

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

Vol. XVIII—No. 5

TACOMA, WASHINGTON

JANUARY, 1948



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1947-1948

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Programs

Medical Arts Auditorium

January 13, 8:15 p. m.

Hernia—Henry Nelson Harkins, Professor of Surgery, University of Washington Medical School.

From Who's Who in America: Harkins, Henry Nelson, surgeon; b. Missoula, Montana, July 13, 1905; s. William Draper and Anna Louise (Hatheway) b; B. S., U. of Chicago 1925, M. S., 1926, Ph. D., 1928; M. D. Rush Med. Coll., 1931; post grad. work, U. of Edinburgh, and Nat. Hosp. London 1933; Guggenheim Memorial fellow in surgery U. of Edinburgh, U. of Ghent, U. of Frankfurt-am-Main, U. of Uppsala, 1938-39; m. Jean Hamilton Trester, June 19, 1937; children—Pamela, Jean, Ellen Christine, Anne Wayne and Harriet Nelson.

Interne, Presbyterian Hosp., Chicago, 1930-31; Douglas Smith fellow in medicine, U. of Chicago, 1926-28, in surgery, 1934, asst. resident in surgery 1931-36, instr. in surgery and chief resident surgeon, 1936-38; asso. surgeon, Henry Ford Hosp., Detroit, 1939-43; research asst., asst. prof. physiol. chemistry, Yale, 1943; asso. prof. surgery Johns Hopkins U. Med. School 1943-1947; professor of surgery, School of Medicine, University of Washington, 1947.

First Lt. Med. Res., 1931-36. Diplomate Nat. Bd. of Med. Examiners, Am. B. of Surgery, Fellow Am. Coll. of Surgeons; mem. A. M. A., Am. Fedn. for Clinical Research, Am. Physiol. Soc., Am. Human Serum Assn., Inst. of Medicine of Chicago, Central Surgical Assn. (founder mem.), Soc. for Experimental Biology and Medicine, Soc. of Univ. Surgeons, Mich. State Med. Soc., Mich. Acad. of Science, Arts and Letters, Tau Kappa Epsilon, Nu Sigma Nu, Sigma Xi Club; Stonecroft Golf (Detroit). Author: The Treatment of Burns, 1942. Contributor of articles to the medical journals.

Top of the Ocean—6:30 p. m.

January 26

Members and Their Ladies

Dinner-Dance

Semi-formal

See announcement on page 16

The President's Page . . . THE DOCTOR RESOLVES

The New Year brings with it the urge to re-evaluate ourselves. Many will translate their resolutions into a plan whereby they can increase their general efficiency. In a world that is in such dire need for more work and real service, as contrasted to the avaricious desires for more return for less effort expended, this may be commendable. However, the doctor of medicine needs to survey himself in an entirely different light. He should ask himself if these added hours of work justify the "high blood pressure" of an efficient life. Is he not throwing away something more valuable—the art of living? Most of us have gone through a holiday season which has consisted for the most part in re-acquainting ourselves with our own families. No doubt, some of us have found some real values right in our own homes that we have taken very little time to broaden. We will now get down to the business of pushing that all into the background until a short vacation in the summer or another Christmas time will again allow us the time to discover anew. This false idealism of ours needs to be tempered with a more healthy realism and a less infantile logic.

Perhaps there are still strong puritanical ideals ingrained in our behavior that impel us to feel that we must be uncomfortable to be virtuous, that work is the only real virtue and that the enjoyment of life is sinful. The all too much emphasis that has been placed in Christian teaching on the basic idea that man is a sinful creature has placed in most of us a psychological deterrent to the enjoyment of life.

The Greek pagan world conceived man differently; he was like a god except that he was mortal. And his gods were more human except that they were immortal. The Chinese view man as the lord of creation. All men have passions, natural desires, ambitions and a conscience. Culture consists solely in bringing the expression of these passions and desires into harmony. If this be so, most of us have a long way to go before considering ourselves cultured. Yet the average doctor believes himself a reasonably cultured person.

It is as though we were hemmed in between heaven and earth, between idealism and realism, between lofty desires and baser passions. And being thus human we thirst for knowledge and for water, love of an idea and a good meal, admiration of a beautiful saying and a beautiful woman. In other words, it takes a proper mixture of idealism and realism to make life worth living. Certainly we will become more tolerant and understanding of our patients who are also human if we will get a little more of the Chinese culture into us. Mechanically we may do a perfect job, but lacking that human equation of a proper mixture of idealism and realism, we might as well be practicing medicine on animals.

So much has been written for the poor doctor's wife, extolling her virtues but reminding her always that she must be forever the patient understanding fifth wheel on a moving vehicle that is always charging down the highway of life headed in a direction that is all too uncertain to be called a goal to happiness. These epistles are for the most part an alibi for the doctor to travel on his road unhampered. His "public" must have all of him. Well, they will not get a human doctor, but one full of theoretical parlance and not much practical sense.

Most doctors' wives, if they are not entirely negative worshipful creatures, will react to such a situation by building a life of their own as soon as the children are sufficiently grown. In later years when the doctor might think of retiring he will be deterred, either because he has developed no hobby outside the practice of medicine or because he has lost his partnership in life with his wife. He should therefore develop a reasonableness in living which encompasses more than his medical practice.

This is an appropriate time of the year to get together with the rest of the doctors and their wives to reaffirm their intentions of making their family life compatible with good medical practice. And when he advises the mother of one of his small patients that what the child needