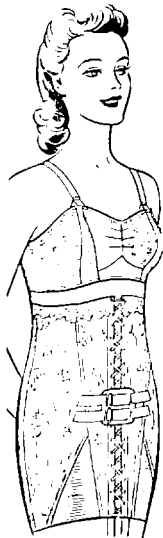
GOOD-NATURED

Customer (on Sunday morning): "Give me change for a dime, please."

Druggist: "Sure, and I hope you enjoy the sermon."—*United Effort*.

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Each Spencer Support is individually designed, cut and made at our New Haven Plant after a description of the patient's body and posture has been recorded—and 15 or more measurements have been taken. This assures the doctor that each patient will receive the proper design to aid his treatment; that the support will improve body mechanics and will fit with the precision and comfort necessary. Yet a Spencer costs little or no more than an ordinary support.

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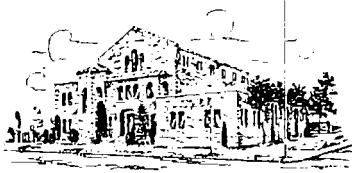
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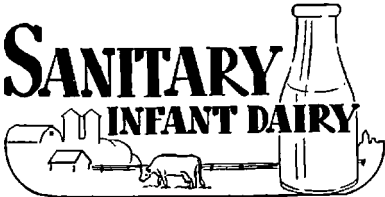


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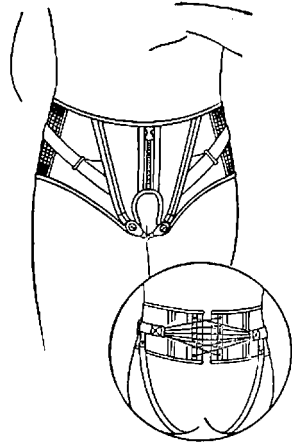
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COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the city of Tacoma for the month of February, 1946:

Chickenpox	17
Diarrhea	1
Diphtheria	1
German Measles	4
Gonorrhoea	9
Measles	113
Meningitis, Spinal	1
Mumps	2
Scarlet Fever	10
Syphilis	23
Tuberculosis	13
Vincent's Infection	4
Whooping Cough	15

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Fire Insurance

Bulletin



Vol. XVI.—No. 4

APRIL, 1946

Programs

Medical Arts Building—8:15 P. M.

APRIL 9

Technics for Accurate Diagnosis of Urinary Tract Infections.....
.....H. W. Humiston

Breech Deliveries.....P. C. Kyle
Election of Nominating Committees

APRIL 23

Discussion of Legislative and Economic Problems.....G. H. Anderson
President, Washington State Medical Association

Ralph W. Neill, Executive Secretary
Washington State Medical Association
Reports of Nominating Committees

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

1945-1946

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Bulletin

L. A. Hopkins
W. W. Mattson
Editor.....
Business Manager.....

Principles and Plans

The other day we re-read an address given nearly ten years ago to our County Medical Society entitled "The Young Physician Looks at Medical Economics" written by Joseph F. Griggs, Jr.

To introduce what we wish to say, we are taking the liberty to repeat some of his observations: "In appraising the health insurance of European countries there is too often a failure to distinguish clearly between the basic principle of health insurance and the specific plan of its operation in any one country. There are as many operating plans as there are countries, but the underlying principle is the same and is either good or bad for all of them at once."

The present status of medical economics is confusing to most of us and if we can get one major point clearly in mind and answered we are better able to carry on. Prepaid medical insurance is the all important principle that has now been officially sanctioned by our A. M. A. The influences which forced this decision are many and devious and without argument were neither conceived nor born with our profession's blessing. Among the majority of our doctors the principle of nationwide prepaid medical insurance is regarded with as much favor as is an illegitimate child at a family reunion.

But whether we regard the move with favor or disfavor we must keep clearly in mind that for us the decision has been made and made for keeps. From now on our problem is how to build upon that principle of prepaid medical insurance a planned structure that will adequately function now and in the immediate future, to the proper benefit of the people of our United States. It was a big step forward to agree on the principle of prepaid medical insurance but that decision was simple when compared to the problems that must be met and answered before that principle can begin to function in any sort of efficient manner.

Those who have aided in building and

(Continued on Page 3)

guiding our own Pierce County Industrial Medical Bureau during its nearly thirty years of active life, will agree with the above statement.

Having sanctioned prepaid medical insurance the A. M. A. has taken the next logical step by laying down some broad tenets to serve as guides for the 2700 odd counties throughout the nation as they work out their several plans. The program anticipates that these county plans will be brought together into a state plan, which in turn, with other state plans, will be amalgamated into an overall national program, broad and flexible enough to function adequately. By adequately we mean, first to serve the welfare of the receiving public and secondly to gain the approval of the medical profession. It is only natural that we should object to such impending drastic changes in our manner of medical practice, because change begets uncertainty, insecurity if you like, and the feeling of

insecurity is not a pleasant state of mind even for the professional man.

For our state and national guidance we will have leaders in our profession but that leadership does not entitle the rest of us to ride blithely along and "let George do it." Our Medical Society and our Medical Bureau have the right to demand from each member that he give them full support, to the limit of his ability. The State of Washington is in an advantageous position, when compared with other states, only because of the work that has been done in the past. If we hope to maintain our position and help in solving this national problem so vital to each one of us we must be willing and anxious to contribute our share of time and effort.

An elderly man put a dime on the Salvation Army drum, then asked the girl in charge: "What do you do with this money?"

"Give it to the Lord."

"How old are you, young lady?"

"Nineteen."

"Then you don't need to bother," said the man as he recovered his dime from the drum. "I'm eighty-seven, so I'll probably see the Lord before you do."

☆ ☆ ☆

We read the other day of a physician who named his country home Bedside Manor.

☆ ☆ ☆

First Co-ed: "What is the height of happiness?"

Second Co-ed: "In my case, he's about 6 feet 2 inches."

☆ ☆ ☆

One man with courage makes a majority.
—Andrew Jackson.

☆ ☆ ☆

She reads her romance magazines from lover to lover.

☆ ☆ ☆

She would be quite spick if she didn't have so much span.

☆ ☆ ☆

Mr. McMillan: "Let's kiss and make up."

Mrs. McMillan: "If you'll be careful I won't have to."

South Tacoma Drug Co.

Fred Ludwig

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

MARCH 12

The regular meeting of the Pierce County Medical Society was held on March 12, 1946, Dr. L. A. Hopkins presiding.

Minutes of the previous meeting were read and corrected.

Visitors were welcomed.

The topic of "Colic in Infancy" was presented by Dr. Everett N. Nelson. A long list of conditions causing a crying baby was given, from which a mother might make a diagnosis of "colic." In an approach to this home-made diagnosis the most important factors would be a thorough history and examination.

Dr. Louis P. Hoyer, Jr. read a paper on "The Surgical Management of Bronchiectasis." Dr. Hoyer stressed the thought that sinusitis was often secondary to bronchiectasis. He covered the more recent advances in the surgical treatment of this condition, which in the past few years have reduced the mortality brackets in selected cases from 50 to 60% to less than 5%.

Dr. Duerfeldt commented on the failure of medical treatment.

Dr. Rigos discussed the administration of lipiodol in X-ray diagnosis.

Announcement of the annual dinner, to be held on the fourth Tuesday of May, was made.

Dr. Skinner spoke briefly of the refresher courses offered at the University of Oregon.

About forty-two members and nine visitors were present.

MARCH 26

The regular meeting of the Pierce County Medical Society, in conjunction with the Tacoma District Dental Society, was held in the Medical Arts Auditorium on March 26, 1946, with Dr. W. H. Ludwig presiding.

Correspondence from the American Cancer Society, requesting the medical society's endorsement and support of the campaign to be launched in April, was read. It was moved by Dr. Teats that we endorse this campaign. Seconded and passed.

The application of Dr. F. S. Salisbury, of the Veterans' Administration at American Lake, for courtesy membership, and that of Dr. Leo Scheckner for membership were presented at first reading.

Dr. Fargher spoke of the present epidemic of smallpox in Seattle and urged mass vaccination. There are seventeen cases of smallpox in Seattle, three of which have died. He urged that the society support this program. It was moved by Dr. Rigos that the Pierce County Medical Society support the program and that the secretary pre-

(Continued on Page 6)

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pare news items for both newspapers stating that the society endorsed the program of mass immunization in this community recommended by the Public Health officials. This was seconded by Dr. Buis and passed.

Dr. Shelby Jared spoke of the economic changes in the last few years and entitled his talk "Crossroads of Medicine." He briefly covered the advance of prepayment legislation in recent years and stressed the fact that the arguments of the profession against the pending plans are rather weak and that the only alternative plan that we can provide is that represented by the medical service bureaus. He also stated that the main argument against socialized medicine from the layman's view is the high standard attained by the American medical profession as compared with the countries which have socialized medicine. He cited his personal observations while in England. Dr. Jared felt that the widespread prepayment plans controlled by the medical profession are the only answer to the political threat and that we must publicize what we have to offer to the subscriber.

A very informative general discussion followed.

THE DEAD LIVE

IT COULDN'T HAPPEN—BUT

It's in the Literature

To prevent any reader from doubting the authenticity of the statements which appear below, be it said at the outset that they are based on a report appearing in the June, 1945, issue of the American Review of Soviet Medicine. Here then is the story:

On March 3, 1945, one Valentin Cherepanov, a private in the Red army, was seriously wounded in the thigh. By the time

he had been transported to the nearest field hospital he had lost consciousness and was in a serious condition. Although sent to the operating table immediately, his condition rapidly grew worse. Heart action and breathing stopped. Reflexes were absent. The surgeon entered the following report:

"Death followed shock and acute hemorrhage on March 3, 1944, at 14:41."

Yet at 14:48½, according to the same report, private Cherepanov was pronounced alive. Less than an hour later he had regained consciousness, opened his eyes when his name was called, answered certain questions which were put to him, then asked for a drink of water.

This is not, of course, the first case of recovery following an official certification of death. But the Russians believe that it may typify the dawn of a new era in which the dead are deliberately restored to life.

Exactly three and one-half minutes after Cherepanov had died, a specially trained corps of doctors began to work over his cadaver. Within a minute his heart beat had become audible, in another two minutes his respiratory organs were functioning. Three months later, at the time the Soviet report was made, he was still alive, still detained at Russia's All-Union Institute of Experimental Medicine, under the observation of the director of its laboratory of experimental physiology, Prof. V. A. Negovski, who perfected a life-saving technique involving the combined use of the pulmotor and the injection of blood via both a vein and an artery.

Cherepanov is one of 12 out of 51 fatally wounded soldiers on whom the method has been tried, and who have lived again.

We cannot vouch for the veracity of these reports. We merely state that they are in the literature.

—PIT-MOR-IAN

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Fellows who drive with one hand are usually headed for a church aisle. Some will walk down it, some will be carried.

Edgar Brower Burchell: He Also Served

No M. D. was Edgar Brower Burchell, but his contributions to the medical profession were so great that finally, to save themselves the embarrassment of having to address this man, so superior in some phases of their science, as plain "Mister" or plainer "Edgar," the medical profession finally conferred upon him the honorary degree of M. D. While this action came from Roanoke College, Va., as though to signify that recognition of his ability should be national, he has also been given an honorary fellowship in the American Academy of Ophthalmology and Otolaryngology.

In 1890, young Ed Burchell got a job scrubbing floors and cleaning up the laboratories at New York's then newly formed Ear and Eye Infirmary. For this he received the none too munificent sum of \$17 per month, with every fourth Sunday off—presumably for good behavior. On this he and his mother subsisted.

Watching the big scientists come and go, listening in while technicians discussed their tests and experiments, this boy but shortly out of public school, decided that some day he, too, would be a scientist. So, after the place was closed up for the day, he would steal back into the laboratories, and work there until dawn. Only he then did a kind of work quite different from the menial labor at which he toiled thirty days out of each thirty-one-day month. These nights stolen so secretly from his

much needed sleep, he peered through microscopes at tissues, at first not too deftly sliced; compounded various mixtures of vaccines and sera; examined sections of bones; peeked at and through and into every bit of anatomical structure on which he could lay his inquisitive hands.

One day he heard a neurologist complain of his inability to locate a good spinal cord specimen. By that time Burchell had acquired considerable dexterity at his picking and slicing. So that night he chloroformed the institution's kitchen cat, next morning presented the complaining scientist with a perfect specimen of spinal cord, complete with all its nerves. And the scrub boy was advanced to the post of laboratory assistant.

The pickings and slicings could now go on, no longer surreptitiously — although skull-boilings still had to be done in secret. However, the odors from this sixteen-hour process made secrecy not too secret—and when the executives finally traced those smells to their source, this phase of Burchell's investigations came to a close.

Prompted by a copy of Gray's "Anatomy," which somehow came into his hands, he started making specimens of parts of the eye and ear.

In the brief interim between leaving school and starting as a laboratory janitor, he had worked as a jeweler's assistant. The deftness thus acquired stood him in good stead. He became facile at mounting even the most delicate specimen. Then he took up photography—in order to make lantern slides. Before long the infirmary had a collection of specimens and slides equalled by no other institution in the country.

Then one day its staff woke up to the fact that it had something even more important—a great specialist in all knowledge pertaining to the eye and ear. Although this one was not at that time entitled to be called "Doctor," specialists who had many a degree after their names, called him into consultation, respectfully listened to his opinion. Others took post-graduate "in-

(Continued on Page 8)

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ternships" at the academy to benefit from his tutelage.

Today, wearing the title of "Doctor" long after he had begun to give the benefit of his wisdom to men who long had borne it, at 73, Edgar Brower Burchell is head of the Serological and Bacteriological Laboratories of the institution.

He should go down in history as one of the most distinguished non-medical men who ever served medical science.—*Pit-mor-ian*.

"And do you know my ancestors were entitled to bear arms for two hundred years?"

"Hoot mon, that's nothing; mine were entitled to bare legs for two thousand years."

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Artist: "No, that's just a mirror."

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National Bulletin	Mrs. J. B. Robertson

The meeting for April will be a luncheon at Dalhem on Thursday, the 11th.

Mrs. Laura McCrory, Health Educator, Department of Public Health of Tacoma, will speak on "Community Health."

SMALLPOX CONTROL

By C. R. FARGHER, M. D.

Tacoma Director of Health

Smallpox in a highly virulent form is prevalent in epidemic proportions in Seattle and King county. To date twenty-five cases and five deaths have been reported in that area. Inasmuch as smallpox is one of the most highly communicable diseases, ranking with measles and influenza, spread to neighboring communities is expected. Widespread community vaccination is the only sure means of controlling smallpox, and when it seems reasonable that small-

pox will occur in a community, such a program should be instituted.

The Pierce County Medical Society, in conjunction with state and local health authorities, have recommended widespread vaccination for the Tacoma-Pierce county area. Due to the prevalence of an outbreak of smallpox in the San Francisco bay area, in addition to Seattle, the supply of vaccine on the Pacific coast has become depleted and large scale programs cannot be instituted until a supply from the east is brought in.

One of the first questions asked is how often should one be vaccinated? There are commonly as many answers as there are people supplying them. Most authorities say that everybody should be re-vaccinated when the highly virulent form has made attack. It is the highly virulent form that is now prevalent in the Seattle-King county area. The higher the proportion of people recently vaccinated the less the chances are for an epidemic. It is unusual to have an epidemic where 50% of the people are immune. To get 50% of the quarter million people in this area vaccinated will take time and will require the participation of the entire medical profession and cooperation of all the people.

Since smallpox is highly communicable, particularly in the early stage, early recognition of cases is important. It becomes necessary to be able to differentiate between chickenpox and smallpox.

The important early symptoms of smallpox are chills, fever, headache and backache. Backache is an important symptom in that it is not common in most other acute illnesses. The onset simulates influenza to a large extent. The eruption usually appears on the third or fourth day, and following this the temperature goes down, only to reoccur with the later de-

(Continued on Page 13)

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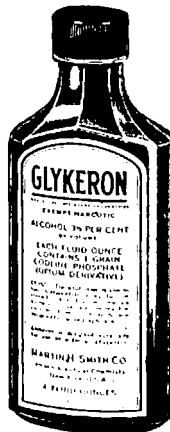
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velopment of pustules. However, in the meantime the disease goes through the papular and vesicular stages of one to four days each.

DIFFERENTIAL DIAGNOSIS

Incubation Period	CHICKENPOX	SMALLPOX
Period	14-21 days	10-14 days
Prodrome	Sick for 24 hours and leaves	Sick for 3-4 days and stays sick
Rash	Mainly on trunk	Mainly face and extremities
	Several crops	One crop
	Thin & superficial	Thick and deep
	Short duration of stages, 1-2 days	Long duration of stages, 3-4 days
	Discrete	Confluent
	Unilocular	Multilocular

All contacts of a case of smallpox should be vaccinated and held in quarantine until there is evidence of a positive titer or an immune reaction. Vaccinations during the first few days of the incubation period will usually abort or modify the disease.

The chief contra indications to vaccination are: (a) generalized or localized eczema, (b) diabetes, (c) hemorrhagic diathesis, and

(d) sickly children. Generalized vaccinia and post-vaccinal encephalitis are rare complications.

Vaccine Distribution Centers

The Tacoma Department of Public Health announces three distribution and collection centers for the convenience of the physicians practicing in Tacoma.

Smallpox vaccine and diphtheria-tetanus toxoid along with containers for laboratory specimens are available to the physicians at:

Braley's, Inc., Medical Arts Building; McMillan Bros., Inc., 955 Broadway, and Medical Arts Prescription Pharmacy, 757 St. Helens Ave.

These three drug stores will also serve as collecting stations, from which the Department of Public Health will gather the specimens.

Tests for the etiologic diagnosis and release from quarantine of cases of communicable disease. This service will be available to private physicians at no cost to the patient. The chief tests in this category will be:

Diphtheria — cultures. Gonorrhea — smears, cultures. Meningitis—smears, cultures. Syphilis—darkfield, Kahn precipitation. Tuberculosis — smears, cultures, guinea pig inoculation later. Typhoid — blood cultures, stool cultures, agglutination.

An Ozark centenarian died recently after seeing an automobile for the first time. He did not see it soon enough. — *Louisville Courier Journal*.

☆ ☆ ☆

A Midwestern newspaper heads the list of births, marriages and deaths briefly: "Hatched, matched, and detached."—*Parade*.

☆ ☆ ☆

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New Five-Year Health Plan of U. S. S. R.

We publish below a report of the new Five Year Plan of the Union of Soviet Republics, for the improvement of the health of these states. We believe it will prove to be very interesting reading. It certainly is a proof of the immense vitality of this newly-reborn people, and bespeaks their determination to make their country one where health and the prevention of disease will be of paramount importance—where no money or effort will be spared that will make for a healthy, strong population. Of course, they have certain attitudes of mind—certain political principles, that we, with our long tradition of free choice, and our dread of regimentation, hesitate to adopt or endorse—and yet one cannot help wishing that in our country, which has had so many generations in which we might have gone so far, there were more of that passion for health and all that it implies—child welfare, preventive clinics, centers of diagnosis, etc. We have these things, it is true—but they have to struggle for existence, against an apathy, even in active hostility, which should not exist, and which certainly should not be allowed, as they are, to starve research, to handicap public health activities, and which give an equal hearing to the opinions of those who know and those who are governed chiefly by prejudice that is rooted in ignorance.

We read here of the plans for the education and training of doctors, in what seem like astronomical figures. Not only does the state not object to the numbers proposed, they even increase these numbers, when they do not seem adequate, and the suggestions to proceed slowly come, not from governmental authorities, but from doctors. While here, where we need more doctors everywhere, our governments cannot find the money to build and equip a medical faculty, though they seem to be able to find it for other faculties. Of course, Russia's need is dire—they have lost so many doctors and hospitals—the figures

are staggering—but the point that we are trying to make is that there is a planned scheme on foot, duly discussed by all concerned, and especially by those whose training makes them most fitted to discuss it; this seems to us to come pretty close to a genuinely democratic way of thinking, and it certainly attains an economy of effort, and a maximum of results in a minimum of time, that we, with all our vaunted advantages seem unable to attain. We are by no means advocating the adoption of the Russian system—there are many things in it that repel us, and that we do not believe would suit our particular theory of life, but there must be a happy mean somewhere between the two methods, and we hope it will someday be found—Ed.

☆ ☆ ☆ ☆

Fourth Five Year Plan calls for all-round improvement in country's medical service—outline of program for Soviet Union's Health Services drawn up by People's Commissariat of Health USSR for incorporation in fourth five year plan and now being discussed by public was described by Vladimir Nikitsky, chief of Commissariat's planning department in interview.

"Main lines followed in new five year plan," he said, "are effecting an increase in growth of population—improving general health standards of people and rehabilitation of disabled ex-service men. Data already published give idea of restoration work to be done: Medical institutions destroyed by enemy action include six thousand hospitals, thirty-three thousand polyclinics and dispensaries, 976 sanatoriums, 656 rest homes, and sixty factories producing medicines and medical instruments. In addition to this, the enemy looted and badly damaged or completely razed large number of medical schools. All this must be replaced and re-equipped..

"Five year plan, however, calls for more than this; we have to effect all round im-

(Continued on Page 16)

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provement in country's medical services."

Nikitsky pointed out that during the period covered by previous five-year plans expenditures on health services in the USSR increased fifteen-fold on the whole, while in some of the republics expenditures increased twenty-fold. During the next five years some of medicine's knottiest problems have to be dealt with—struggle against cancer, tuberculosis, malaria, cardiac ailments and diseases connected with metabolism. Important measures to be adopted are the provision of sufficient dispensaries for all people suffering from diseases of the heart and blood vessels, and from cancer and tuberculosis. The experience gained from many years of dispensary work amongst consumptives has proved the great value of this work.

There is to be organization on a hitherto unprecedented scale of oncological centers, X-ray and radium stations—the study of the effect of anti-tuberculosis inoculations on children and the development of the same method for adults. Naturally, says Nikitsky, research scientists will have to play their part in studying the microbe and methods of dealing with it. They will also have to study the effect of new antiseptics, such as penicillin, aspergillum and others. Further research work will be done in the study of typhus parasites and a number of problems of physiology, to develop the legacy left by the great Russian physiologist, Ivan Pavlov.

In addition to an extensive engineering project planned to destroy the breeding grounds of the malarial mosquito, it is intended to increase the number of malaria stations, where sufferers can be treated, to increase the number of medical expeditions to malarial infested regions, and the number of malaria specialists in general.

Rural medicine will see great improvements in the next five years. It is planned to build a hospital in every rural center, with twenty-five to thirty beds, and therapeutic, gynecological and infectious disease sections—also outpatient departments offering facilities for treatment of internal

(Continued on Page 18)

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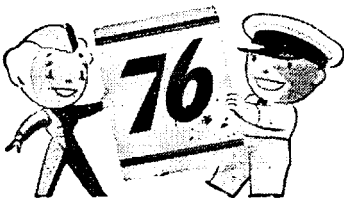
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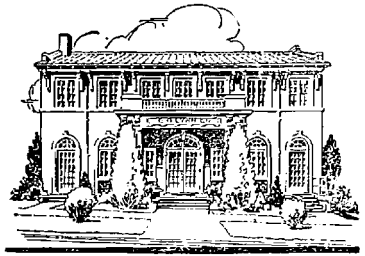
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diseases—surgical and obstetric cases, children's diseases, dental cases, tuberculosis and skin diseases. Each of these rural centers is to have a department of hygiene and prophylaxis, and children's nurseries. According to the new plan there will be one and a half times as many beds in urban lying-in hospitals in 1950 as there are today, and 2.2 times as many in rural hospitals. This means that every expectant mother in towns, and one in two in villages, will be able to count on a place in a maternity home during childbirth; before the Soviet revolution the village wisewoman was the local midwife — hospitals didn't exist in rural districts. By 1950 there will be a further 115,000 children accommodated in nurseries, which means that twelve percent of all children under three will be able to find accommodation in nurseries, one-third of which will keep children under their care for 24 hours a day.

"The success of the new five-year plan in various republics," said Nikitsky, "is insured not only by the fact that it is being compiled by the state, which has the means to implement the plan, but also by the fact that people who know what's required, medical workers in town and village, are helping in its compilation, and are discussing every detail." Nikitsky went on to give the reason why two antagonistic ideas of needs and possibilities can be reconciled. On the basis of a norm which is taken from the number of hospital beds, doctors, inoculation, etc. per thousand of populations in 1940, the people's commissariat works out figures of what is required. These figures are then discussed by State Planning Commission, and then figures are correlated for

the country as a whole. It sometimes happens that needs exceed possibilities and cuts have to be made.

"On this occasion," Nikitsky said, "the State Planning Commission was able not only to accede to the demands put forward, but even to give more than we asked for in some cases." This was particularly the case with non-Russian republics, each of whose plans was discussed separately. Here is an example: The Ukraine planned an increase in the number of beds in rural hospitals by fifty thousand before 1940. The People's Commissariat of Health and the State Planning Commission discussed this figure and decided that the increase should be one of sixty thousand. Georgia planned to organize fifty hygiene and epidemic stations—we increased this figure to eighty. Belorussia wanted to train forty-three hundred doctors during the five-year period, but the Planning Commission, in view of the condition in which the Germans left the health services of this republic, decided that the correct figure for this period would be seven thousand doctors. This is an interesting case, because the Belorussian authorities had based their figures on the number of doctors they could train in their own medical schools, whereas the Planning Commission offered the additional twenty-seven hundred doctors from amongst those graduated by schools in Moscow, Leningrad, and other cities. This is not the end of the preparations for the five-year plan, for it is then widely discussed by all concerned.

Moscow has displayed initiative in this respect: the plan was discussed at a joint meeting of medical bodies in the capital. One of the speakers at this meeting warned against "gigantomania" in designing hospitals; the same applies to planning dwarf institutions. Another doctor spoke in favor of raising norms for Moscow, as he said that many hospital beds in that city are now occupied by patients sent from other cities; on the basis of the available data he asked for an increase of eleven thousand

(Continued on Page 19)

Doing One Thing Well

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OPTICIANS

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beds over that provided by draft plan.

Some of the interesting suggestions made at this meeting related to principles underlying the location of new hospitals for infectious diseases and the establishment on the outskirts of Moscow and other big cities of hospitals of a semi-sanatorium type, to which convalescent patients can be sent—also the necessity of establishing in each republic one or more oncological institutions, etc. Basic norms put forward by the People's Commissariat of Health were discussed at a special conference called by the Academy of Medical Sciences. "As far as I know," said Nikitsky, "the plan is already being discussed in all localities, and special local commissions are planning local health resorts, building of hospitals, extension of the network of welfare institutions for mothers and children, training of personnel, etc. These discussions will play a double role; they will help work out details of the five-year plan, and will provide a basis for its implementation in localities."

—From the *Bulletin of the Vancouver, Canada, Medical Association.*

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Medical Progress One Hundred Years Ago

Physicians of 1946, looking back a century, may well wonder whether the unfolding year will produce medical advances anywhere near as important as those which emerged during 1846.

It was in that year, for instance, that hitherto unseeable vaginal conditions were literally revealed to the eye of man—when Sims, by bending a spoon, created the first vaginal speculum.

In that year, too, Warren at Morton's urgent request, first applied the knife to human flesh with the benefit of ether anesthesia.

Again, in medically historic 1846, Virchow opened the way to a better understanding of certain infectious conditions by differentiating between pyemia and septicemia. And in that same year he commenced the studies which later culminated in his doctrine of embolism.

Von Kolliker that year isolated smooth muscle, showed that it is made up of small, spindle-shaped cells and demonstrated the nature of its action.

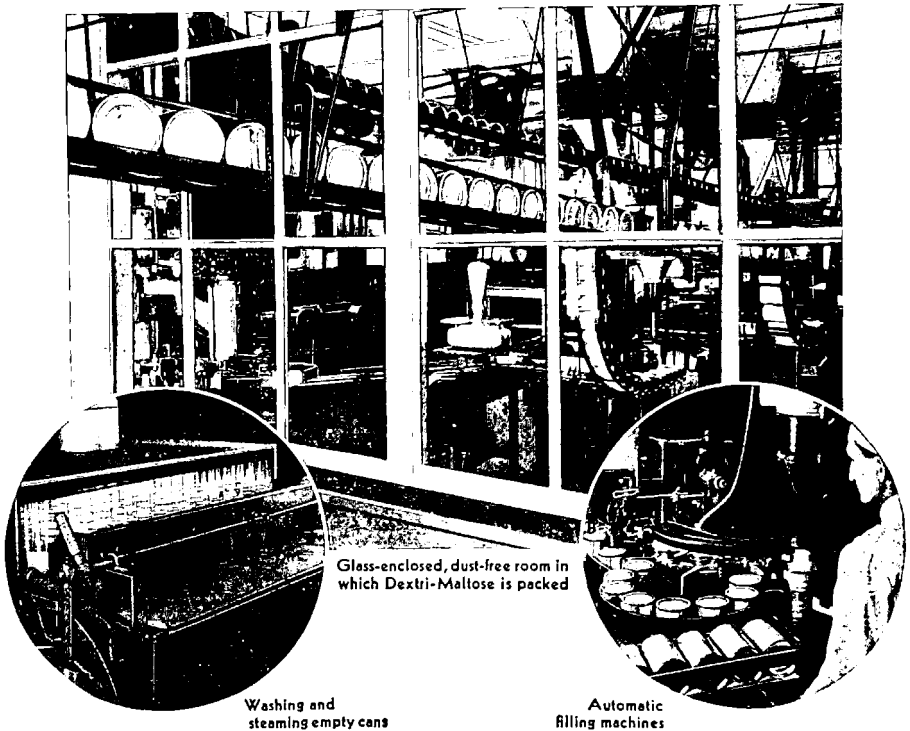
Bernard, of whom Magendie had said, "You are a better man than I," in 1846 revealed to mankind the function of the pancreas, opening the way to the control of diabetes mellitus.

It was also in 1846 that Stokes gave the first authentic, detailed description of that heart-block condition which, having been previously more sketchily described by his contemporary fellow-Dublinite, Robert Adams, now bears the name of both.

Summarizing, it will therefore be seen that 1846 was a year which opened new doors to the science of gynecology, created the science of anesthesia, threw light on the nature of metastatic infection, involuntary muscle action, diabetes and heart block—truly a sizeable contribution to be made to medicine within a single year.

In addition, it was 1846 that the Smithsonian Institute, now also the home of the U. S. Army's noted Medical Museum, was founded.—*Pit-mor-ian.*

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Minds are like parachutes; they only function when they are open.—*Ervine.*

☆☆☆

He says she's in her middle firties, but she's really in her late naughties.—*Walter Winchell.*

Reminiscing about his childhood, Don McGuire says: "At times I found school very dull—which is exactly the way it found me."

☆☆☆

Be true to your teeth or they will be false to you.

☆☆☆

She's always watching her weight—a regular hypochondriac.—*Pat O'Brien.*

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Jay Ketchum Appointed Director of Prepayment Medical Care

Mr. Jay Ketchum, executive vice-president of Michigan Medical Service, has been appointed director of the newly created division on Prepayment Medical Care. This appointment, announced by the executive committee of the board of trustees, became effective March 15. Mr. Ketchum will serve on a part-time basis according to arrangements made with the Michigan Medical Service. His principal duties for the present will be to coordinate existing medical care plans in states and to aid states in establishing their own prepayment medical care plans.

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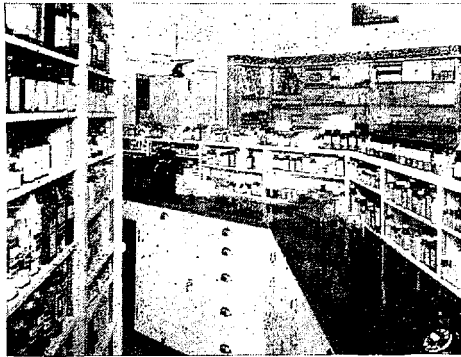
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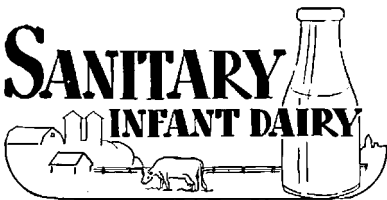


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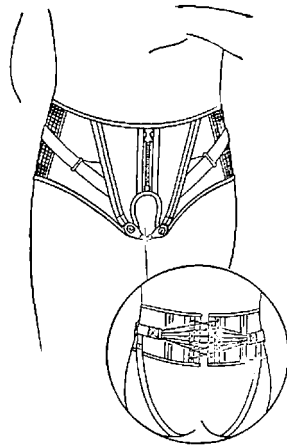
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The following is a report on the number of contagious diseases in the City of Tacoma for the month of March, 1946:

Chickenpox	42
Diarrhea	3
Diphtheria	4
German Measles	13
Gonorrhoea	26
Measles	123
Meningitis	2
Mumps	7
Scarlet Fever	6
Syphilis	16
Tuberculosis	7
Whooping Cough	35

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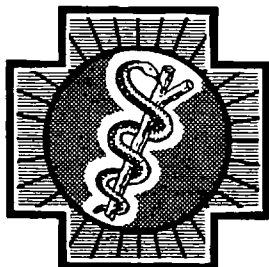
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Bulletin

Vol. XVI.—No. 5



MAY, 1946

Programs

Medical Arts Building—8:15 P. M.

MAY 14

Infectious Hepatitis.....Dr. Frank Maddison

MAY 28

WINTHROP HOTEL, 7 P. M. — ANNUAL BANQUET

Reception, Presidential Suite, 6 p. m.

All Members Who Have Returned From the Armed Forces Will Be
Guests of the Society

Pierce County Medical Society

1945-1946

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President Elect.....	L. A. Hopkins
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Secretary-Treasurer.....	J. L. Hansen

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L. A. Hopkins	Clyde Magill
W. A. Niethammer	S. F. Herrmann
J. L. Hansen	S. E. Light
J. W. Gullikson	T. H. Duerfeldt
F. J. Rigos	A. H. Buis

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P. C. Kyle	C. V. Lundvick

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Bulletin

L. A. Hopkins	
W. W. Mattson	
Editor.....	
Business Manager.....	

Money From the Government

The other day a group of doctors were discussing prepaid medical insurance and one man made this statement: "I do not want the government paying me for my services." He may have meant to say that if he was paid by the government it would follow that his practice would be controlled by the government and this he did not want.

It may be worth a small portion of our time to consider the status of the average practitioner's income and of Federal payments for medical care. For many years we have been paid for the treatment of injuries coming under the State Department of Labor and Industries. The State can be regarded as an offspring of our Nation and we have found that checks from the State and from the Government are very similar in appearance and use.

Ten years ago the doctors in Pierce County may have passed a mile post in medical economics; the importance of which was unappreciated then and nearly forgotten today. At that time an experimental program was worked out between the Social Security Department in Olympia and a small group of Tacoma physicians aided by our Medical Bureau. The plan was entirely new and provided for medical care for the county indigent by the majority of our doctors as well as those on the staff of the County hospital. The indigent had their choice of doctors and the doctor was paid from money supplied by the Government to the State. This was the first time, in this state at least, that Federal funds were used to pay regular doctor bills. Not a great deal of money was involved at this time but an extremely important practice was inaugurated and a continuing principle established, namely: the Government would contribute directly to pay for medical care of non-official citizens.

The program grew and soon covered the entire state with a corresponding increase in

(Continued on Page 3)

money spent. Budgets were drawn up with the Government matching State funds and this has continued to the present time.

When those coming under Old Age Assistance were included in the medical program, the amount of money received by doctors increased each year and last year \$140,000 was paid to doctors in Pierce County for this service. This was made possible by the government's contribution to the State Department of Social Security of one-half the payments for Old Age Assistance.

We are now starting on a nation-wide task of helping this government screen and classify service connected disabilities coming under the Veteran's Administration. This is a large and important undertaking which will involve much work for which the doctors who choose to participate will receive a very considerable revenue. Again the payments to the doctors come from Federal funds which is entirely right and proper. Certainly no individual, organization, city, county or state that we know of has ever hesitated to accept government money, and a growing concern of the doctors may be for further methods to increase their incomes from that source of revenue. As far as we can appreciate the future we will continue to receive the bulk of our fees from our private practice patients unless all out Federal medicine becomes a fact.

What we are endeavoring to point out is that with each passing year an increasing amount of medical care is being paid for by the Federal government. This fact can have but one result which will be to gradually but effectively lessen the profession's antipathy towards government medicine, regardless of what form it may ultimately assume.

Put a toeless shoe on a woman and you call her debutante; put one on a man and you call him a bum.

☆ ☆ ☆

Today is all you have. Tomorrow is a promissory note, and yesterday is a cancelled check. Act today.—*Selected.*

OVA AND ARY

Yes, I was called Ova;
I had a twin sister
And Ary was her lovely name.
We grew up together in
Miss Jennie's pelvis,
Our lives were protected, though tame.

Miss Jennie was sometimes
Quite nervous and anxious,
For something apparently missed;
The doctor's long finger would
Poke on my tunic,
He'd say, "I'm sure it's a cyst."

That hospital day was a
Time I'll remember,
And dear sister Ary will too;
Through Jennie's incision
Came bad smells of ether,
And forceps all shiny and new.

The doctor was cruel;
He said I was plastered;
Said "O, O, for I 'tis," I think;
"They're both badly swollen
And two are worth double,"
We're out before either could wink.

They carried us down to
The "path" laboratory,
My twin sister Ary and I;
A man said "they're normal,"
The bad words he uttered
I couldn't repeat should I try.

We don't like the doctor
Who took us so roughly
From Miss Jennie's soft pelvis bed;
I heard it repeated, Miss Jennie
would damn him,
Each day of her life 'til she's dead.
—L. A. H.

Mrs: That new couple next door seem to be very devoted. He kisses her every time they meet. Why don't you do that?

Mr. I don't know her well enough yet.

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Ellison's Surgical Appliances

MINUTES OF REGULAR MEETINGS OF PIERCE COUNTY MEDICAL SOCIETY

APRIL 9, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on April 9, 1946. Dr. W. H. Ludwig presided.

Mr. Flanagan, representing the Commercial Casualty Company, spoke for a few minutes regarding the insurance offered to the profession on a group basis. He brought this up at this time because of the many returned members who had not had opportunity of becoming acquainted with their policy.

Dr. Ludwig spoke to the society concerning the smallpox vaccination fees being charged in this community. He referred to the action of the Society December 11, 1934, setting that fee at \$1.00.

Dr. Leo Scheckner was admitted to membership and Dr. F. S. Salisbury to courtesy membership by unanimous vote.

The applications of Dr. Leon S. Diamond for courtesy membership and Drs. E. C. Blizzard, Dumont Staatz, Charles W. May and Leon S. Thomas for regular membership were given first reading.

Nominations were made for nominating committees and the following committees elected in the usual manner:

Committee No. 1—Dr. Jess Read, chairman, Dr. W. H. Goering, Dr. C. P. Larson.

Committee No. 2—Dr. Frank Maddison, chairman, Dr. Chris Reynolds, Dr. Homer Humiston.

"Technics for Diagnosis of Urinary Tract Infections" was discussed by Dr. Homer W. Humiston. He made a differentiation of good and bad specimens and methods of obtaining them for the laboratory. Several illustrative case histories were presented and the methods of examination and treatment outlined. Dr. Schultz commented on the paper as related to pyelitis of pregnancy.

Dr. P. C. Kyle presented a paper entitled "Breech Delivery." He stated that the average local intern sees only about five breech deliveries during his stay here. In making a breech delivery he suggested that one should not hurry unnecessarily and demonstrated the various mechanisms of these deliveries. Dr. Hosie re-enforced the speaker's statement that one should take plenty of time in making deliveries. Dr. Schultz believed that the anesthetic had a great bearing on the success of the maneuver.

Dr. Magnussen spoke briefly on the smallpox vaccination as to "takes" and "no takes."

APRIL 23, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on April 23, 1946. Dr. W. H. Ludwig presided and Dr. L. A.

(Continued on Page 6)

Karen Rynning PHYSIOTHERAPY

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Hopkins was appointed secretary pro tem.

The Society was privileged to hear Dr. G. H. Anderson, president of the Washington State Medical Association, who discussed ways for the doctors and county society to be of the most value to the state organization. He spoke particularly of the desirability for every physician to devote the time necessary to an intelligent understanding of the present phase of medical economics. He stressed the value of proper contacts between patient and doctor in daily practice as the chief means of promoting in a normal manner good public relations. He also asked for the continued active interest of doctors in their county and state medical societies.

Ralph W. Neill, executive secretary, Washington State Medical Association, gave a very good paper on the present status of legislative economics. He briefly reviewed the Wagner-Murray-Dingell Senate hearings to date and the various state and national polls regarding government medical care. He emphasized the need for all doctors to participate in an enlarged program for prepaid family coverage, medical and hospital. This family coverage must be greatly enlarged in scope to meet the arguments of a little Wagner bill in this state. The doctors' active support concerning state medical legislation is very essential if we are to retain what medical freedom we now have.

Dr. Schultz, chief medical officer of Washington State Veterans' Administration, gave the Society much valuable information regarding the care of veterans with service-connected disability. He stressed the need for 100% co-operation of the doctors with the program.

The following tickets were presented by the nominating committees:

Committee No. 1—President-elect, Dr. F. R. Maddison; vice-president, Dr. H. W. Humiston; secretary-treasurer, Dr. D. G. Willard.

Trustees—Dr. Albert Ehrlich, Dr. H. E. Griffin, Dr. S. S. Jones.

Delegates—Dr. D. G. Willard, Dr. B. D.

Harrington, Dr. C. Dietrich, Dr. E. J. Fairbourn.

Alternates—Dr. J. R. Brooke, Dr. G. C. Kohl, Dr. W. E. Lewis, Dr. C. C. Reynolds.

Committee No. 2 — President-elect, Dr. Walter Cameron, vice-president, Dr. Lawrence McNerthney, secretary-treasurer Dr. J. L. Hansen.

Trustees—Dr. Jess Read, Dr. William Goering, Dr. C. P. Larson.

Delegates—Dr. W. D. Read, Dr. Albert Ehrlich, Dr. J. L. Vadheim, Dr. J. L. Hansen.

Alternates—Dr. Jess Read, Dr. Don Willard, Dr. Somers Sleep, Dr. C. B. Ritchie.

The following were elected to membership in the Society: Drs. Leon B. Thomas, E. C. Blizzard, Dumont S. Staatz and Charles May. Dr. Leon S. Diamond was elected to courtesy membership.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the month of April, 1946:

Chickenpox	39
Diarrhea	5
German Measles	13
Gonorrhoea	34
Measles	44
Mumps	13
Rheumatic Fever	1
Scarlet Fever	13
Syphilis	16
Tuberculosis	9
Vincent's Infection	1
Whooping Cough	12

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Serves as Switchboard Operator for 26 Years

Mrs. Pauline Nish, head switchboard operator at St. Joseph's Hospital, starts her 27th year May 1, 1946.

Mrs. Nish came to St. Joseph's Hospital when Sister Mary Demetria was Superior. At that time there were approximately 150 beds in the hospital. Since then Mrs. Nish has served under Sister May Eugene, Sister M. Cyriaca, Mother Bernadette, Sister M. Exuperantia, Sister Mary Philaberta, Sister Mary Turibia, and is now serving under Sister Mary Jane, who came here from Georgetown University Hospital of Washington, D. C.

Under Sister M. Cyriaca's administration the north wing of the hospital was completed and opened. During Sister Philaberta's administration the Pediatric department was opened. During the time Sister Turibia was Superior there was a great deal of modernizing done, and through her efforts St. Joseph has become one of the most modern hospitals in this community.

At the present time the hospital is under the new Superior, Sister Mary Jane, who has had the X-ray and Laboratory departments remodeled and enlarged, as well as having the Urology Operating room made modern. Sister Mary Jane came from the Georgetown University Hospital of Washington, D. C., where she was the first graduate, and in late years their Superior.

Mrs. Nish has served long, and has been a most efficient and loyal employee. She remembers when the switchboard and office

were all in one at the main entrance of the hospital. At that time she was not only doing switchboard work but also assisting with the general office work. Not to be outdone, she still comes to the cashier's office each afternoon and helps with that department. Since 1927 she has been working with Sister Mary Aquilina, cashier.

When Mrs. Nish first came to work on May 1, 1920, Sister Mary Patrick was superintendent of nurses. Sister Mary Patrick is still serving as night anesthetist. Sister Mary Antonella was also here in 1920 and is now serving as night supervisor.

Mrs. Nish states that the 26 years have passed swiftly, and that her years of service have been very enjoyable. She has watched the hospital grow from accommodations for 150 patients to the present size, which accommodates 300 patients. Asked if she expected to retire, she smiled and said: "You know how it is, working for the Sisters grows on you, you would rather be working with them than to be missing them." Undoubtedly this statement shows the attitude of the majority of the business employees, nurses and general personnel.

As Mrs. Nish starts her 27th year, the Sisters of St. Francis join with the personnel of the hospital to wish her many more years of fellowship here at St. Joseph. Her splendid record is one to be admired, and it is hoped that her pleasant voice will be heard for some time to come as head switchboard operator.

DEATHS FROM TUBERCULOSIS

In 1944 the tuberculosis death rate for the United States was 41.3 per 100,000 population. The rate for the State of Washington was 34.1. Comparing Washington with other states shows 35 states having a higher death rate and 13 states a lower death rate.

On the west coast California had a rate of 43.7 and Oregon 25.3.

—N. T. A. Bulletin

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TACOMA

Doctor: I will examine you for \$10.

Patient: Go to it. If you find it, I'll give you half.

BRIEFS

Last week Dr. Louis Hoyer dusted off his tennis racquet and journeyed to a nearby park to show his friend, Dr. Rickles how the game is played at Rochester. He either found his competition harder than anticipated or was handicapped by the unusual appearance of sunshine. The net result—a fractured fibula, a short hospital visit and slow motion for several weeks.

☆ ☆ ☆

Dr. Magnussen is entering private practice after eight and a half years as Pierce County health director. He has built up the department during these years to one of real efficiency and service for which he is entitled to much credit. He will establish his office in the Medical Arts Building, Room 735.

☆ ☆ ☆

Following the cleaning of the walls and ceiling of the auditorium the building management had the good work continue

into the lobby and library. We appreciate this service very much and are certain we can also speak for our librarian Mrs. DeWitt.

Walter C. Cameron, Editor

We take great pleasure in announcing that Walter C. Cameron will be editor of The Pierce County Medical Bulletin for the coming year. The Society is very fortunate to have him do this work which we all know will be accomplished with credit to himself and to the Society. About 675 copies are mailed out each month to individuals and medical societies throughout the United States and to the editor is given the opportunity of expressing an opinion over this wide area. The retiring editor and staff wish to thank those Society members who, during the past two years, have aided in the publication of the Bulletin.

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Corresponding Secretary.....	Mrs. R. D. MacRae
Historian.....	Mrs. George Vandenberg
Membership.....	Mrs. S. F. Herrmann
National Bulletin.....	Mrs. J. B. Robertson

The last meeting of the season will be a tea at the home of Mrs. Vernon Crowe, 424 North G street, at 2 o'clock on Thursday afternoon, May 9.

Dr. Gladys Underwood, president of the State Auxiliary, will speak, reports of committees will be presented and new officers installed. Mrs. Edward J. Arther will sing.

Surgical Conference

On April 27th the Tacoma Surgical Club presented their 15th annual program of Anatomical and Surgical demonstrations in the auditorium of the new Nurses Home of Tacoma General Hospital. Due to the war this was the first program given since 1942 and the guest speaker selected was Carleton Mathewson, Jr., M. D., assistant professor of surgery, Stanford University Medical School.

Beginning at 9:30, surgical techniques were demonstrated with cadaver dissections and the care and effort necessary for these demonstrations well earned the appreciation of the 120 visiting and local physicians

who attended the meeting. In addition to the dissections there were demonstrations on intravenous injections in infants; a unique and clever method of surgical approach to injuries of the bladder and urethra; refrigeration anaesthesia and instructive X-ray and pathological exhibits. These demonstrations were under the direction of Dr. S. F. Herrmann and they would have had the full approval of one who did so much to organize and carry on the activities of the Surgical Club, the late Dr. Horace J. Whitacre.

At 1 p. m. a complimentary luncheon was served in the dining room of the Tacoma General Hospital.

During the afternoon, in the auditorium of the new nurses home, a number of papers were given by members of the club dealing with modern surgical problems.

The annual banquet was held at the Winthrop Hotel with Dr. Burton A. Brown as toastmaster.

Dr. Mathewson gave the address of the evening, presenting a very complete discussion of thoracic surgical problems, chiefly those involving malignancy of the esophagus. Following the address the Surgical Club welcomed into its membership Dr. Frank Rigos and Dr. Homer Humiston.

The physicians of Tacoma can be justly proud of their Surgical Club and its high scientific standards established and maintained since 1929 when the Surgical Club was organized with Dr. Wm. J. Mayo as their first guest speaker. Much credit is due Mr. Walter Heath, superintendent of Tacoma General Hospital, for his efficient and painstaking cooperation.

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A Message to the Medical Profession

For thirty-five years we have consistently cooperated with the medical profession of this locality. Advertising during this period of years has always been fully as beneficial to the medical profession as it has been to ourselves.

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

Our store is centrally located and easy to

find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

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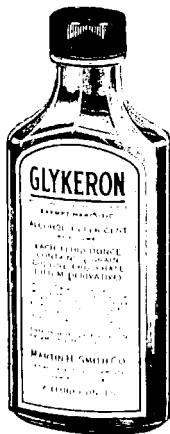
A Bronchial Sedative

Control the cough that weakens your patient.

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

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

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

Prescribe it for the symptom of cough. Very palatable.

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

Literature on request

Cancer—Our No. 1 Enemy

Tacomans are experiencing cancer. The deaths attributed to cancer during the past five years total 233 in 1941, 232 in 1942, 240 in 1943, 258 in 1944 and 271 in 1945. So we see that there has been a very gradual but definite increase in cancer deaths. This would seem to indicate that we need to take steps against this disease. Your help is needed.

Among the doctors who spoke on cancer at various service clubs and organizations during the April campaign were Doctors Terry, Larson, Rigos and Magnussen.

"KNOW YOUR PUBLIC HEALTH NURSE"

The Public Health Nursing Board calls our attention to the proclamation by the President of the United States and Mayor Cain that the week April 7 through 13 is Public Health Nursing Week.

During the present crisis we have seen public health nurses working at every health department clinic. These women are

especially trained for their jobs. In Tacoma besides a generalized service in a designated district of the city, these nurses give bedside nursing care under the direction of a physician. Skill and resourcefulness in emergencies marks the public health nurse.

In the files of the Department of Public Health are hundreds of case records showing how nurses have taken care of new babies, helpless aged persons, sick young mothers, and crippled persons.

Teaching home nursing practices in the home, prenatal and postnatal care in regular classes, and assistance at public clinics are included in the program.

SMALLPOX VACCINATIONS

Tacomans have responded very well to Dr. Fargher's request that everyone be vaccinated in order to prevent an epidemic of smallpox. Physicians in private practice, clinics, nurses and the city health department have, through the cooperation of the general public and service organizations such as the Tacoma Orthopedic Association, American Legion Post No. 138 Auxiliary, American Legion Rhodes Post Auxiliary, Volunteers Grace Luthern Church, Tacoma Bible Church, Health Chairman Park Avenue P.-T.A., Pierce County Nurses Association and individual graduate nurses, Women's Auxiliary to Firemen, Kiwanis Club Auxiliary, Ladies Aid at Salishan, Tacoma Public Health Nurses Board, and the following groups of the Red Cross: Mortar Corps, Nurses Aid, Canteen Service and the Red Cross Reserve Nurses have been able to vaccinate a total of 35,000 persons. In the area the total number of vaccinated is approximately 80,000 persons according to information available from the practicing physicians.

Particular cooperation of the City of Tacoma Fire Department and their employees made community clinics for smallpox vaccinations possible.

—*Tacoma Health Bulletin.*

Jimmy, the office boy, says he hears much about the benefits of yeast cakes, but after eating three a day he hasn't got a raise yet.

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Medicine Show Goes On

The radio industry has rendered services of incalculable value during the war. Its reporting of the news, for example, has been miraculously prompt, unbiased and accurate, considering the wartime difficulties of censorship and communication.

Perhaps most remarkable has been radio's meticulous regard for the national interest through its voluntary observance of the taboos imposed by the insistent, though not always comprehensible requirements of military security. Time and again radio and newspaper editors have been seated before a veritable feast of sensational news but have had to bind up their fingers and their lips—"for the good of the order."

Likewise, through its many commentators, its documentary programs and educational features, radio has done a superb job of interpreting the war to the people and helping to maintain that high morale

which was based upon an appreciation of the deeper issues of the war.

To recite these services only serves to heighten the contrast between the spirit of high devotion to the public interest that characterized them and the shameless commercialism on the other hand, that leads so many radio stations to continue to carry the most absurd clap-trap, concerning a variety of patent medicines, cheap vitamin preparations, et cetera. Most refined sensibilities are daily outraged by the songs and sonnets about laxatives, the solemn balderdash about acid stomachs, and other such romantic madness as pours forth from their loudspeakers at all times of the day and night.

The thing that bothers us most about all this, perhaps, is the pervading spirit of cynicism in which all this traffic is carried on. In the old days the medicine show was more or less frankly a circus performance—often, indeed, an integral part of a circus. Most people were not expected to take the matter very seriously. But today great and respected radio networks have conferred a new prestige on the patent medicine venders, an air of impenetrable respectability has been conferred upon goings-on which are essentially quite as silly as any that ever took place under the old-time circus tent. Radio announcers who enjoy national reputations for something or other, daily give out with the most amazing nonsense about the human skin and its contents without cracking any audible smiles. Radio performers whose theatrical accomplishments have put them safely beyond the indigent class—by lending their talents to these shows—and all too frequently by throwing in a fulsome testimonial on their own part (for a small additional consideration, perhaps)—manage to convey the impression that they subscribe to the ridiculous claims made by their sponsors. One wonders sometimes how these eminent personages can stand there before the microphone and listen to the commercials without a touch

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Fred Ludwig

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(Continued on Page 16)

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"When Moments Count"

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PROMPT . . . FREE DELIVERY



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of nausea and a twinge of conscience.

The editor of the *Medical Annals of the District of Columbia*, writing recently on this topic, remarked that medical ethics are frequently disparaged by lay people who suggest that they are honored more in the breach than in the observance. "On the other hand," the Washington editor points out, "the 'ethics' which govern radio broadcasters, which permit the 'medicine shows' on the airways, never has risen to a level where it is comparable to the physician's code. As potent an instrument for good and evil as the radio, should be required to make a serious attempt to come within striking distance of it."

If by some sort of reverse lend-lease, the broadcasters, their sponsors, the commercial script writers, the actors and the rest of this particular circus company could somehow hear the chorus of gullaws, bronx cheers, pseudo belches and other assorted noises of amusement, disdain or pure incredibility with which many of the radio commercials in the health and medical fields are greeted in the average American home, it is conceivable that some improvement might take place—and quickly.—*New York Medicine*.

THE SCHOOL-CHILD'S BREAKFAST

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

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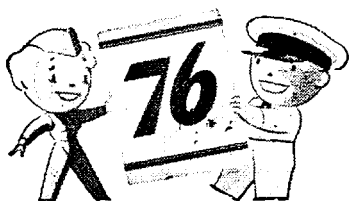
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Radiologist's View of Atomic Energy

If humanity is to reap the full benefits of atomic energy, there must be free interchange of scientific information among nations. Dr. Robert S. Stone, one of the scientists who helped develop the atom bomb, said at a banquet in Chicago, November 8, commemorating the 50th anniversary of the discovery of X-ray.

Dr. Stone has been on leave of absence for the past four years from his post as professor of roentgenology at the University of California to work on the government's atom bomb project at the University of Chicago and Oak Ridge, Tenn.

In tracing the development of X-ray from its discovery on November 8, 1895, by Wilhelm Conrad Roentgen, to its present status as one of medicine's most valuable weapons against disease, Dr. Stone pointed out that scientists from all parts of the world shared in the creation of the science of radiology.

"Such science knows no nationalism," he declared.

"Roentgen, a German, discovered X-rays; Becquerel, a Frenchman, discovered natural radioactivity; Rutherford, a Canadian, determined the kinds of radiations; Thompson, an Englishman, discovered the electrons; and Lawrence, an American, developed the cyclotron.

"Thus we see that the progress of science jumps from country to country and advances are swift when the free interchange of scientific information is possible throughout the world. The atomic age is an international development. As some one has said, 'Let us not close the door, lest we lock out more than we keep in.'"

For those who fear the future of atomic energy, Dr. Stone recalled that Roentgen's discovery of X-ray was greeted by similar apprehension in some quarters fifty years ago.

He quoted a story from a London newspaper urging "all civilized nations to com-

bine to burn all works on roentgen rays, to execute all the discoverers . . ." and pointed out that today there are many who prefer to stay in the past and not chance a new future.

"History repeats itself," he stated. "Today we find people who suggest putting all who had anything to do with the atomic bomb in a lethal gas chamber, burn up all records and destroy all factories.

"On the more serious side, we find the leaders of our country trying to so control the science involved in atomic power that they would sterilize effort even to apply it to medical fields. The advances in the natural and biological sciences following Roentgen's discovery tumbled over each other they came so fast. The same undoubtedly will be true following the development of atomic power."

Describing the atomic bomb as a scientific descendant of X-ray, Dr. Stone predicted that atomic energy will result in almost unlimited expansion in the use of radioactive materials in the treatment of disease. Radioactive materials produced from atomic energy, the supply of which was limited prior and during the war, soon will be available to physicians and scientists, Dr. Stone stated.

"The use of radio elements in the field of therapy is one that still requires a large amount of work," he said. "The place of radio-phosphorus in the treatment of leukemia is well established, but with larger quantities available, larger numbers of patients can be treated by different physicians using various techniques of administration. The use of radio-strontium in the treatment of cancer of the bone and for other diseases now can be tried in a much larger field than ever was possible before."

"Dearest," said the new husband to his bride, "do you really think I'll prove a satisfactory mate?"

"Oh, you'll do for a mate all right," answered his precious girl. "Now look me over and tell me what you think of your captian."

Spastic Paralysis

The Tacoma Kiwanis Club is sponsoring the organization of those persons interested in establishing a modern treatment center for spastics in this part of the state.

All doctors knowing of spastic children are asked to give the names to Walter Heath, who will inform their parents of a meeting to be held at 8 p. m., Friday, May 24, at the new Nurses Home of Tacoma General Hospital.

A comely colored girl had just been baptized in the river. As she came to the surface she cried, "Bless de Lawd, Ise saved! Las' night I was in de ahms of Satan, but tonight I'm in de ahms of de Lawd!"

"Sistuh," came a baritone voice from the shore, "how is yo fixed up for tomorrow ebening?"

☆ ☆ ☆

Mother: "You know, darling, Ruth is 15 years old now—so today I had a frank talk with her about the facts of life."

Father: "Well, did you learn anything?"

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Successor to W. P. Ragsdale



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3818 North 26th Street

In Memorium

CHARLES FRANCIS ENGELS

Again we pause to pay homage to a departed colleague. Following a long illness, Dr. Engels died at 6:15 p. m., Monday, April 29, 1946.

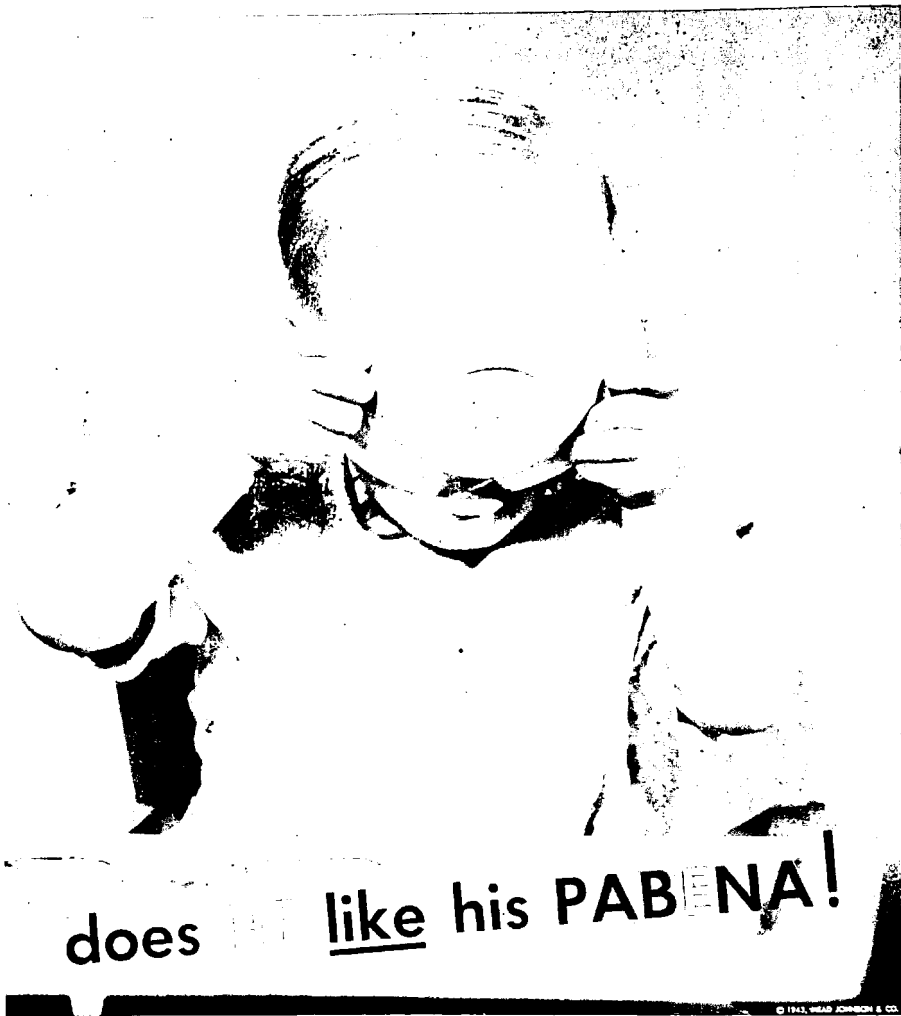
"Charley," as he was affectionately known to his many friends, was a rather remarkable man. Highly educated, widely traveled, versatile, aggressive, sincere and always dependable. These characteristics made him an outstanding leader, especially in the Pierce County Medical Society, in which organization he served at various times in all offices. He was interested in legislation as it related to the medical profession, and for years did valiant work as chairman of the legislative committee, involving numerous trips to Olympia and Seattle, with time consuming conferences. For several years he was editor of this Bulletin. Many of his editorials were classics, and his search for personals made the Bulletin very newsy and enjoyable. He conceived and brought into being the club room in the Medical Arts Building, and was always to be found there during the noon hour, adding to the enjoyment of those who found time for an occasional period of relaxation. He will be greatly missed in all these activities.

Born in Aurora, Illinois, May 27, 1872, he graduated at the University of Illinois Medical School in 1895. He took a post-graduate course at Bennett Medical School and then interned in Cook County Hospital. He first practiced medicine in Chicago, becoming a trustee of Willie Hipp Hospital. Then he went to Nome, Alaska, with the Northwestern Commercial Company. For them, he went to Russia with a convoy of ships carrying supplies for this company. The boat on which he traveled was the private yacht of Lillian Langtry, famous actress, which had been commissioned for the trip. He traveled to many parts of the world during his association with the Northwestern Commercial Company. He was quite a linguist, speaking Russian, Japanese and German.

He began his practice in Tacoma in 1900 with offices in the old Northern Pacific Building. In 1901 he went with a group of physicians to Molokai, the leper colony in Hawaii, later returning to Seattle. In 1916 he married Nettie Smith of Seattle.

In the first World War he was post surgeon at Fort Riley, from where he was discharged about a year later on account of physical disability. He returned to Tacoma in 1918, where he has practiced since, specializing in urology, until his retirement on account of ill health.

—E. W. J.



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☆ ☆ ☆

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"Y'all might jus' as well keep yo' money. It ain't wuth two bits for me to change mah opinion o' you."

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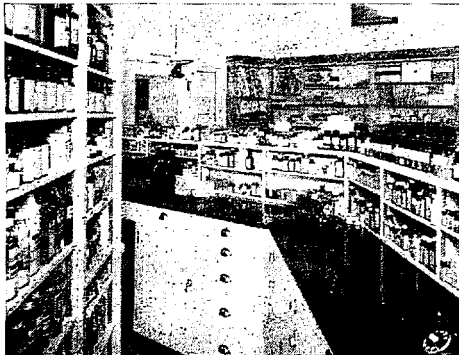
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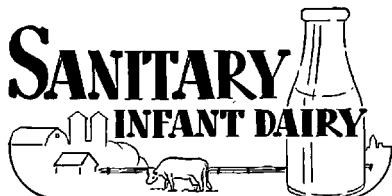


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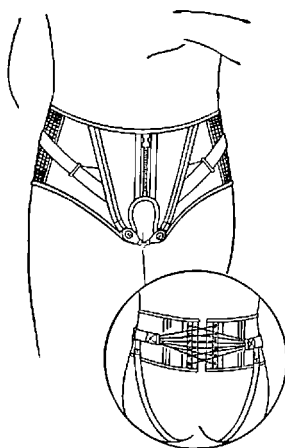
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"Well, I'm the county fish and game warden."

The fisherman thought a moment, then said, "Say, do you know who I am?"

"No," said the officer.

"Well, I'm the biggest liar in Western Washington."

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She was trying to work her way through college by selling subscriptions to the Saturday Evening Post.

But all the fellows wanted to take Liberties.

☆ ☆ ☆

And then there was the condemned golfer who asked the hangman, "Mind if I take a couple of practice swings?"

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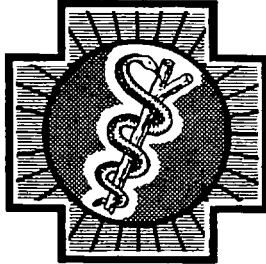
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Bulletin

Vol. XVI.—No. 6



SEPTEMBER, 1946

Programs

Medical Arts Auditorium—8:15 P. M.

SEPTEMBER 10

Symposium on Chronic Ulcerative Colitis

Etiology.....	T. H. Duerfeldt
Pathology.....	C. P. Larson
X-Ray.....	F. J. Rigos
Medical Management.....	E. J. Fairbourn
Surgery.....	J. L. Vadheim

Film on "Treatment of Chronic Ulcerative
Colitis With Sulfathalidine"

SEPTEMBER 24

Discussion of Current Economic Problems Relating to the
Practice of Medicine

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

1946-1947

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EDITORIAL

In the past few months the American people have become increasingly conscious that the average citizen is not happy in the army. While fighting was going on men remained silent, but with the cessation of hostilities, the chorus of complaints at times became deafening. Morale, it was frequently said, was at a very low ebb and the efficiency of the army was suffering accordingly. That the physicians had the same feeling is shown by the very low percentage who elected to remain permanently in the army.

All the reasons for this unanimity of opinion in regard to the service are important, but in detail will not concern us here; what we are interested in is the inescapable fact that the average American, having been brought up in a tradition of personal freedom, does not enjoy regimentation. Whether this feeling will be translated into votes in the coming elections is a matter for wiser heads than ours to prophesy but it may be an indication that the trend towards the sacrifice of personal liberty and responsibility in return for security offered by the government has reached its peak.

Whatever the political trends of the United States may be and however much we, as individual doctors may detest regimentation, it is certain that forms of national, state, county and city medical care will continue. As an example, our own State Social Security program is well established and its abandonment has not been suggested by the most rabid of the right wing if our ear to the ground is still functioning correctly. Our representatives in the A. M. A. have come out clearly for a form of prepaid medical care. The number of agencies, bureaus, departments and clinics for health and welfare will increase and not decrease. To our mind this is a natural state of affairs and not the bogey

it would seem to be to so many doctors.

Essentially the real problem that we are faced with in medicine today is: Shall we have evolution or revolution? It is unthinkable that medicine stand still in its thinking whether the subject be the form of treatment or the form of payment. Revolution, as proposed by the Wagner-Murray-Dingell type of legislaion would be no different than any other form of revolution. In a revolution there is always an inevitable waste and as the soldiers say, "some one gets hurt." Incentive in medicine would be dealt a body blow. We must be equally aware that our present system of medical care can not stand still but should follow a natural course of evolution and change as social conditions change. Our task is evident. As new proposals for medical care are brought forward, we must cull the wheat from the chaff, and adopt those changes of benefit to all of society.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the city of Tacoma for the month of August, 1946:

Chickenpox	4
Diarrhea	1
Diphtheria	1
German Measles	2
Gonorrhea	39
Measles	1
Mumps	2
Poliomyelitis	3
Scarlet Fever	3
Syphilis	21
Tuberculosis	4
Vincent's Infection	2
Whooping Cough	4
Erysipelas	1
Ring Worm	2

"Melvin! Melvin!"

"What, ma?"

"Are you spitting in the fish bowl?"

"No, but I been comin' pretty close."

TUMOR INSPECTION CLINIC

The Neoplastic Committee of your County Medical Society has formulated plans for a Tumor Inspection Clinic which will be operated along the following lines:

The Clinic will be held two days each month, on the second and fourth Tuesdays, commencing at 1:00 p. m. at the office of the Tacoma-Pierce County Blood Bank, 728½ St. Helens Ave., Tacoma, Washington. The clinic will be directed by Dr. Sydney MacLean, now retired and a member of the Pierce County Medical Society, who has specialized for many years in the field of neoplastic surgery. The x-ray consultant will be Dr. Frank Rigos, radiologist at the Tacoma General Hospital. The pathologist present at the Clinic will be rotated between Dr. C. R. McColl, Dr. Benjamin T. Terry and Dr. Charles P. Larson.

Because of the clamor on the part of those who have contributed to the cancer drive for service, it has been the attempt of the Neoplastic Committee to provide a clinic of this sort to the residents of the county. The Clinic will be only for inspection and recommendations. No biopsies will be taken nor will any radiological work be done at the clinic. All individuals reporting to the clinic will be referred to their own physician, together with a letter containing the recommendations of the doctors of the clinic as to what, in their opinion, should be done for the patient. A scrupulous attempt will be made on the part of the professional members of the clinic to in no way infringe upon the private practice of medicine. For this reason we sincerely hope that we will receive the whole-hearted cooperation of the medical profession in Pierce County. The clinic will be very happy to receive referred patients from any practicing physician in the county. No charge for services rendered will be made, but those who are able will be requested

(Continued on Page 5)

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Ellison's Surgical Appliances

to donate whatever they feel they should to the 1947 cancer drive.

The avowed purpose of this clinic shall be to serve the community in the early detection of cancer. The professional personnel of the clinic was selected on the principle that no one actively working in the clinic will be in private practice and competing with any other physician in the community. All follow-up work on any patient reporting to the clinic shall be a function of the physician of the patient's own choice. All publicity shall be handled by the Chairman of the Pierce County Medical Society Neoplastic Committee.

The clinic presents an opportunity for organized medicine to keep the cancer problem out of the hands of the federal government or socialized medicine. It will provide a needed service to the citizens of our community who desire advice and inspection of any suspected case of tumor or cancer. The American Cancer Society is whole-heartedly in support of local county tumor inspection clinics because they feel that by this means organized private medicine can contribute something to the public welfare which will bring credit upon medicine as practiced today in this country. If there are any questions which any of our members desire to ask about the aims, organization or function of the tumor clinic, please call the Chairman of your Neoplastic Committee, Dr. Charles P. Larson, MAin 1181.

Report of the Pierce County Medical Society Neoplastic Committee.

C. P. LARSON, M. D., *Chairman*

FRANK RIGOS, M. D.

C. R. MCCOLL, M. D.

S. M. MACLEAN, M. D.

S. F. HERRMANN, M. D.

She was trying to work her way through college by selling subscriptions to the Saturday Evening Post.

But all the fellows wanted to take Liberties.

TACOMA BLOOD BANK

For many months it has been known to members of the Pierce County Medical Society that a blood bank was in the process of development. It is now an actuality. The address is 728½ St. Helens Ave. This address is known as the bleeding center. This is the address to which Doctors will be directing prospective donors so that blood will be available for your transfusion services. All the necessary laboratory work is done in the Blood Bank Laboratory at the Pierce County Hospital under the able direction and supervision of Mr. VanDell.

At the present time we are using the hospitals as "blood depots", that is, blood may be taken from the Blood Bank depot at the hospital and typed with the recipient's blood for compatibility. It is easy to see that under the above arrangement blood is available on very short notice. In fact one of the advantages in having a local Blood Bank in operation is to have blood available on very short notice. It obviates the usual procedure of frantically seeking relatives, friends or professional donors having compatible blood for a patient needing an immediate transfusion.

HOW THE BLOOD BANK OPERATES

The Blood Bank operates on the replacement basis. If a recipient sends in to the bleeding center two donors the account is balanced. Blood Bank management the

(Continued on Page 6)

Karen Rynning

PHYSIOTHERAPY

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country over has found it necessary to institute the "cash deposit" system. When the replacement is made as described above full reimbursement is made. That means that the transfusion has actually cost the recipient no money, but the bank stays alive and is able to process more blood for transfusions or plasma. There is a required \$32.50 deposit on each unit of blood requisitioned from the blood bank. If only one donor replacement is made \$25.00 is refunded. However if two donor replacements are made the full amount is refunded.

SPONSORS

In as much as this is a service for any one needing it a sponsor was necessary. Thousands of dollars had to be subscribed in order to set up the bank and keep it in operation. Many hours of community meetings were consummated. Many agencies were contacted as to what part or all did they want in financially supporting this blood bank project. When we contacted the A. F. of L. Central Labor Council and its affiliated unions concerning sponsorship of the blood bank they whole-heartedly accepted and underwrote the entire account.

It is a non-profit corporation. Maintained for the benefit of all who are in need of blood or its derivatives.

For particular information about the blood bank in relation to you as a doctor or as it may concern a recipient or donor please contact Dr. Norman Magnussen, Director of the Blood Bank, Room 443, Medical Arts Bldg., phone MA. 6092, or call the Blood Bank, telephone BR. 3602. We gently invite all doctors to visit and inspect the bleeding center located at 7281 1/2 St. Helens Ave.

Doctor: I will examine you for ten dollars.

Patient: Go to it. If you find it, I'll give you half.

— — — — —

Put a toeless shoe on a woman and you call her debutante; put one on a man and you call him a bum.

Doctors Hospital Now in Operation Three Months

The building located at 742-746 Market Street and formerly known as the Bridge Clinic was purchased by the Pierce County Industrial Medical Bureau and started functioning under the name Doctors Hospital on June first. The Board of Trustees of the Bureau met and formulated rules and regulations for the conduct of the staff of the hospital. It was voted by the Board that all members of the Bureau would be members of the Hospital staff and that courtesy staff privileges would be extended to certain other ethical practitioners in the community. This latter phrase has been liberally interpreted to mean physicians who are enjoying the privilege of Bureau participation, but who have not yet become members of the Bureau, because they have not yet achieved Society membership. The Board also voted to recognize the highest surgical rating any practitioner had at any local hospital.

Hospital occupancy is not limited to Bureau subscribers, and private patients are admitted when there is available hospital space. At the same time free choice of local hospitals is extended to all Bureau subscribers.

Because of the limited size and facilities of the hospital, the Board voted some limitation on the type of patients admitted. Those types of cases barred from admission

(Continued on Page 7)

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are psychiatric, obstetrical and contagious cases. Because the hospital has no cribs or small beds it has become the custom of those physicians using the hospital extensively not to hospitalize young pediatric patients in Doctors Hospital. However, this custom does not extend to tonsillectomy cases which have gone on to uneventful recovery in considerable numbers.

For the past two months the hospital admissions have run heavily to surgical cases with about one hundred operations being done in July and a like number in August. These have been in the ratio of about five or six minor operations to one major.

There has been much remodeling and improving going on in the building ever since the Bureau took it over. Steamfitters were pounding and clanging for over a month doing necessary repairs and replacements to the heating system. Then there was the necessary remodeling, with its plastering, painting and wiring on the first floor prior to moving the Bureau offices into the hospital building. Further remodeling is anticipated in that it is hoped to so alter the second floor of the building, which is now mostly unused, into hospital space; thereby increasing the hospital capacity to about sixty beds. This enlargement is indicated because of the enthusiastic manner in which the physicians have received the new departure of owning their own hospital and because a sixty-bed hospital is a more economical unit for operation.

YOUR MEDICAL SOCIETY

There is no better way to influence a person's appreciation of a privilege than to take it away. We well know that something for our use, be it the privilege of acquiring bacon or an automobile, takes on a vastly different aspect when it isn't there to buy. . . . Reactions vary with the individual but being deprived of what we want is never to our liking and it makes us unhappy and always we blame some one outside our immediate family.

May this serve to introduce a conversation I had this summer with a fellow physician. He had practiced in a city the size of Tacoma for ten years and suddenly changed to an isolated country practice. He mentioned that the city practice advantage he most missed was his Medical Society meetings. He said he never would have believed they played such an important part in his professional life until he had to get along without them. Each of us would probably react in the same manner should our Medical Society meetings be stopped. It is our good fortune that our meetings will not be discontinued, but during the year will continue bigger and better than ever—thanks to the men who have returned from the service. The application of these few remarks is for each of us to regard attendance and participation at our Society meetings as a real privilege as well as one of our most important professional duties. Such attendance will increase our ability to render good service and is the truest evidence of our willingness to cooperate in the preservation and betterment of the means by which we earn our living.

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Mother: "You know, darling, Ruth is 15 years old now—so today I had a frank talk with her about the facts of life."

Father: "Well, did you learn anything?"

One Born Every Minute

Life was a simple proposition among the cigarette smokers when there was only one brand advertised as "approved by eminent medical authority" but we have come so far along the sawdust trail now that there is scarcely a cigarette manufacturer who does not woo the public with a claim of universal approval or acceptance of his particular brand by the medical profession. This may be alright if it impels enough credulous souls to buy more of a particular brand and thus provide the hearing world with the inane patter of a radio program; but it is untrue, misleading, and unfair as a misuse of the trust generally placed by the public in the medical profession.

It is untrue, for there has been no poll of all doctors regarding the matter of cigarette preference which has been conducted by a survey agency independent of the manufacturer or his advertising agency. It is

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

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

Me? I smoke cubebs.

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Hygeia and National Bulletin.....	Mrs. H. F. Griffin

The Auxiliary will not hold a meeting in September. Announcement of the October meeting will be made in the next issue of the Bulletin.

Mrs. J. B. Robertson served as alternate for Mrs. W. D. Kirkpatrick, of Bellingham, the incoming State President of the Auxiliary, at the San Francisco meeting.

"Your apartment is just as cute as ever. Don't you just adore it?"
 "No. I'm moving."
 "Why, what's come over you?"
 "An opera singer."

Being a Doctor's Wife

Of all the difficult roles acquired by women, that of being a doctor's wife is one of the most aggravating and exacting. For normal people, marriage should be based on mutual co-operation and understanding; two people working together toward a common objective, most marriage manuals say so, so it must be true. But how much help and co-operation does the doctor's wife get?

She witnesses the sympathy given the wife of a traveling man, who is only away from home half the time, when she can only be hopeful her husband will be home sometime. As a bride she suffered the agony of a well-prepared dinner ruined by repeated postponement. Now as an experienced wife, she has the more frightening fear as to her husband's health. If to bear affliction equals martyrdom there are but few wives of physicians that can fail election.

More tact, understanding and courage are required of the doctor's wife than are needed by a doctor. (It should be stated simply that more sense is needed but that sounds like flattery.) Work and study help a man to be a better doctor, but only heart and soul can help the wife.

Nearly every man who has given himself to the service of humanity by undertaking the practice of medicine has found that a benign and observant Providence has granted him the greatest boon bestowed on earth—a devoted and understanding helpmate. —*Detroit Medical News*

Today is all you have. Tomorrow is a promissory note, and yesterday is a cancelled check Act today. *Selected.*

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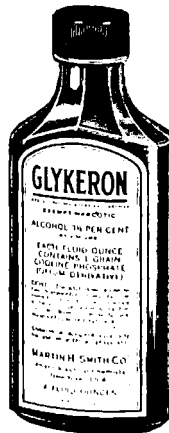
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Literature on request

MARTIN H. SMITH COMPANY · NEW YORK

The Washington State Convention

Pierce County doctors, some seventeen in all, are of the opinion the first post-war state meeting in Spokane was above the convention average.

Approximately four hundred registered and with their Auxiliary ladies the hotel facilities of the Inland Empire city were taxed to the limit.

Spokane repeated as usual with a very good show. A smoothly operated County Convention Committee presented a well balanced, informative scientific program; grand entertainment for the visiting ladies of the Auxiliary and friendly hospitality to all of those attending.

The State membership is indebted to retiring President George Anderson, Bob Rotchford and his committeemen and the Spokane Auxiliary for a job well done.

Their total efforts will be long remembered and to them our special thank-yous.

The Pierce County delegation was among those present playing golf. A Doctor Cameron of these parts did quite well and brought home something solid to show for his efforts. There were others who received prizes, too—the total, however, will have no appreciable effect on their income taxes. Our neighboring King County members demonstrated again they do give considerable time to their practicing and it isn't all medical.

The medalist was Mel Aspray of Spokane. It was conceded by one and all that he knows the beautiful Spokane Country Club course extremely well. Don Corbett's and Dan Houston's day with the dinner in the open air was delightful to all.

The many excellent scientific exhibits and commercial displays filled the East mezzanine of the Davenport. They were of wide interest to all during intermissions of the program.

The meeting was very successful in attracting the returned medical veterans. Their presence was a consoling one to the oldsters who now and again fretted about Spokane's temperature.

In 1947 Pierce County will be host to the State. We anticipate as successful a meeting in every way as was presented in 1946. President-elect Dr. Frank Maddison, overall chairman, soon assembles his committee chairmen and their assigned members to outline the work starting at once on the many sided program.

Pierce County will do it again and it will require all of us to put it over. Spokane has made a mark for us to shoot at.

ROSS D. WRIGHT, *President*
Washington State Medical Association

Mrs: That new couple next door seem to be very devoted. He kisses her every time they meet. Why don't you do that?

Mr: I don't know her well enough yet.

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PERSONAL

Bill Keller, of the Western State Hospital, has again taken on the responsibility of carrying the banner for the State Medical Society in the Health Exhibit at the Puyallup Fair in September. He is planning a bang-up medical exhibit for the public.

Tacoma has been honored by the Northwest Society of Pathologists as the site for the next annual meeting in October. Benjamin Terry is the new chairman and Charlie Larson is vice president.

Reports are that Robert Brown, neurologist at Western State, is on his way to recovery and can be expected back soon.

Welcome home to Jim Shanklin, interne at T. G. in 1940, who is now on the staff at Western State Hospital.

Word has it that Schultz is forming his own Labor Union—nothing to do with obstetrics, either. Because of labor and other troubles his boy's camp could not be opened this summer. Better luck next year, Dick.

in getting this worthy project into operation.

We hear Kyle is now a specialist in building frozen food units for the home. As long as you can't buy them, just call on Phil.

Welcome home to Al Sames, who is back in the office with Harrington.

Rumor has it that since the Medical Arts Building won't supply Dick Link with space he is now building his own medical building at 26th and Proctor.

Chris Quevli has turned into quite a fisherman. On a recent expedition up the Quinault river with Rigos, Joe Hansen and Larson, he walked away with all the honors for the most fish, the biggest fish and the first fish. Nice free trip, Chris. In addition, he was the only one the Indians would talk to.

Those seen prominently displaying their wares at the State Meeting in Spokane included: Cameron, Clay, Dayton, Fairbourn, Gullikson, Joe Hansen, Eugene Hanson, Harrington, Herrmann, Hillis, Hopkins, Humiston, Lundvick, Larson, Jim Mattson, Murphy, Jess Read, Wilmot Read, Ritchie, Steele, Willard, Wright and Yoder.

Benjamin Terry has just returned from a two-month trip east, where he covered 11,000 miles of driving. He visited his old home in Birmingham and in Rochester, Minn.

Everett P. Nelson and his associate, Charles E. Kemp, have opened their offices in their new building, 722 South K Street, for the practice of pediatrics.

Our congratulations to Ross Wright upon his installation as President of the Washington State Medical Association.

Early in July Dr. Thordarson, wife and his two boys, started for Princess Louise Inlet in their motor boat.

They had left Nanaimo about half an hour when fumes from a leaking gas line ignited, causing a severe explosion and setting fire to the boat.

Their abandoned ship but were soon picked up and returned to Nanaimo. Within

(Continued on Page 16)

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half an hour their boat had burned and sank with all their vacation belongings.

The vacation had to be, so they returned to Tacoma and had two weeks left for a visit to Saskatchewan. The doctor promises himself and family a boat trip next summer.

We wish to express our deepest sympathy to Mrs. DeWitt, who has been our Pierce County Librarian for many years, in the death of her husband, Clifford M. DeWitt, on July 9, 1946.

Medical Education and The Changing Order

The above is the title of a book written by Raymond B. Allen, M. D., Ph. D., President of the University of Washington. It was published this summer by the Commonwealth Fund and is issued under the auspices of the Committee on Medicine and the Changing Order of the New York Academy of Medicine.

For his material Dr. Allen has drawn upon his varied professional experience and particularly his long service as Executive Dean of the Colleges of Dentistry, Medicine and Pharmacy, University of Illinois.

The needs of a modern medical school with its multitude of problems as to physical and faculty equipment; its curricula and student body are clearly described as a constantly changing challenge. Certainly there are but few educators qualified for the tremendous task of building a medical school and we are fortunate indeed to have Dr. Allen assume that responsibility together with his other duties as President of the University.

A physician driving past a cemetery saw a brother practitioner coming out and called to him: "What have you been doing in there?" The other replied: "Calling on some of your patients."

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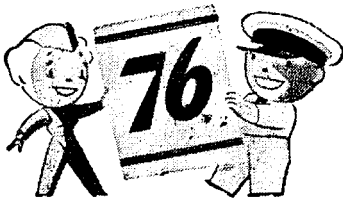
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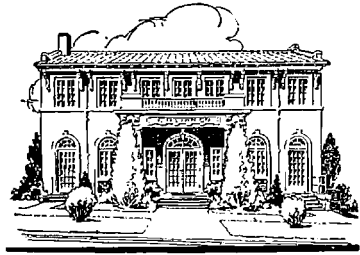
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Tacoma Health Report

During the first six months of this year considerably more cases of diphtheria were reported than in the same period last year; 10 in 1946, and 6 in 1945. While there has been no deaths from diphtheria this year, highly virulent germs were present in several of the cases. The high virulence of the germs was demonstrated by death of guinea pigs that had previously been inoculated with the diphtheria germs taken from the local cases. Diphtheria is always checked by the hot summer weather, and a recurrence is expected with the return of damp cold weather.

The occurrence of an epidemic in Alaska and an outbreak in our neighboring city of Seattle is cause for serious consideration of the local situation.

Diphtheria control entails a constant program of immunizing the new babies and young children migrating to the community. In the ideal program the child is immunized before the end of the ninth month.

This immunization is usually given in conjunction with whooping cough immunization and sometimes tetanus. Booster "shots" for diphtheria are commonly given on entrance to school and again before leaving the elementary grades. This type of program will prevent epidemics.

Older children and adults are seldom given the shots. The existence of an epidemic is the usual indication for immunizing the oldsters. Epidemics are rare, consequently immunization of oldsters is unusual.

One important fact should be kept in mind, and that is, it takes six weeks to two months after injection of the shots for the body to build up sufficient resistance against the germs. (smallpox takes nine days), consequently delaying the giving of shots until the disease has appeared in the community is a poor policy and is dangerous.

Public immunization programs are set up in the presence of epidemics or when there is sufficient community interest to keep the young children protected.

Immunization for diphtheria should be considered as a standard health practice where the service is given by the family physician.

In Memoriam

E. O. HOUDA, M. D.

Emilian Ottokar Houda was born on January 24, 1879. He was graduated from the University of Illinois School of Medicine in 1903 and after serving his internship at the Chicago Living in Hospital and other hospitals he came out to Roslyn, Washington, as surgeon for the Northwestern Improvement Company. He later practiced in Centralia, where he built the Houda Private Hospital, which he operated for four years and then sold. Dr. Houda then went to Europe and was caught there by the outbreak of war in 1914. During his stay abroad he studied in Vienna, Buda Pesth and Berlin. After the war was over he came to Tacoma and established himself in practice, residing here for the remainder of his life.

Dr. Houda was intensely interested in the thyroid gland and its abnormalities. He did a great deal of research work and study on the problem and evolved a method of treatment which was his own.

He died in Tacoma on June 26, 1946.

OUR AGING POPULATION

The population of the United States is gradually aging. From a total of 6.6 million in 1930, the number of people 65 and over is increasing and will reach 22 million in 1980, according to calculations of the Census Bureau. Thus the percentage of aged people will more than triple in this period.

According to the 1940 Census, 7.3 per cent of the population of the United States were 65 years of age or older, as compared with 5.4 per cent in 1930 and 4.1 per cent in 1900. *-Wisconsin Medical Journal.*

GET IN AND PITCH— PHYSICIANS URGED

"Make yourself a one-man public relations committee," reads a letter from the Ohio State Medical Association to its members. "Discuss questions of concern to you and the public with your patients, neighbors, and friends. Never turn down a chance to speak to a lay gathering. Also, don't forget that diplomacy in dealing with your patients is an important point in public relations.

"Support your state association's activities. They can't click without local support and action. If you don't like the way your medical societies are operating, don't take a back seat on the mourners' bench, as some do. *Get in and pitch.*"

Tramp: "Could you give a poor fella bite?"

Housewife: "I don't bite myself, but I'll be glad to call the dog."

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Mr. Weber was striving to shake his alarm clock into action the other day, and while so doing dislodged from its interior a defunct cockroach, whereupon one of the little Webers piped up: "No wonder it wouldn't go. Dad. The engineer is dead."

☆ ☆ ☆

He: "Dearest, I love you terribly."

Marie: "You certainly do; but there's a Celotex Salesman in Seattle that sure knows his stuff. Perhaps he'll give you a few lessons."

In Memoriam

C. H. DOE, M. D.

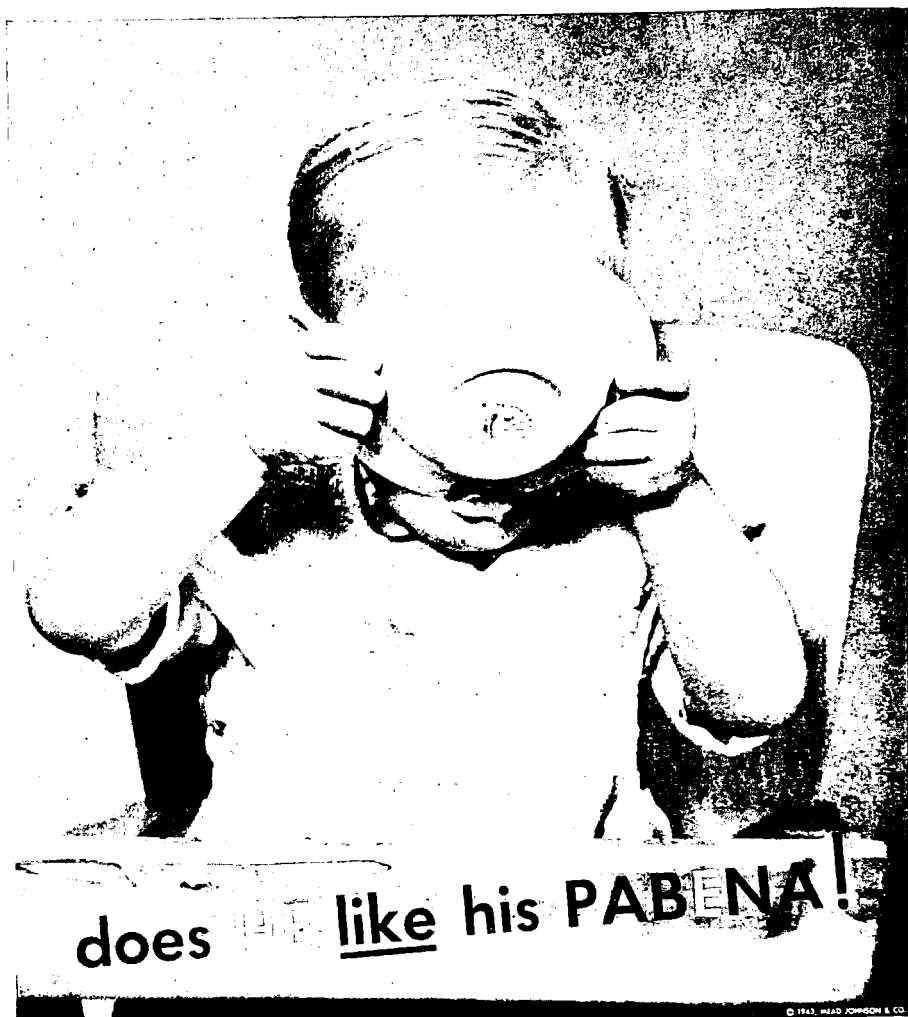
Doctor Charles Herbert Doe died suddenly Sunday, August 11, 1946, at his home, 3402 North 24th Street. He was born December 22, 1890, in Fort Payne, Alabama. He received the degree of M. D. from the University of Pennsylvania in 1912 and was intern in the Lying-in Hospital, New York, four months during the winters of 1912 and 1913, and in the Hospital of the Protestant Episcopal Church, Philadelphia, nine months.

He entered the Mayo Foundation in May, 1915, as a fellow in surgery. He left the Mayo Foundation in September, 1917, to enter military service. He was commissioned First Lieutenant and later Captain, and did orthopedic and general surgery in England and later in France, until his discharge in May, 1920.

From April, 1921, to October, 1922, he was in public health service at Tacoma, Washington. He spent the winter of 1922 to 1923 in London, England, studying genito-urinary surgery at St. Peter's Hospital, and general surgery at Charing Cross and St. Thomas Hospitals, under the auspices of the Fellowships of Medicine and the Post Graduate Association of London, and also visited clinics at Liverpool, Leeds, Berlin, Paris, and Vienna while abroad. This was followed by one year of post-graduate work in urology and dermatology at his alma mater, the University of Pennsylvania.

He was a member of the Pierce County Medical Society, the Washington State Medical Association, the American Medical Association, and the Association of Resident and Ex-Resident Physicians of the Mayo Clinic. He practiced his specialty at 113 Medical Arts Building until his death.

He married Miss Nora Kitts of England, February 7, 1918. He is survived by his wife and two daughters, Joan of New York City and Patricia of the home.



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

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Mr. Deering: "Sure—you see it's like this. If you had a long, long hound dog, and he stretched from Tacoma to Los Angeles, and you stepped on his tail in Tacoma, he would howl in Los Angeles. Now that is telegraphy. Only in wireless telegraph, you do the same thing without the dog."

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DIAL LA 2195

During the war, Dimond and his buddy were digging trenches when along came the Captain. Looking at Dimond he said: "How is it that although you and Jones started digging at the same time, he has a bigger pile of dirt than you?"

Dime looking about, smiled and said, "That's easy Captain, Jones is digging a bigger trench."

☆ ☆ ☆

Caroline was saying she read that the Sultan of Turkey sleeps in a bed eight feet wide and twelve feet long. Miss Boyd thinks it's a lot of bunk.

☆ ☆ ☆

At this juncture let us pause to remark—did the significant fact ever strike you that the stork is a bird with an exceptionally long bill?



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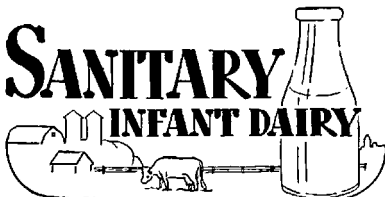


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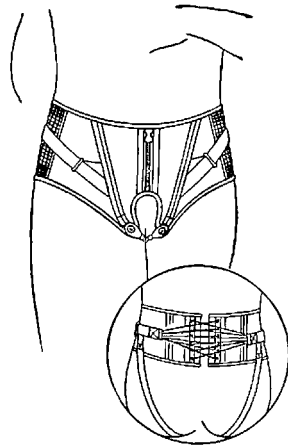
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—Kendall Emerson, M. D.

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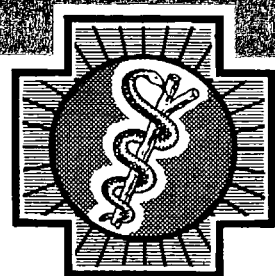
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Vol. XVI—No. 7

OCTOBER, 1946

Programs

Medical Arts Auditorium—8:15 P. M.

OCTOBER 8, 1946

Anesthesia in the Army.....Capt. John J. Bonica, M. C.
Capt. Ervin Addy, M. C.
Capt. Charles Girod, M. C.
Madigan General Hospital

OCTOBER 22, 1946

Discussion of Current Economic Problems Relating to the
Practice of Medicine

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

1946-1947

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EDITORIAL

One of the difficulties with maintaining a high standard of health is that the average man does not think of illness as a thing that is going to happen to him. In a vague way he knows that people about him become sick; he remembers falling out of a tree as a boy and breaking his arm, but he does not dwell on the memory of what it cost his parents. He knows that the automobile is each year killing and wounding more people in the United States than the atomic bomb did in Japan, but if he thinks of this at all it is a fugacious and temporary thought which is not personal enough to hold his interest.

Such an attitude is not abnormal; on the contrary it is, for the individual, a healthy way to be. Careful calculation of the risks of living and any lengthy introspective thought on the subject would tend to make neurotics of us all. If each morning we started our day by consulting our actuarial figures and by calculating our daily over all chance for survival for the ensuing year our aspect on life would soon become a bit gloomy. So each of us conscientiously or otherwise assumes good health to be our own inviolate possession and proceed on our way untroubled.

Unfortunately, this same blythe attitude towards personal health too often carries over in our attitude towards the health of the nation. So long as the surface symptoms of poor government remain dormant we are apt to disregard the whole government as a matter for the politicians to handle. Thanks to this attitude some of the nations in the world have experienced difficult times and a cancer which should have been diagnosed early has been allowed to kill the parent body. In a few short weeks we will have elections which may well determine our futures in a political way for years to come. If we are not aware of all the issues at present we should be in the near future. They will all be presented in detail through the press and radio and in public meetings.

(Continued on Page 5)

TACOMA'S NEW PUBLIC LIBRARY

By L. A. HOPKINS

For the first time in Tacoma's history its voters will be asked at the November election to approve a bond issue making possible a new location and a new main building for our Public Library.

The present structure on South Tacoma Avenue was given to Tacoma in 1902 by Andrew Carnegie.

Since 1908 it has been woefully inadequate in every respect, but due to its construction and location it has been impossible to enlarge or improve its facilities to any degree.

Year after year our children and citizens have accepted an inefficient library situation beyond the power of any Library Board or Staff to rectify.

The medical profession should highly appreciate the value of consistent reading to keep abreast of scientific progress in their field and they know the value of having at all times at their disposal an adequate, usable reference library.

Modern facilities for reading and reference are likewise a necessity for every age, type and class in our city and to serve this daily need a new central library building is essential.

The doctors of the Pierce County Medical Society should take an active part in the coming city election for many reasons and near the top of their interest should be the urging of their patients to vote Yes on the Public Library Bond Issue.

Vote . . .

"YES"

on the

**Public Library Bond
Proposition**

(Paid Advertisement)

Tacoma Occupational Therapy Workshop

In line with the growing emphasis on rehabilitation of persons recovering from disease and injury, the Tacoma Occupational Therapy Workshop was opened on the ninth of September by the Junior League of Tacoma. Situated below Ward A in Tacoma General Hospital, the Workshop has an outside entrance at 1009 South Fourth Street. The Hospital has donated the space, formerly used by its education department, for the development of this community project. The Workshop has separate rooms for the treatment of adults and children, the furniture in each being scaled to size for promotion of good body mechanics and working habits.

The Workshop is equipped with looms, woodwork tools, leather tools, cord knotting necessities, and various other craft materials. Occupational therapy adapts the work processes inherent in these crafts as

exercise to increase joint motion and muscle power, and develop coordination.

After receiving medical or surgical care and being discharged from the hospital, accident victims often face a long period of convalescence and idleness. They become mentally discouraged, and frequently lack of exercise leads to joint fixation and muscular atrophy, which prolong recovery. Neurosis and mental depression tend to prolong the period of incapacity. For such patients occupational therapy can be of definite remedial value. Each patient is assigned to work at that craft which will bring into action the parts of his body needing therapeutic exercise. For ankle, knee, or hip injuries the bicycle jigsaw will provide a productive means of regaining muscle power and maintaining full range of joint motion. Enlarged tool handles which are reduced in size as function improves encourage use of arm, wrist, and fingers.

(Continued on Page 15)

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Tacoma Occupational Therapy Workshop

WILLIAM JONES MEMORIAL

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We will all have our own opinions. Let us hope that each of us expresses that opinion by casting his vote. Do not neglect to register if you have been away in the army. Do not neglect to vote. Whatever your political feelings may be express them at the polls. Our coming election must represent the true aims of all the people.

Karen Rynning

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Dear Doctor:

Do you sing, dance or play the violin? Maybe you do and maybe you just think you do, for the great majority of us are lacking in any of these accomplishments. But that doesn't mean that we cannot enjoy rhythm or "the concord of sweet sounds." We also agree that "he who has not music in his soul is fit for strategems" and other things. That being the case there is every reason why each doctor should support the Tacoma Philharmonic Orchestra by buying at least two tickets for this winter's season.

We like to consider ourselves broad in our judgements and interest and we have a fairly good opinion of our standards of appreciation of worth while community efforts.

This much more we will say: Read the advertisement in this issue of the Bulletin and say "yes" when asked to buy tickets for the Tacoma Philharmonic Concerts.

—Lewis A. Hopkins, M. D.

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Minutes of Regular Meeting of Pierce County Medical Society - September 10, 1946

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

Dr. Magnussen explained the workings of the newly-formed blood bank and introduced Dr. Baum, head of the blood bank system in Seattle.

The scientific portion of the meeting consisted of a symposium on chronic ulcerative colitis. Dr. Duerfeldt introduced the subject and discussed the etiology. He mentioned the factor of food allergy and the good results that had been achieved in approximately 70 percent of a series of cases treated by food elimination diets. He likewise mentioned the psychogenic theory of the etiology of ulcerative colitis.

Dr. Larson continued the discussion, covering the pathology of this condition.

Dr. Rigos discussed the X-ray aspects of ulcerative colitis and stated that it mirrored the pathological findings. He also showed some typical X-ray films.

Dr. Fairbourn discussed the medical treatment of ulcerative colitis, dividing it into several parts: bacteriostatic measures, supportive measures and psychotherapeutic measures.

Dr. Vadheim spoke of the surgical treatment of ulcerative colitis, stating that 20 to 30 percent of cases eventually received some form of surgical therapy. He gave the indications for surgery and discussed the mortality of surgical procedures.

A moving picture entitled "The Treatment of Chronic Ulcerative Colitis With Sulfathaladine" was presented through the courtesy of Sharpe and Dohme.

The papers were discussed by Drs. Frank Maddison and William Mattson.

Applications for membership of Drs. Charles C. McCoy, Robert W. Florence,

and J. Morrison Brady were read for the second time and the applications for courtesy membership of Drs. Jackson, Petrone, and Hyatt were likewise read for the second time. All applications were approved by vote of the society.

The following applications were given first reading: William E. Avery, D. M. Nevitt, I. A. Drues, Thomas H. Clark, Helen Price Smith, Hollis R. Smith, J. Hugh Kalkus, Philip Grenley, G. A. Delaney, Harold F. Kohler, Herman S. Judd, Henry Henkin, Richard I. Rich, Leo Anest, William P. Hoyt, Murray L. Johnson and Frederick J. Schwind.

Dr. Hopkins urged attendance at the hospital staff meetings.

Adjournment.

MINUTES OF REGULAR MEETING OF SEPT 24, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on September 24, 1946, with Dr. L. A. Hopkins presiding. Thirty members were in attendance. Minutes of the previous meeting were read and approved.

Applications for membership of Drs. Harold Marks, Sherman S. Pinto, John L. Whitaker and Elmer W. Wahlberg were read for the first time and referred to the Board of Trustees.

Miss Stella Kellogg discussed the need for a new tuberculosis sanitarium for Pierce County and showed a number of very interesting color slides which indicate the old sanitarium is both a fire trap and a sanitation hazard. She urged that the members support the proposed bond issue at the next election, which would make a new sanitarium possible.

Miss Alice Clay, head of the Occupational Therapy Workshop at Tacoma Gen-

(Continued on Page 7)

eral Hospital, spoke on the subject of occupational therapy, explaining the differences between it and physical therapy and describing the occupational therapy set-up at the hospital.

Dr. Fred Scheyer reported for the Legislative Committee. He decried the lethargy of the members of the society as evidenced by their absence at this meeting. Dr. Scheyer introduced Mr. Ralph Neill, Executive Secretary of the State Association, who discussed the political situation in the state of Washington. He recommended that the medical society meet with the electees following the November elections and discuss with them the attitude of organized medicine in regard to prepaid medical care and the Basic Science Law. Mr. Neill's remarks were followed by a general discussion of the political situation, in which Drs. Teats, Wright, Paul Scheyer, Fred Scheyer, Hopkins, Moosey and Hurst participated.

Adjournment.

Personals . . .

The Cy Lundvicks left for the East on September 1, intending to make a swing around the circle, including Chicago, New York, Washington and points south. In Chicago Cy attended the meeting of the American Academy of Ophthalmology and Otolaryngology.

☆ ☆ ☆

Other wanderers are the Trimbles and daughter Peggy, who have just started on the first leg of a journey which will take them through Canada and the larger cities of the East and South. Dr. Leon Thomas is in charge of Dr. Trimble's office during his absence and one of the teachers at the College of Puget Sound will occupy their home.

☆ ☆ ☆

Clare Duerfeldt is enrolled as a freshman at Scripps College, Claremont, California.

☆ ☆ ☆

John Gullikson has entered W. S. C. as a freshman pre medic.

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A DOCTOR'S PRAYER

Teach me, dear Lord, that the hypertrophy of the head is more deadly than the hypertrophy of the heart, that the hyperacidity of unforgiveness is more distressing than the "heart burn" of an ulcer.

Help me to live so that I can lie down and sleep each night, with a clear conscience, without a bromide or barbiturate, and unhaunted by the faces of those I have charged fees.

Grant, I beseech Thee, the power to focus my eyes on the distant goal of Heaven; eyes undimmed by the blurring myopia of fame or fortune. Keep my ears alert to the call of duty, undefeated by the clinking of polluted dollars.

Guide my mind and hand, as I administer healing potions to suffering patients; help me to remember that the hypodermic needles should be tempered with the therapy of sympathy; the tonics enhanced by the stimulant of kindness; the transfu-

sions aided by the nourishment of tenderness.

And then, when the last patient has been comforted, when the stethoscope, journals, and books have been laid aside, may my last call be Thy call, as I rest in the peace which Thou only can send. Amen.—*Los Angeles County Bulletin.*

THE SOUL OF MEDICINE

". . . The soul of medicine rests on an organic evolution . . . Only when a painting by Rembrandt will bring the same price as a finger daub done by a Greenwich Village neurotic, only when pain, fear and mortal ills can be levelled to a standard scale, will medicine become an article of commerce and you will become spiritless automatons and dispensers of pills and surgical incisions."

—*Louis J. Karnosh, M. D.*

The true mirror of our discourse is the course of our lives.—*Montaigne.*

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For thirty-five years we have consistently co-operated with the medical profession of this locality. Advertising during this period of years has always been fully as beneficial to the medical profession as it has been to ourselves.

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

Our store is centrally located and easy to

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In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

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The October meeting will be a membership tea on the afternoon of the 10th at the home of Mrs. A. W. Howe, 2902 North 27th Street, at 1:30 o'clock.

A talk on "Mental Hygiene" will be given by Mrs. Treacy H. Duerfeldt, State President of the Washington Society for Mental Hygiene, and a musical program will be presented.

A cordial invitation is extended to all doctors' wives who are eligible to Auxiliary membership through membership of their husbands in the Pierce County Medical Society.

The man who boasts that he calls a spade a spade is usually giving somebody a dirty dig.

THE SAGA OF THE MODERN "MEDICINE MAN"

1. The first-year student, at the end of the year, believes that he knows enough about medicine to solve all its problems.

2. The Sophomore begins to doubt. He thinks there might be a few things that he can still learn, particularly about pathology.

3. The Junior begins to wonder if he's really learning anything about medicine, and wonders if he will ever dare to treat a patient.

4. The Senior reaches the conclusion that he's a medical ignoramus.

5. The interne is usually too busy with the nurses to absorb much knowledge. His spare time is devoted to teaching the visiting staff.

6. The first five years in practice brings about a beginning medical cerebration. The practitioner learns to think.

7. The next fifteen years may result in a halo of brilliance around the cranium, or a tendency to cerebral degeneration.

8. During the next ten years the blood pressure is apt to reach a new high, the arteries become sclerotic, and ground is broken for the initial attack of coronary thrombosis.

9. The next ten years—if the doctor has not sprouted wings in the interim—is taken up with reminiscing. The hand trembles when the beer stein is raised; there is a great deal of mental confusion. The doctor is out-distanced by medical advances; and he sits at medical meetings listening to a young squirt tell about blood plasma, crythroblastosis, macrocytic anemia and penicillin.

10. He dies wondering what it's all about.

—*St. Louis County Medical Bulletin*

Life is a wrestle with the devil, and only the frivolous think to throw him without taking off their coats.—*Barrie.*

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Personals . . .

Seen at the annual meeting of the North Pacific Society of Neurology and Psychiatry held at Mount Hood last Saturday were Drs. Bennett, Rickles, Galloway, Kennedy, and Larson.

☆ ☆ ☆

Congratulations to Professor Scheyer who is now on the faculty of the new medical school.

☆ ☆ ☆

Leo Hunt became a pagan again last week when he dropped into Tacoma General long enough to snatch an appendix.

☆ ☆ ☆

Bill Mattson crushes all the psychiatrists in one fell swoop. He demands an investigation into their "psyche."

☆ ☆ ☆

Now we know where Jim Vadheim gets his good looks. His distinguished physician father visited here from Minnesota last week.

Precedent and Prestige

Just what are we getting out of our membership in the county medical associations? What benefit do we derive from our membership in the state medical society?

Do some of us feel that precedent and prestige demand that we belong to the "union" and that by paying our dues our obligations are fulfilled? Having met this heavy duty, do we hold ourselves aloof, believing that a self-perpetuating group controls the affairs of the society? Are some of us so self-sufficient that we are in no need of the mutual benefits that such a society can provide?

It should be clear that the society belongs to the individual member. It is his instrument of contact with his fellow physicians. It is his sounding board if he so desires. It can be a source of information and it can be a constant inspiration.

On the other hand, it can be a dreary, impotent, disorganized hodge podge. The society can be and will be just what its individual members make it by their action and interest—or by their apathy and indolence.

There are some who feel a duty that can not be paid in dues. They willingly sacrifice time, money, and family interests in furtherance of the profession they love. These men are all too few, and the good of the society requires many, many more.

Ask yourself this question: If your state medical society is not giving you the things you think it should; if it is not progressive according to your views; if it is not meeting a profound need of the medical profession; what have you done about it, or what do you intend to do, besides paying your dues? Your ideas and your criticisms for the improvement of the quality of service are needed—but they will be of little value if you remain silent.—*Connecticut State Medical Journal.*

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OCCUPATIONAL THERAPY

(Continued from Page 4)

Interest in a project overcomes fear and anxiety. Working with a group of persons in the shop develops initiative and a sense of group responsibility and cooperation. Habits of neatness, precision, and perseverance are strengthened by productive activity.

The American Medical Association through its Council on Medical Education prescribes the course of study and approves all schools of occupational therapy, whose graduates are then accepted after examination as registered therapists by the American Occupational Therapy Association. Miss Alice Clay, O. T. R., director of the Workshop, was trained at the University of Southern California, receiving further training and practice at hospitals in California and at the Curative Workshop of Milwaukee, the leading establishment of this kind.

The Workshop functions as an outpatient clinic; its facilities are open to both children and adults referred by physicians. No one will be treated without prescription from a physician. To secure this service for your patients call the Workshop, Broadway 6454. An admission form will be sent you, requesting information as to the patient's present condition, precautions, and results desired. A report on the patient's progress in the Workshop will be sent as requested.

Fees for treatment are two dollars a visit except for cerebral palsy of children, which fee is one dollar in view of the prolonged treatment necessary in such cases. Adjustments of fees will be made for those unable to pay the full amount so that the service may be available to all. The Department of Labor and Industry has authorized the Workshop to give treatment to State Industrial Insurance cases when requested by the attending physician.

The Workshop is open from eight to four, Monday through Friday, and visitors are cordially welcome.

PERSONALS . . .

Chris Quevli got tired of the noise of the city and spent last week end at the "silent partner's" farm in Oregon. Assisting him in cutting wood were Drs. Clay and Ludwig.

☆ ☆ ☆

Douglas started a run on the rabbit bank. If anyone can't get meat, call Ken for fresh rabbit meat.

☆ ☆ ☆

Our congratulations to Dr. Magliolo of the Pierce County Hospital on his recent marriage. The boys held a giving away party for him at the Elks Club with Dr. P. B. Shepherd as the able toastmaster. Also present were Drs. Burton Brown, Scott Jones, J. Brady, Todd, Numamaker, Whitaker, and Robertson.

☆ ☆ ☆

Those people who live at the Rigos home are still eating from the fish he caught in the Columbia on a special mouse bait. Anyone desiring information on this special bait should contact Frank.

☆ ☆ ☆

Jim Mattson still knows how to tickle the ivories, and we don't mean a piano. If someone would donate him a can of lampblack he could retire in six months.

☆ ☆ ☆

George Kunz came back this week with a lot of new ideas on how to practice medicine. Of course, they were all Canadian.

☆ ☆ ☆

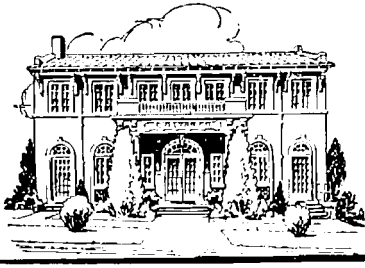
Goering and Sig Herrmann are now consulting and teaching for Uncle Sam at Madigan. Quite an honor, really.

☆ ☆ ☆

Just to make sure they will not live any longer than Joe Hansen, the "silent one" and his son Dumont are now becoming aviators.

☆ ☆ ☆

Your editor announces the arrival of a new baby girl. Anyone who didn't get a cigar can do so by dropping in. Also in the same boat are Drs. Peterson, Hirstad, O'Leary, Skinner, and Hurst. Lots of cigars if you can get them.



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Washington State Study of Child Health Facilities

The study of child health services being conducted by the medical profession throughout the country is well established in Washington. An office and full time secretary have been obtained, and most of the ground work necessary for carrying out the huge project has been done.

Money has been contributed by the National Foundation for Infantile Paralysis, the State Health Department, and the Washington State Medical Society.

The schedules have been sent out to the doctors throughout the state and over half of them have been filled out and returned. It is urged that the remainder be finished and returned in the next week or so, since there are several other phases of the work which require especial care.

There have been some natural mistakes made. This questionnaire is for all the doctors and not one for pediatricians. The pediatricians have one requiring a month's recording of their practice. Please answer all the questions yes or no. Where some are left blank on a schedule when a "yes" or "no" is required a complete new letter and questionnaire must be sent out. Send some definite figures, "Many" or "several", or "15 or 20" cannot be used in forming statistics. If an estimate must be made, make it that, but use a single number. Finally please, let us have the figures on one day's practice including the adults. We cannot figure what percent of the general practice is children without knowing how many adults you care for.

There has been cooperation in the main on the part of the doctors and hospitals. It must be stressed first, however, that the study is only the first step. After that comes planning and the coordination of these plans. Second, that the project, study and planning, is the job of the entire profession. Let us get behind this and give a true picture of the kind of care we can give our children.

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Measles	1
Mumps	5
Poliomyelitis	3
Ring Worm	1
Scarlet Fever	3
Syphilis	15
Tuberculosis	9
Vincent's Infection	1
Whooping Cough	3

A noteworthy increase in gonorrhoea and syphilis has been reported in the past two months. Investigation of the venereal disease situation shows that prostitution is responsible for an increasing amount of the spreading of the disease.

The Health Department is particularly anxious that the physicians attempt to elicit any information pertaining to prostitution from their venereal disease patients

so that it can be used in the program of repression of prostitution.

Recently the Federal Government has withdrawn funds for support of this program and this makes it necessary to have a more vigilant attack locally. The physicians can play an important part in this program.

ARE YOU A COMMITTEE MEMBER?

According to past performances Committee work has usually been thrust upon the shoulders of the Chairman by lack of cooperation of the individual members or by poor Committee meeting attendance. Committee Chairmen in the past have accepted their responsibility unstintingly, and when assistance from their Committee members was found wanting, have set policies and completed reports on their own. After which, their committee members who did nothing to aid the chairman, were the first to shout their disapproval of his policy.

A Medical Society functions well and accomplishes much when the members of its committees are well selected, cooperative and progressive. The sum of the efforts of all the Committees plus the efforts of the Welfare Council equals the value of any Medical Society to its members and to the Community.

If you have accepted membership on any of the Committees you have expressed a willingness to serve the Medical Society and the community. You have committed yourself to fulfill a duty to organized medicine.—*Bulletin of the Passaic County, N. J., Medical Society.*

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Recent Decline in Appendicitis Mortality

Recent years have witnessed a marked decline in the mortality from appendicitis in the general population of the United States. A little more than a decade ago the annual death toll from the disease was 18,000; by 1943, the latest year for which data are available, the number in a much larger population had been cut to 8,100. Moreover, there are definite indications that deaths from the disease have been further reduced since then. If the appendicitis death rate of the early 1930's prevailed currently, the disease would now take about 20,000 lives a year.

In the short space of three years, between 1940 and 1943, mortality from appendicitis in this country dropped about two fifths—from 9.9 to 6.1 per 100,000. Every State in the Union experienced a decline, although the relative improvement varied consider-

ably for the individual States. Rhode Island and Maine are at the top of the list, each showing a reduction of 62 percent in the three-year period; Nevada at the other end, recorded a drop of 19 percent. Nevada, however, is not by any means representative of the Western States. Actually all the other States in the Mountain and in the Pacific region registered a larger relative decline than did the country as a whole. The smallest gains in reducing the mortality from appendicitis were made by the Southern States. Of the 17 States in this area, 14 experienced lower than average declines. But it should be noted that even in this area no State recorded a reduction of less than 27 percent between 1940 and 1943.

The recent decline in appendicitis undoubtedly has been due in large measure to the use of chemotherapy in cases complicated by peritonitis. But part of the credit belongs to the national educational campaign which effectively warned the public against delay in seeking medical advice and against the use of laxatives in the presence of abdominal pain. There are still many lives needlessly lost each year from appendicitis. The campaign against the disease must continue until the toll is reduced to negligible numbers.—*Bulletin of the Pasco County, N. J. Medical Society.*

Chemistry Prof.: "What is the outstanding contribution chemistry has made to the world?"

Student: "Blondes."

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FOR many centuries,—and apparently down to the present time, even in this country—ricketic children have been passed through a cleft ash tree to cure them of their rickets, and thenceforth a sympathetic relationship was supposed to exist between them and the tree.

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



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

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Mead's Oleum Percomorphum because of its high vitamins A and D content is also useful in deficiency conditions such as tetany, osteomalacia and xerophthalmia.

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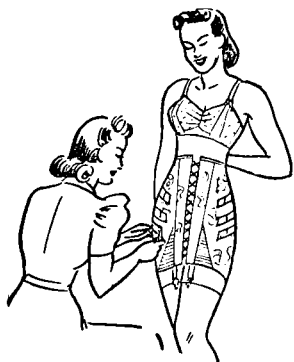
BRAVEST OF THE BRAVE

He sits alone in a darkened room,
Alone in the fading light.
Why is his brow so heavy with gloom
And his cheeks so deadly white?

But though his heart is faint with care,
His courage never flinches.
His eyes are fixed in a glassy stare.
What is it his firm hand clinches?

"A little courage," he murmurs. "Yes,
A little and all is won."
A choking gurgle, more or less,
A gasp, and the deed is done!

Without a shudder or eyelid wink—
Ah! it makes the heart recoil,
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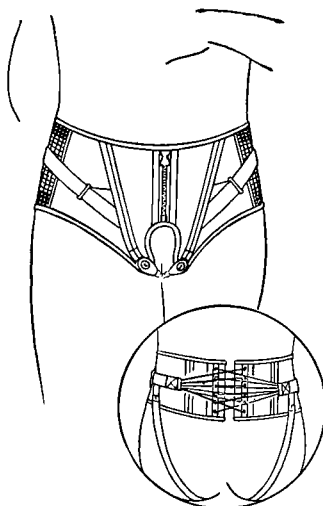
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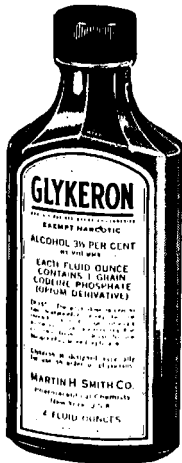
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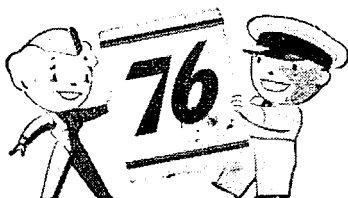
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The \$31,000 prize contest for physicians' art work on the subject of "Courage and Devotion Beyond the Call of Duty" will be judged at the Atlantic City Centennial Session of the A. M. A. at Atlantic City, June 9-13, 1947.

Art works on other subjects may also be submitted for the regular cups and medals.

For full information, write Dr. F. H. Redewill, Secretary, American Physicians Art Association, Flood Building, San Francisco, Calif., or to the sponsor, Mead Johnson & Company, Evansville 21, Ind., U. S. A.

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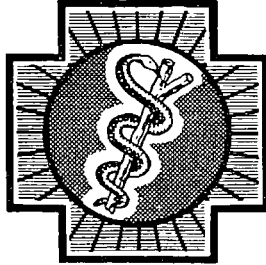
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Bulletin

Vol. XVI.—No. 8



NOVEMBER, 1946

Programs

Medical Arts Auditorium—8:15 P. M.

NOVEMBER 12

The Use of Testosterone.....Carl G. Heller, M. D., Ph. D.
Associate Professor of Physiology and Medicine
University of Oregon Medical School

NOVEMBER 26

The Medical Aid Act.....Simon Wampold, Jr.
Supervisor of Industrial Insurance, Department of
Labor and Industries

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1946-1947

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EDITORIAL

The technic of criticism of our present system of medical care in the United States strikes a chord reminiscent of the years 1934 to 1939 in Europe. This technic consists of repeating an erroneous statement often enough and forcefully enough to establish it as a truth. One of these critical statements we all have heard has been "Too many people of small or no means are denied medical services when they are needed the most".

Suppose we list the medical services available to the population of Pierce County and its immediate surroundings and draw our own conclusions. Let us include only those services of charitable, semi-charitable or prepaid nature.

To begin with we have the Pierce County Hospital with its various out patient departments, the White Shield Home, the Northern Pacific Hospital and certain beds in the Tacoma General and St. Joseph's Hospitals. We have the Western State Hospital, the Custodial Home at Buckley, the Pierce County Tuberculosis Sanitarium, the Ozanam Home, the Old Soldiers' Home at Orting, the Veterans' Hospital at American Lake and the Cushman Indian Hospital. The Marine Hospital in Seattle is available for accredited patients from this area. Add the Blue Cross Hospital service to the picture. Our service population is well taken care of by Madigan General Hospital plus the various other dispensaries in the area.

To continue our tabulation we list the County Health Department, the City Health Department, the Public Health Nursing Association, the State Department of Social Security which includes Old Age Assistance, Division of the Blind, Vocational Rehabilitation, etc.

Now we follow with the prepaid group which takes in all those covered by the Pierce County Medical Bureau and the Western Clinic, the railroad employees as exemplified by the Northern Pacific group,

(Continued on Page 3)

PERSONALS . . . By Winchell Larson

Clay is now an authority on the treatment of leukemia. If you want the dope just ask Homer.

We are all very happy to hear that Secretary Willard's young baby girl is making a fine recovery.

Billy Bowen just returned from a pheasant hunting trip to the Dakotas. He says the best hunting, however, was in Minneapolis.

Frank Maddison now joins the ranks of the elite consultants for Uncle Sam. He is serving as consultant in medicine at Madigan.

Jim Fairbourn finally joins the rest of the boys in the Medical Arts. Does anyone wish to buy any old office furniture or an old, beat-up, serviceable X-ray machine?

Levin at the T. G. Lab. says his honeymoon is over. Quevli is back from his vacation.

The orchid this month goes to Dr. O'Leary, who did a post-mortem Cesarean operation and secured a live, healthy baby.

Bill Bowen says there is no news about Murphy, because Tom is too old and tired.

Rademaker did better in the Dakota snow than the others. One morning he shot forty birds which had their feet frozen in the snow.

Drs. Todd, Magliolo and Green, of the county, invaded the icy waters of Puget Sound to rescue their boat in the recent storm and ended up by being rescued themselves.

Our hats are off to Sydney MacLean, who has been doing a wonderful job with the Pierce County Cancer Detection Center. He is now doing the same for Thurston and Mason counties.

Rosenblatt's physician brother from Minnesota is now visiting here. From general appearances we think they come from the same good stock.

Jim Mattson is now the physician for the Tacoma Indians Football team. The Indians better not trot out the ivories if they don't want to be scalped.

Leo Hunt returned all refreshed from a long vacation but now Gov looks a bit worn out.

POSITION WANTED—Undergraduate nurse, medical stenographer, office assistant. Six years' experience. MAIn 7500.

Magill got back across the border with his moose. The animal was in good shape except for prostatic hypertrophy.

MacRae and Douglas report that the snow was so thick in Dakota that they could not even see the birds.

Herrmann and Vadheim are now in the same office. That is too many brains to put all together in one place.

Rigos reports that the Klotts-Larson fixative for tissues is the best herring preservative on the market. He got a salmon on a three months old herring the other day. No new progress reports on the mouse except that it is not working so good right now.

Reports have it that the Allisons are rattling around in Weldon's mansion. We hope there are no ghosts in the closets.

FOR SALE—Surgical instruments and equipment. Mrs. J. S. Davies, 2611 North Union. PROctor 2776.

Buis got back fresh as a daisy from a long vacation.

The handsomely framed portraits of famous physicians in our foyer are the gift of Dr. Lewis Hopkins.

EDITORIAL (Continued from Page 2)

the Smelter employees with their own physician and the Dupont employees with theirs. In addition we have those people who carry health and accident insurance.

Add to this the work done by such organizations as the Tacoma Orthopedic Association, the Junior League, the Tacoma Blood Bank, the Cancer Clinic and the Lions Club. Let us not forget the State Industrial Insurance program. Shake this whole list together and season with the work done gratis by individual doctors on their indigent patients. Who then is that person who cannot get medical care?

“How Can I Be a Success in the Practice of Medicine?”

One of the questions most frequently asked by younger physicians, especially those who have just returned from military service is: “How can I be a success in the practice of medicine?”

What constitutes a success differs greatly in the mind of each individual. Some consider good financial remuneration most important, while others consider professional ability and recognition, both national and international, as the only yardstick of success.

As one grows older and has had the opportunity to observe the rise or decline of doctors of equal training and ability, it is not difficult to see why some have advanced, while others did not.

I am a firm believer in the philosophy that one having average training and ability can reach any professional goal he may set.

The higher the goal one sets, the more it will be necessary to sacrifice to reach the objective.

There is opportunity for work for all. Get associated with clinics, read all the current literature in your line as well as the *Journal of the A. M. A.*, attend all medical meetings, both county and staff meetings; you will always learn something. Attend the state meetings, the *A. M. A.* If you are a specialist attend all your special meetings. Study the programs in advance and be prepared to discuss any paper on subjects in which you have been interested. Do research work, study all interesting or unusual cases and publish them.

Professional success is within the reach of all who are willing to work and sacrifice a few pleasures. When that has been attained financial success is sure to follow—and you will have succeeded!

—*Jackson County Medical Society Bulletin, Kansas City, Mo.*

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NO. 1 ENEMY

Frank E. Adair, M. D., president of the American Cancer Society, in commenting on the importance of the research attack on cancer, said: "Between Pearl Harbor and V-J Day cancer killed more than twice as many Americans as did the Germans and the Japs. Unless we do something about it 17,000,000 Americans now living will die of cancer. It is exceeded only by heart disease as a cause of death. Because it frequently means not only death but long and cruel suffering, it is the disease we dread most. As such it ranks as our No. 1 enemy."

The mind becomes accustomed to things by the habitual sight of them, nor wonders, nor inquires about the reasons for things it sees all the time.—*Cicero*.

An educated person, as Will Rogers once said, is one who can spell well enough to look up a word in the dictionary.

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Minutes of Regular Meeting, Pierce County Medical Society--October 8, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on October 8, 1946, with Dr. L. A. Hopkins presiding. Minutes of the previous meeting were read and approved.

The meeting was turned over to Captain John J. Bonica, Chief of Anesthesia at Madigan General Hospital, and Captains Ervin Addy and Charles Girod, of the staff at Madigan.

Captain Bonica spoke on the anesthesia setup at Madigan and briefly discussed practically all types of anesthesia. He emphasized the role of the medical anesthetist in preoperative medication and selection of anesthesia to fit the patient, the function of the anesthetist during the operation in respect to the administration of fluids and the duties in the postoperative period for detecting and treating anesthetic complications.

Captain Charles Girod discussed the subject of obstetrical anesthesia, with special emphasis on caudal. He gave the counter indications and the dangers of this type of anesthesia, but concluded that it was the anesthetic of choice in normal labors, certain cases of eclampsia and cesarean section.

Captain Addy continued the discussion of anesthesia, giving the technics of sympathetic block, both of the stellate ganglia and the lumbar chain.

The applications for membership of Drs. Ralph Hull and Gerald Geissler were read for the first time.

The following were elected to membership in the society: Drs. William F. Avery, D. M. Nevitt, L. A. Druce, Thomas H. Clark, Helen Price Smith, Hollis R. Smith, J. Hugh Kalkus, Philip Grenley, G. A. Delaney, Harold F. Kahler, Herman S. Judd, Henry Henkin, Richard L. Rich, Leo An-

nest, William P. Hoyt, Murray L. Johnson and Frederick J. Schwind.

A bulletin from the Washington State Medical Association regarding platforms of the major political parties was read.

Adjournment.

OCTOBER 22, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on October 22, 1946, with Dr. L. A. Hopkins in the chair. Minutes of the previous meeting were read and approved.

Second reading was given to the following applications, Elmer W. Wahlberg, John L. Whitaker, Gerald G. Geisler and Ralph H. Hull.

Dr. Fred Schever introduced Ralph W. Neill, who talked to us about the political situation and the position of the various candidates in regard to socialized medicine.

Dr. Hopkins discussed the medical economics section regarding the general trend toward socialized medicine and introduced a panel discussion.

Dr. Joe Hansen spoke of the problem of whether doctors should control the funds in any national health program. In the discussion of this problem comments were made by Drs. Hopkins, Haylina, Larson, Marks, Grenley, Fred Schever and Magmussen.

Dr. Scott Jones discussed the setup of the Federal Security Agency and how it affects the health, welfare and social security of our country. This was discussed by Dr. Hopkins.

Dr. Homer Humiston gave a discussion of the relation of recognized forms of insurance to prepaid medical care. He pointed that in prepaid medical care such as we have in the Pierce County Medical Bureau 10% goes to overhead and 90%

goes for actual medical care, whereas in casualty insurance the salesman receives 30%, professional cost is about 40% and headquarters for operating expense receive the other 30%. No figures are available as to what it would cost to operate a prepaid medical care plan by the federal government. This was discussed by Drs. Hopkins, Schultz and Fred Scheyer.

Adjournment.

GREENHORN

I was taking a pediatric history from the parents of a child who lived in a remote rural area of North Carolina. I asked how much milk the child was given each day. The farmer scratched his head and allowed that the "young 'un takes a right fair amount." "Is the milk pasteurized?" I queried. Farmer and wife exchanged looks which implied my ignorance. "Can't rightly say that it is, Doc," the man answered. "We keep our cow in the barn in winter."

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the month of October, 1946:

Chickenpox	39
German measles	3
Gonorrhoea	20
Impetigo	1
Measles	6
Mumps	1
Poliomyelitis	3
Scarlet Fever	5
Syphilis	8
Tuberculosis	6
Whooping cough	3

Nurse: "I've just been reading the Last Days of Pompeii."

Interne: "What did he die of?"

Nurse: "Some form of eruption."

☆ ☆ ☆

I am only an average man but by George, I work at it harder than the average man.—
Theodore Roosevelt.

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Patients judge all physicians by the acts of any one physician whom they contact.

The ACMA committees that receive complaints listen—and learn—while complainants state they have been unjustly treated by a doctor. Two general opening comments are, "I don't know what's the matter with the doctors here, but . . ." or, "Who do the doctors around here think they are, anyway? . . ." Complaining patients invariably include all doctors in their condemnations of one.

This, of course, is simply human nature. John Q. Public uses this persistent trait in his appraisal of everything. The individual is accepted as representative of the class. If one clergyman strays from the straight and narrow, the entire profession becomes a group of sinful hypocrites; if only one at-

torney pulls a shady deal, the entire legal profession is referred to as a bunch of crooks. And John Q. makes no exception to this rule in his evaluation of the medical profession.

Each physician, therefore, represents not merely himself but the entire medical profession in each relationship with each patient.

—*Hameda County Medical Society Bulletin*

With regard to virtues and vices, your own conscience has great insight; take that away, and everything falls.—*Cicero*.

✱ ✱ ✱

I divide the world into three classes—the few who make things happen, the many who watch things happen, and the overwhelming majority who have no notion of what happens.

—*Dr. Nicholas Murray Butler*

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Presidents' Council.....	Mrs. George Kunz, Jr.

The Auxiliary will meet for luncheon at 1 o'clock on the afternoon of November 14 in the private dining room of Crawford's Seafood Grill.

Mrs. W. D. Kirkpatrick, of Bellingham, State President, and Mrs. Herbert W. Johnson, of Everett, President-elect, who are visiting auxiliaries throughout the state, will be our guests.

The program will be conducted by Mrs. Ross Wright in the form of a forum on "Political Medicine."

THE FEMALE OF THE SPECIES

"Changing their mind" was always considered an inherent privilege of the female of the species—but changing their style of dress and coiffure is now far ahead of this "mind" business. They used to wear hats to cover the head, then they removed the crown and created a "halo" effect with the skull showing through the dome area. Now they wear a cluster of feathers aided and abetted by a few strands of confetti and an elastic support that hooks onto the occipital protuberance which paleontologists predict some day will become so enlarged as to resemble the modern coathanger.

And another thing. They used to wear shoes that laced way above the ankle—then oxfords; then slippers; then they removed the front part of the shoe so the big toe would see the light; then they removed the back part of the shoe. So now all they have left is a six-inch heel and a sixteenth of an inch sole and a small strap around the ankle to hold the thing in place.

We could go on indefinitely—but the imagination is a dangerous thing—in men.

—*Detroit Medical News*

Good humor is a tonic for the mind and body. It is the best antidote for anxiety and depression. It is a business asset. It attracts and keeps friends. It lightens human burdens. It is the direct route to serenity and contentment.—*Grenville Kleiser.*

I know of no safe depository for the ultimate powers of society but the people themselves; and if we think them not enlightened enough to exercise their control with wholesale discretion, the remedy is not to take it away from them, but to inform their discretion by education.—*Thomas Jefferson*

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Things They Say About Doctors

They say the medical profession is monopolistic, that its selfish interests are unfair to other schools of healing; that government control is needed to correct dangerous trends to assure the great American public adequate medical care.

What do they mean, selfish, when they themselves admit that we have added ten years to their life expectancy in the last twenty-five?

What do they mean, talking about government control, when 40,000, and more, volunteered to enter the service of our country, where they established the most inspiring record of military medicine ever known by any nation at war?

What do they mean, the public isn't receiving medical care, when advancements are announced every week? These were discovered and tested and proved by the pro-

fession without government help or control. And they are used to serve the public.

What of penicillin? How is its discovery and use to be construed as a dangerous trend? And the still newer molds that portend even greater cures? And research in enzymes, or malaria prophylaxis, or cancer control, and tuberculosis cure?

Just what is selfish about saving life? What is dangerous about making people well who are sick? What is monopolistic about requiring a standard for such work? Or don't we understand those things as we should?

—*Sedgwick County Medical Bulletin*

TEN COMMANDMENTS FOR THE PHYSICIAN

1. Improve public relations by a Golden Rule attitude to patients.

2. Participate in the veterans' medical service program.

3. Learn all the details of the Medical Service Association Plan.

4. Make the premarital examination more than just a blood test.

5. Read the account of the hearing on the WMD Bill to familiarize yourself with socio-economic problems.

6. Take an active interest in your medical society.

7. Urge your wife to join its Woman's Auxiliary.

8. Participate in the school health program.

9. Be civic minded.

10. Rejuvenate with a postgraduate course.

P. S. An occasional vacation is not harmful.—*Schuylkill County (Pa.) Medical Society Bulletin*

Our language is called the mother tongue because the old man seldom gets a chance to use it.

☆ ☆ ☆

There is no peace and quiet except that which reason has contrived.—*Seneca*.

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THOSE NAMES!

Well, it wouldn't be half so bad if it wasn't for those names. Here we were for the last three or four years taking care of the boys, using lots of atabrine, penicillin and sulfonamides, and they got along all right. They didn't ring the phone all night and they reported to sick call in the morning to get their A. P. C.'s when they were told to. We used amphetamine to keep them awake and sodium pentobarbital to put them to sleep and life was simple.

Now we are back taking care of civilians and things get more complicated every day. At the hospital the internes and nurses talk glibly about Ergon and Fergon and Carbrital; the baby's mother asks is Vi-Daylin better than Vitrate; the aged arthritic demands Prostigmine so that he may walk again. In confusion we search the medical journals; in desperation we pore over Abbott's *What's New*, Lilly's *Bulletin*, P. D.'s *Therapeutic Notes*, Roche's *Organon*; in fury we turn to *Time* and the *Reader's Digest*. Fancy names, fancy drugs, and fancy prices! Pentaplex, Ri-Plex, Surplex, Ulex, Betasymplex—meet the plexes and get a complex. The Vi's are vying with each other for your attention: Vi-Syneral, Vio-Cal, Vi-Delta, Vioform. You're away behind if you don't give your arthritic patients Darthranol, Navitol, Auricol and Sulphocol. What will they think of you?

They're clever, those names. They haunt you until the pen hovers over the blank prescription, then they vanish into limbo. Let's see, was it Hykinone or Amethone or Tridione? Better be sure because it makes a whale of a difference! Who ever thought up Bidupan for gall bladder stasis was good. It ought to fill the bed pan every time. They took Seconal which is brief and Amytal which is long and put them together. They called the two Tuinal which is so doggone clever it is slightly nauseating. Butisal, Eupral, Donnatal, Evipal, Nembutal—just call me "Al" and I'll be your pal.

The detail men are clever too. They

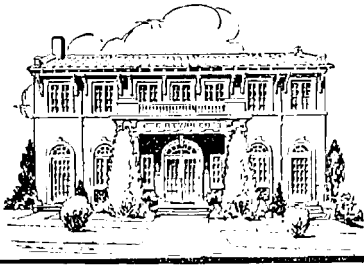
know the situation is so confusing that they seldom try to detail more than one item at a time. The idea is to try and make the name stick, and stick it does, sometimes as long as fifteen minutes. Then they leave those nice little bottles and packages of samples for us to try on our patients. So we try the stuff on our poor patients and find out that there are effects the detail man forgot to mention, such as gastroenteritis and toxic dermatosis and agranulocytosis.

The cause of the whole mess is that once in a while a clever name sticks. It becomes a household word and the manufacturer makes a killing. For instance, do you order ephedrine or Adrenalin, pituitary liquid or Pituitrin, pentobarbital sodium or Nembutal? People buy Listerine instead of Liqueur Antisepticus, Lysol instead of compound solution of cresol, Argyrol instead of silver protein mild. Unwittingly we aid in the build-up of a situation that has progressed to ridiculous proportions.

Sometimes it seems better to chuck them all out the window and just use the simple remedies we had on the Navy supply list. But the objection is that some of the new preparations with their fancy names do have real merit. The manufacturers say that the product must have a name and it might as well be a good one. That is true for some, but others don't need a name, they don't even need to exist. How to separate the good from the bad is the real problem. Somebody who has been following the trend should break into print and give us some information and a few working rules to follow. That would make a good article for the *Bulletin* and be a real service to the returned, confused, disoriented, maladjusted medical veteran.

—*Bulletin of the Mahoning County Medical Society, Youngstown, Ohio*

One of the important lessons the college graduate must learn after leaving school is to know when to stop talking and listen to the other fellow.—*Exchange*



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Public Relations Check List for Physicians

Do I bill my patients regularly so they can plan and adjust their personal finances to meet the cost of medical care?

Do I send my delinquent accounts to a collector who will extract my fee regardless of the reasons for the delinquency or of the consequences to my patients?

In setting my fee, do I make any current medical, dental, and hospital expenses for his family so that my charge is based upon the relation of the entire medical expense to the patient's ability to pay?

Am I giving each individual patient the best medical care and service of which I am capable?

Am I trying to crowd too many people into too short a time to permit me to practice good medicine?

Am I sufficiently willing to admit my limitations as to time and training and refer my patients to qualified physicians in my own or other fields when necessary?

Are my charges absolutely fair and commensurate with the work performed?

Do I discuss my charges frankly with my patients at the time, or before the work is done? Do I invite discussion as to his ability to meet those charges?

Do I adjust my charges on an emotional basis or on that of a competent investigation of the patient's ability to pay?

Do I instruct my patients on the benefits of hospital and health insurance?

Do I consider my patient's time as important to him as mine is to me and so plan my schedule that he is not kept waiting for an unreasonable period?

Do I respect my patient's faith in my integrity by having him return for subsequent treatments only when necessary?

Have I done everything possible from my standpoint to create a feeling of his relationship with me?

—*The Bulletin of the Alameda County
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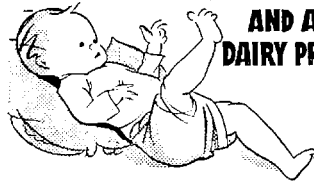


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The extraordinarily good record for the war years was achieved despite many adverse conditions. The very large number of insured men called to the colors were exposed to the special risks which, quite aside from enemy action, are incidental to military life—more particularly accidents. The civilian population suffered hardships and dislocations. Millions of people migrated to war production centers, worked long hours at unaccustomed tasks, and lived in overcrowded quarters. Yet in the face of these difficult circumstances a record was established by our industrial population. Two factors have contributed materially toward bringing about this favorable experience: the generally raised standard of living re-

sulting from full employment at relatively high wages; and the widespread use of sulfa drugs and penicillin in the treatment of a large variety of infections.

—*Metropolitan Life Statistical Bulletin*

GENERAL PRACTICE

By E. B. LELAND, M. D., and
W. D. DESCH, M. D.

The general practitioner has been shoved around a great deal of late by the swing toward medical specialism. As this movement appears to represent more than a temporary trend, it is high time that the doctors affected should recognize the condition and prescribe appropriate treatment.

Probably the most important factor involved in the drift from general to special practice has been the failure of the average family physician to keep abreast of the times. He has continued to practice the same kind of medicine he learned in medical school, without realizing that it has become antiquated within a few years of his graduation. He has not stopped to think that, although he was licensed to practice medicine and surgery, his training was probably confined to medicine and minor surgery. He has made mistakes—serious ones—because he attempted major procedure without previous training or adequate assistance. Or, he may have asked for a consultation when the patient was moribund instead of requesting it at an earlier

(Continued on Page 19)

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date when a change in treatment might have saved a life.

In spite of all the sentimental bosh that has been written about the indispensability of the family doctor, there is every indication that he stands to be liquidated unless he radically changes his practices. It is highly important that the general doctors undertake the house-cleaning themselves, instead of waiting until it is sponsored by others who do not have their interests at heart.

At the present time there is no serious concerted program for the post-graduate education of the general practitioner. There are opportunities, of course, for those who wish to avail themselves of further training, but these opportunities are usually sought out by the doctors who need them least. There is a definite call for a compelling incentive that will cause the physician to continue his education as long as he practices. It has even been suggested that the license to practice be made a provisional one, subject to renewal at, say, five-year intervals, after passing a re-examination.

Then there is the proposal to set up a certifying board for general practitioners, which would provide the stimulus many now lack. The standards of such a board for passing applicants should be high enough to demonstrate that it is at least as difficult to become a certified general practitioner as it is to become a certified specialist.

But after we have been prodded to seek additional training, the impetus will be ineffective unless the facilities for such study are made conveniently available. The initiative in this respect should be taken by the medical schools in co-operation with the various medical societies and hospitals. If the teaching institutions do not choose to revise their curricula so that an adequately trained general practitioner can be produced during his undergraduate years, the obligation exists to arrange for the necessary opportunities later.

One of the reasons for the widespread neglect of the general practitioners' viewpoint has been the scarcity of general practitioners in the governing bodies of medicine. For the most part, the family doctor has allowed the specialist to represent him in medical politics instead of getting in and pitching for himself. This shirking must not continue if we are to have representative leadership.

To repeat, the point to be stressed in this discussion is that the security of the general practitioner depends essentially upon a constant elevation of the standards of medical practice through the medium of a life-long educational program. The "just-a-general-practitioner" must be replaced by the well-trained diagnostician who can readily recognize when a given case does not fall within the scope of his ability or experience. In a sense the new family doctor will limit his practice just as does the specialist. Such an arrangement will meet the best interests of the profession and the laity alike.

—Alameda County Bulletin

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

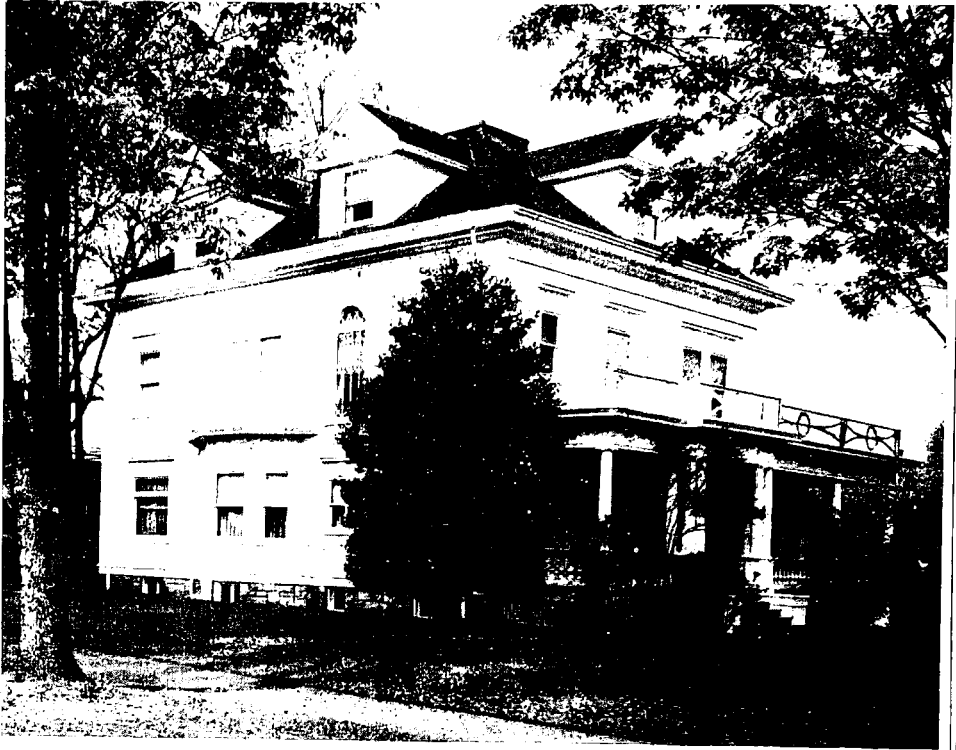
The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the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

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

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The National Physicians Committee has issued a brochure entitled "Compulsion, the Key to Collectivism." It is a handbook on the Murray-Wagner-Dingell Bill and the hearings of the past year. Medical men may well afford the time to study and absorb the background necessary for answering these questions pertinent to the interested laity.—*Wichita Medical Bulletin*



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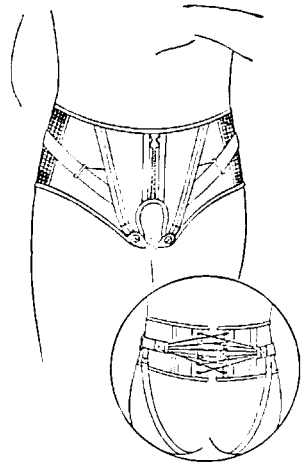
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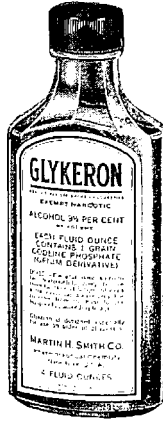
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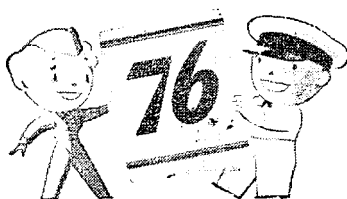
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An ambitious young doctor once stopped a wise old physician in the corridor of a hospital.

"I understand that this hospital and our county medical society are run by cliques, and I'd like to join one. Can you tell me how to go about it?"

"Why, yes," replied the wise old physician. "You are right in saying that this hospital, our medical society, and all organizations are controlled by cliques. If you wish to join one you must know the password."

"Ah hah," said the young man eagerly. "I knew it! Would you mind telling me the password?"

"Now, it is a strange coincidence," continued the older man, "that you can join any of the various cliques with this magic password."

"Yes, yes," exclaimed the young man impatiently. "but what is the password?"

The old clinician looked cautiously up

and down the hall and then whispered. "Go to any member of any clique you wish to join and speak the password: *What can I do to help?*"

—*Detroit Medical News*

Occupational Therapy Workshop Endorsed by Pierce County Medical Society

The Tacoma Occupational Therapy Workshop is happy to have received word that the Pierce County Medical Society feels that the activity of the Workshop is a valuable adjunct in the treatment of certain types of cases, that it should have the whole-hearted support of the medical profession, and that a motion endorsing it was unanimously passed at a recent meeting of the society.

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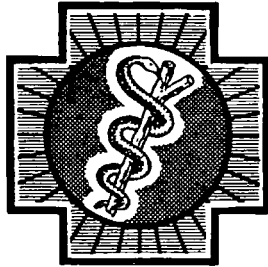
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Bulletin

Vol. XVI.—No. 9



DECEMBER, 1946

Program

Medical Arts Auditorium—8:15 P. M.

DECEMBER 10

The Principles of Hematologic Diagnosis and Therapy
Edwin E. Osgood, M. D.

Associate Professor of Medicine, Division of Experimental
Medicine, University of Oregon Medical School

Case Report on Streptomycin, Homer W. Humiston, M. D.

DECEMBER 24

No Meeting

The Bulletin Staff wishes you all a very Merry Christmas!

OFFICIAL PUBLICATION, - PIERCE COUNTY MEDICAL SOCIETY

Pierce County Medical Society

1946-1947

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EDITORIAL

The increase in the occurrence of mental disease in the United States is a matter of great importance to all of us. Due to the recent lurid articles in the press on the care of these unfortunates the attention of the public has been focused on a problem which we have been aware of for years. It may be of advantage to all of us to acquaint ourselves more in detail with conditions in our own locality so that some false impressions of state institutions for the insane may be refuted.

That mental breakdown in combat is due, as one recent writer asserts, to too much dependence on mother and the home and too little necessity for the individual's relying on himself may be true in part. We should like to bring out, however, that there are many other causes, one of which, to our minds, is more important than any other. Any person to accomplish a task must have motivation. In case of a war the motivation must be strong and must be continually reinforced. In times gone by soldiers reaped an immediate reward in the way of spoils when victorious. Death to a soldier of Mohammed was a one-way ticket to paradise.

But somewhere along the line we have failed, in training our children, to bring home to them just what their benefits are in living in the United States. Too many of our soldiers went to war with no realization of what they were fighting for. The army realized this and tried by orientation courses, lectures and movies to make the picture clear. Unfortunately, the instruction came late. Someone has said "Give me the child and I will have the man." To our way of thinking, we must train our children to the realization that another war may come and when it comes they will be called on to do their part. We do not need to glorify war but we must be realistic. If the United States is to defend itself successfully it will be because everyone realizes what he has to lose in the event of defeat. A man must have a motive to fight.

PERSONAL

By WINGHELL LARSON

The big snowstorm had many repercussions. All the doctors were seriously inconvenienced but Dr. Rea, of the Western State Hospital, took the brunt of it. A falling tree struck him on the shoulder, fracturing his clavicle. We are sure none of the patients had it in for him, despite his position.

☆ ☆ ☆

George Kunz, Jr., has gone into the restaurant business—the "Cozy Cafe" at 26th and Proctor. The first meal should be on the house to any medic. Anyway, George will have a place to eat when times get tough.

☆ ☆ ☆

George Kunz, Sr., just finished his biennial income tax reducing trip. He took in the Interstate Postgraduate Medical Association meeting in Cleveland and then went on to New York City, where he developed

a severe and intractable case of fannyculitis from sitting through so many shows. He drove a new Dodge back home through the midwestern snow storms and got here just in time to see ours.

☆ ☆ ☆

Buis advises that in checking the 1921 A. M. A. Directory with the latest edition that there are only 28 doctors in Pierce County in active practice today out of a total of 125 in 1921.

☆ ☆ ☆

Val Schwind does not have to park his car a block away when making house calls any more. He is sporting a new Buick.

☆ ☆ ☆

Murray Johnson finally has an office in the Medical Arts. Good luck to a fine surgeon.

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Notice of Proposed Change in By-Laws

It has been proposed to amend Section 3, paragraph 1, of the By-Laws to read as follows:

The annual dues of this Society are due January 1, annually, from each member, excepting those specifically exempted. The dues shall be \$50.00 for members practicing in the city of Tacoma and \$37.50 for those practicing outside of the city.

It has also been proposed that Section 1a of the By-Laws be amended to read as follows:

Graduates in medicine granted membership within five years following completion of their internships shall pay dues amounting to \$35.00 per first year of active practice, \$40.00 per sec-

ond year, \$45.00 per third year and regular dues thereafter.

These proposed changes in By-Laws have been approved by the Board of Trustees and will be voted upon at the regular meeting of December 10, 1946.

The well-bred man sits at his table,
And patiently waits for his meats,
While the ill-bred cuss
Makes a terrible fuss,
And gets all the service, and eats.

☆ ☆ ☆

Mistress (to new servant): "Now remember, Dinah, we like to be served with alacrity."

Dinah: "Yassum . . . and does you like hit after de soup, or before?"

☆ ☆ ☆

An ideal husband is what every woman thinks the other woman has.

DIRECTED ACTIVITY TO SECURE

- Increased Joint Motion
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- Improved Coordination



Tacoma Occupational Therapy Workshop

WILLIAM JONES MEMORIAL

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Endorsed by Pierce County Medical Society

SOME DEFINITIONS

A conference is a group of men who individually can do nothing, but as a group can meet and decide that nothing can be done.

A statistician is a man who draws a mathematically precise line from an unwarranted assumption to a foregone conclusion.

A professor is a man whose job it is to tell students how to solve the problems of life which he himself has tried to avoid by being a professor.

A consultant is a man who knows less about your business than you do and gets paid more for telling you how to run it than you could possibly make of it even if you ran it right instead of the way he told you.

A specialist is a man who concentrates more and more on less and less.

An optimist is a person who thinks the future is uncertain.

A pessimist is a person who is afraid the optimist is right.

An economist is a man who can make a simple subject complex, a complex subject simple; in other words, an economist is simply simple.—*American Bar Association Journal*.

Tacoma Occupational

Therapy Workshop

The Workshop will not be open Monday, December 23, through Friday, January 3.

She: "Why, doctor, you told me to show you my tongue, and you haven't even looked at it."

Doctor: "No—it was only to keep you quiet while I wrote out the prescription."

☆ ☆ ☆

The atomic bomb will never determine who is right—only who is left.

Announcing—

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FOUR CONCERTS OF GREAT MUSIC

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Minutes of Regular Meeting, Pierce County Medical Society — November 12, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on November 12, 1946, with Dr. L. A. Hopkins presiding. Minutes of the previous meeting were read and approved. The attendance at this meeting was 105.

Dr. Carl G. Heller, of the University of Oregon Medical School, gave a very capable discussion of the various indications for the use of testosterone. He stated that the main use of testosterone was in cases of primary testicular failure. He discussed the symptoms of the male climacteric, stating that it was a condition which was infrequent and pathological, in contrast to the physiological occurrence of the menopause in the female. He stated that in this condition testosterone propionate by injection was the only effective method of treatment. The dosage recommended was 25 mg. a day for two weeks, then a gradual lowering of dosage to the individual's needs. He briefly mentioned the use of testosterone in primary testicular failure in Klinefelter's syndrome. Dr. Heller pointed out that testosterone is not the drug of choice in secondary testicular failure. In these cases pituitary extracts were advised. This drug is undesirable in the prepubertal child and has no beneficial effect in cases of sterility, psychogenic impotence, angina pectoris, cryptorchidism or benign prostatic hypertrophy. The paper was discussed by Drs. J. M. Mattson, Herrmann, Hoyer, W. W. Mattson, Hunnison and Grenley.

The regular business meeting was then taken up.

The application for membership of Dr. Merrill Wood was read for the first time. By unanimous vote Dr. Charles Arnold was elected to courtesy membership and Drs. S. S. Pinto, G. G. Geissler, R. H. Hull, J. L. Whitaker and E. W. Wahlberg were elected to membership.

Dr. B. D. Harrington made an announcement concerning the Community Chest.

The following amendments to the By-Laws were read, for subsequent voting by the Society:

Section 3, paragraph 1, be amended to make the annual dues for members residing in Tacoma \$50.00 and for out-of-town members \$37.50.

Section 1a be amended to change the figures to \$35.00, \$40.00 and \$45.00.

There being no further business, the meeting adjourned.

NOVEMBER 26, 1946

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on November 26, 1946, with Dr. L. A. Hopkins presiding. Minutes of the previous meeting were read and approved.

The application for membership of Dr. Merrill Wood was read for the second time and the application was passed by unanimous written ballot.

Dr. Carl Schever made an announcement concerning the Lutheran Old Folks' Home and Hospital and suggested that it was a worthy cause for voluntary contributions.

Proposed amendments to Section 3 and Section 1a of the By-Laws, changing the annual dues, were read. Dr. Buis pointed out that the proposed amendments had not been published in the Bulletin and consequently could not be voted upon until the next meeting.

Mr. Simon Wampold, Jr., Supervisor of Industrial Insurance, spoke about the liberalized policy of the Department of Labor and Industries as regards the authorization and payment of doctors' bills for state cases. He stated that in the near future all state bills to doctors would be paid within sixty days. He discussed the subject of disability awards to injured workmen

and indicated that it was the policy of the department to give the workmen as much money as possible under the law. This was followed by a general discussion from the floor.

The meeting was adjourned.

RIGHTS AND DUTIES

An alumnus, attending the last commencement at Yale — his first in many years—found a change in the words used in presenting degrees. Formerly it was customary for the president in presenting a degree to say, "I admit you to all its rights and privileges." In 1946 President Seymour is reported to have said, "I remind you of its duties and admit you to its rights."

It would be a fine thing if everyone who enjoys the rights and privileges of a citizen of the United States could be often reminded that with these go responsibilities that cannot be evaded. When Jefferson spoke of inalienable rights, let it be said

again, he meant that while no one could take them away, neither can one give them away. Despotic, autocratic governments may interfere with and hinder subjects in the exercise of these rights, but the truth of the Declaration of Independence cannot be changed — that we are endowed by our Creator with certain inalienable rights.

Our land would be blessed indeed if all of us frequently asked ourselves what we might give to make it even better than it is, rather than to be always seeking for benefits that may bring us prosperity at the cost of loss to others.—*Liberty*.

TODAY'S LAUGH

They tell about the medical director who, in the days when he was in private practice, rushed into the coroner's office:

"I want to change that death certificate I gave you yesterday. I put my name down in the space marked 'Cause of Death'."—*Exchange*.

CARL E. WALLACE, B. S.
Bacteriologist

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CAN YOU DEFINE THEM?

Some definitions you won't find in Webster's Dictionary:

BLOTTER — Something you look for while the ink dries.

GOLF BALL—What a man chases when he's too old to chase anything else.

LIPSTICK—A red menace that a girl can't keep on and a man can't get off.

PERSONALITY—The ability to make the other fellow think he is important too.

PROFESSION — An occupation that would not be necessary if people behaved like human beings.

INFANT—An audible appetite that has no respect for time or place and has varying degrees of humidity.

INCOMPATABILITY — A legal term which means the husband is a rotten bridge player.

WAFFLE — Pancake with a non-skid tread.

BACK-SLAPPER—A person who hopes he can make you cough up something.

IGNORANCE—When you don't know something and somebody finds it out.—*Exchange*.

THE DOCTOR'S HOSPITAL

Among some of our doctors there continues to be the misconception that only those doctors who are members of the Pierce County Medical Bureau are eligible to treat patients at the Doctor's Hospital.

May we again make the statement that the Doctor's Hospital is open to any ethical M. D. for the treatment of any of his patients regardless of Medical Bureau membership.

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Treasurer.....	Mrs. N. E. Magnussen
Corresponding Secretary.....	Mrs. R. D. MacRae

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	{ Mrs. L. A. Hopkins
Membership.....	Mrs. L. S. Baskin
Telephone.....	Mrs. S. R. Lantiere
Social.....	Mrs. L. E. Skinner
Publicity.....	Mrs. Miles Parrott
Visiting.....	Mrs. S. F. Herrmann
Legislative.....	Mrs. T. H. Duerfeldt
Hygeia.....	Mrs. H. F. Griffin
National Bulletin.....	Mrs. R. D. MacRae
Public Relations.....	Mrs. F. C. Willson

COMMITTEE REPRESENTATIVES

American Cancer Society.....	Mrs. A. H. Buis
Presidents' Council.....	Mrs. George Kunz, Jr.

Starting promptly at 1:30 on the afternoon of December 12, the Auxiliary will gather for a business meeting and tea in the auditorium of the new Tacoma General Hospital Nurses' Home.

A delightful program has ben arranged, consisting of Christmas readings by Mrs. Lock C. Richl and musical numbers by the Nonettes, a group of girl singers from Clover Park High School. Mrs. John Steele is in charge of the program.

PERSONALS . . . By Winchell Larson

George announces the arrival of "Swami" Rickles, the firstborn and a girl.

☆ ☆ ☆

Vadheim has turned into a holiday sump pump plumber. Why don't you ask Clyde's advice?

☆ ☆ ☆

An evening's interesting entertainment might be arranged in a debate between Pres. Ross Wright and Simon Wampold, of the State Department of Labor and Industries, on the definition of the term "We."

☆ ☆ ☆

The pathology secretary at the Tacoma General Hospital is having beau coup trouble with the classification of diseases. It seems as though Quevli's terminology has finally impressed Larson and the staff, because the secretary wants to know how to classify "so-called" diseases.

☆ ☆ ☆

President Lewis Hopkins sees all movies for free now. He has been appointed on the local motion picture censor board. How are the chances for a private showing of The Outlaw?

☆ ☆ ☆

A letter from Carroll Carlson, now located in Beverly Hills, says: "Everything is running along smoothly; am very busy. We are well situated, live in Westwood, comfortable and satisfied to stay here the rest of our lives. The weather is delightful. Please give my greetings to the gang."

☆ ☆ ☆

At the annual meeting of the North Pacific Surgical Association in Spokane on November 22 and 23, Sig Herrmann and Bill Goering held forth on "Congenital Intestinal Obstruction" and "Orthopedic Conditions Observed in the Service", respectively.

California Florists

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Death Takes No Holiday

A few years ago an acquaintance of ours, whose motor car was in a garage undergoing repairs, asked us to drive him downtown. This we gladly consented to do, but noticed he seemed quite restless at the relatively slow progress we were making in the heavy traffic. We asked him if he had an important appointment, but he said no, he just didn't like to lag behind every other car on the street.

Finally, coming to a particularly congested intersection, unprotected by a traffic light, we came to a dead stop and waited for a chance to make a left turn. Our friend said: "You don't believe in taking any chances, do you?" We replied we didn't believe in taking needless chances, especially as we had all morning to get where we were going. "Well," said our passenger, "I've noticed four times where you had the right-of-way, and you let the other fellows get by first every time. You ought to read up on the traffic rules, Doc."

Exactly two months later, to the day, this chap, while driving his own car, was struck and instantly killed at the same intersection, and there is utterly no doubt in our mind that he had the "right-of-way" at the time!

It is not our purpose to moralize, nor to sum up all the causes of careless driving. There is such a thing as going too slowly in fast-moving traffic, and we all have been exasperated at the sight of some senile fossil fumbling at the gear-shift lever as though it were the latch on a garden gate. But at least you can dodge this fellow by going around him, whereas your speed demon doesn't give you a chance for your life when he fails to slow up at intersections, where common sense, if not warning signs, should indicate caution.

With a steadily mounting death rate from car accidents, it is difficult to believe that this city was once considered the safest in the country from such causes. As late as 1910 our per capita toll was lower than that of any other American city of comparable

size, yet the number this year has mounted to fifty-seven, as this goes to press, against forty-six for the entire year of 1945.

In discussing this situation with Mr. Henry Johnson, Superintendent of Traffic, we naturally inquired whether or not it could be attributed to inadequate policing, but he assured us there are only thirty less traffic officers on duty now than in 1940, when traffic fatalities were lowest. Mr. Johnson also stated this deficiency would be made up by the latter part of the present month.

He believes, in common with most sociologists, that the traffic situation is but one manifestation of the general, country-wide disregard for law and order, as evidenced by the increases in arson, juvenile delinquency, homicides and lesser crimes. It all checks back to the individual malefactor, whether he is wielding a black-jack or driving a car.

Which suggests an epitaph for our late lamented friend who insisted upon his "right-of-way" in spite of all obstacles:

"Here lies the body of Johnny Wray,
Who died maintaining his right-of-way;
He was right, all right, as he sped along,
But he's just as dead as if he'd been all
wrong!"

—*Jackson County, Missouri, Medical Society Bulletin.*

Uncle: "You boys of today want too much money. Do you know what I was getting when I married your aunt?"

Nephew: "Nope. And I'll bet you didn't either."

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A. M. A. Joins World Medical Association

The American Medical Association, by action of the Board of Trustees at its last meeting, has become a member of the "World Medical Association"—an organization which will promote the interchange of medical information among the medical associations of the world, according to an editorial in the October 26 issue of *The Journal*.

The editorial follows in full:

"At the end of September a conference met in London in which there were medical representatives of twenty-one European countries and ten countries outside Europe and at which the American Medical Association was represented by several observers appointed by the Board of Trustees. The meeting was held under the joint auspices of the British Medical Association, whose president, Sir Hugh Lett, presided, and the Association Professionnelle Internationale des Medecins. The latter organization was an assemblage which was constituted before the war to give opportunity for interchange of medical information among the medical associations of the world regarding mutually interesting problems. The new conference agreed unanimously that an international organization of medical associations should be established and should limit itself to matters of medical practice and social medicine. The French, Belgian, Greek and Dutch delegates indicated that every country had its academics for promo-

tion of medical science and that the immediate need was for an organization to defend the rights of the ordinary practitioner, especially in view of legislation passed in many countries. Dr. T. C. Routley, representing the Canadian Medical Association, indicated the desirability of an agency whereby the World Health Organization and UNESCO could make contacts with the medical associations of various countries. Ultimately the following platform was adopted for the new World Medical Association:

"To promote closer ties among the national medical organizations and among the doctors of the world by personal contact and all other means available in order to assist all peoples of the world to attain the highest possible level of health: to study the professional problems which confront the profession; to organize an exchange of information on matters of interest to the profession, and to establish relations with, and to present the views of the medical profession to, the World Health Organization and the United Nations Educational, Scientific and Cultural Organization."

"The members of the World Medical Association will be international medical associations representative of the medical profession in the country concerned. A subscription was fixed at 10 Swiss centimes per member for each national group up to a total of 10,000 members and 5 centimes per member above the first 10,000, with a maximum for any member association of 1,500 Swiss francs. Each member association will have two seats on the governing body. A professional committee of nine was established to draft a constitution and by-laws in French and English to be submitted to the next conference, to be held in Paris. There are to be two secretaries for the World Medical Association, one in London and one in Paris. The American Medical Association, by action of the Board of Trustees at its last meeting, became a member of this organization." *Bulletin of Omaha County Medical Society.*

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Community Leadership

Recently one of our "throw away" magazines had the story of a physician made president of a university. This seems unusual. Ray Lyman Wilbur is the only one that comes immediately to mind though doubtless there are a few others. Even our medical schools are not headed by their own products since they are only appendages to academic organisms.

Not only are physicians seldom presidents but they seem to be conspicuous by their absence on boards of trustees or other governing bodies. A striking example near at home is afforded by Brown University. Soon after the Civil War Dr. W. W. Keen was made a trustee and later a fellow. The whole-hearted, enthusiastic and skilled service that he gave for many years might have suggested that more of his breed be used. But we believe that never since has a medical man been a Solon at the college on the hill. It would be easy for us to make a list of physicians, loyal Brown graduates, who would have brought much needed attributes.

Possibly the first source from which the boards have been filled has been successful business men. Shrewd traders, hard drivers, but not at all necessarily repositories of educational wisdom. And the lawyers who are notoriously the governing class are by the very nature of their work special pleaders. Imagine their considering each case on its merits and then insisting on working on the side where they felt truth lay! But this is exactly what good physicians are always doing. With every desire in the world to consider a case benign they will never cease in their efforts to show malignancy if it is there.

Since writing the above, we have read the address at San Francisco of Dr. Roger Lee, President of the American Medical Association. It is pleasant to find that our weak gropings to express an idea have brought us somewhere near the conclusion which this clever man expresses so well. We conclude with an extract from his remarks:

"I believe he (the doctor) is entitled to a seat and a voice at the council table and not in the next room as a possible expert or specialist. I believe the local community, the state, the nation and any congress of nations would benefit by his advice on public matters. Today he is almost automatically excluded, and thereby the world suffers. Furthermore for its own interests, which are so peculiarly altruistic, the medical profession needs a voice at the council table. No other group is more unselfish and altruistic in its traditions and aims than medical men. And yet in a recent unofficial and voluntary conference on world affairs no doctor of medicine was present in the throng of lawyers, clergymen, editors, social scientists, physical scientists, commentators and others.

"Why this exclusion from public and world affairs? I have suggested the trite and time worn explanation that the doctor is occupied and engrossed in purely professional matters. But certainly doctors have attained standing in poetry, music and the creative arts. They can hardly be accused of a constricted horizon. Somehow for the benefit of the general public and of the world and for the benefit of the medical profession itself this situation ought to be remedied."

—*Rhode Island Medical Journal*.



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ATOM BOMB AND MEDICAL RESEARCH

As in the case of other projects undertaken primarily for the conduct of war, many significant and far-reaching peacetime developments can be expected to result from the knowledge and materials acquired in the course of producing the atom bomb. Numerous developments of interest to biologists and to medical investigators will undoubtedly result from the fact that certain radioactive isotopes are now available in sufficient quantities for use in fundamental researches. Valuable contributions to physiology and therapeutics have already evolved as a result of the use of

such isotopes produced in relatively small quantities with the cyclotron. The use of radioactive iodine in the treatment of thyrotoxicosis by Hertz and others and the studies of Ross and Gibson and their associates with radioactive iron are examples of local contributions made possible with the materials and methods developed by Evans, Roberts and others at the Massachusetts Institute of Technology.

Those in charge of the Manhattan Project have recently made a detailed announcement concerning the isotopes that will be available and the mechanism by which investigators may obtain them. It was pointed out that the production of tracer and radio-therapeutic isotopes is one of the great peacetime contributions of the uranium chain-reaction pile. Since the inception of the pile, these men have been cognizant of its peacetime potentialities, and since the end of the war, they have been active in attempting to realize these opportunities. Since, however, the war-built piles and wartime researches had other objectives, a considerable transition in developments and operations connected with the piles must be effected before the supply of radioactive isotopes can begin to meet the demand.

The limitation of the pile in making available pure radioactive substances must be emphasized. Most of the products being made available are not salvaged by-products of the plutonium process but are items requiring special production from processed irradiated uranium. In particular, the majority of the radio isotopes in greatest demand in biology and medicine, such as those of carbon, sulfur and phosphorus, must be produced by irradiation of materials that are foreign to the existing piles, which were not designed for this purpose.

Special committees have been set up and policies have been temporarily established for the distribution of materials as they become available. The chief criterion to be used in their distribution is the maximum benefit to the national welfare considering

In Memoriam

GEORGE D. SHAVER
1861 - 1946

Although few doctors in Tacoma ever heard the name of Dr. George Shaver, each of us now practicing is indebted to that man.

He graduated in 1883 from Rush Medical College, interned for a year at Cook County Hospital and shortly after came to Tacoma.

At that time Washington was still a territory and there was no Medical Society in this county. On August 24, 1888, Dr. Shaver met with seven other doctors in Dr. Wintermute's office and there helped organize the Pierce County Medical Society. The next year the State Medical Society was formed in Seattle.

At a Pierce County Medical meeting held July 24, 1889, it was voted to present to the next constitutional convention at Olympia, the following propositions: the establishment of a State Board of Health, a Bureau of Vital Statistics, and laws to regulate the practice of medicine and surgery.

Today we accept the benefits of our excellent library, our modern, finely equipped auditorium and the privilege of attending the many scientific meetings held during the year, without a thought for the work of doctors, now gone, who by their efforts made these advantages possible.

Dr. Shaver was the last of those pioneers who organized and for many years helped guide the development of our own Medical Society.

For us who follow after, the least we can do is to give this expression of our sincere appreciation.

(Continued on Page 16)

the limited amounts of radioactive isotopes that are on hand. They are to be distributed to individuals only through qualified institutions and organizations, which will be responsible for their proper use. Charges for the additional costs incurred in filling these requests will be made to the institutions in which they are used.

A list of the supplies of the various materials on hand and their properties was published. Additional materials and more suitable ones will undoubtedly become available as time goes on and will probably be of the greatest help in working out many of the difficult but fundamental biologic problems that can best be solved through the use of such tracer materials. One can also look forward to considerable advances in the therapeutic use of radioactive materials.—*New England Journal of Medicine.*

WHUTTA LANGUAGE!

If one is a tooth and a whole set are teeth,
Then why shouldn't booth in the plural
be beeth?

If the plural of man is called men,
Why shouldn't the plural of pan be called
pen?

You may find a lone mouse or a whole nest
of mice.

But more than one house is most surely
not hicc.

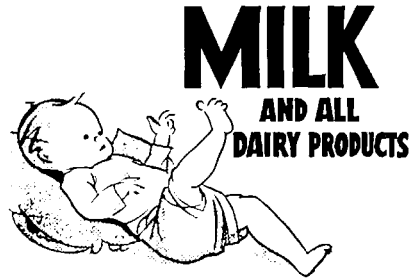
A cow in the plural is properly kine,
But a bow it repeated is never called bine.
Then one may be that and two would be
those

Yet hat in the plural would never be hose,
We speak of a brother and also of brethren,
But though we say mother we never say
methren.

The masculine pronouns are he, his and
him,

But imagine a feminine she, shis and shim!
So the English, I fancy, you all will agree,
Is the funniest language you ever did see.

--Exchange.



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Communicable Diseases

The following is a report on the number of contagious diseases in the City of Tacoma for the month of November, 1946:

Chickenpox	13
Diphtheria	1
Erysipelas	2
German Measles	2
Gonorrhoea	34
Measles	0

Impetigo	1
Meningitis, Spinal	1
Mumps	0
Poliomyelitis	2
Scarlet Fever	8
Syphilis	18
Tuberculosis	14
Typhoid Fever	1
Vincent's Infection	2
Whooping Cough	1

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

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

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May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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MAin 1200

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find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

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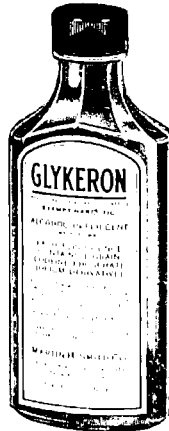
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Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

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

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

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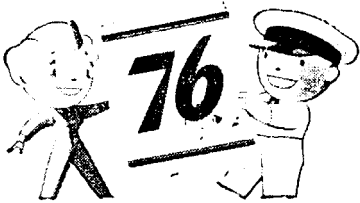
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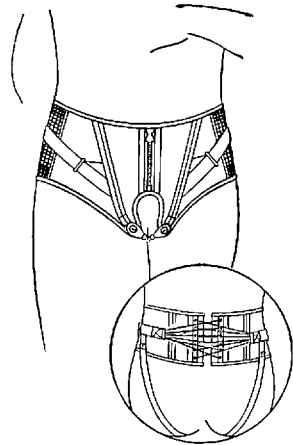
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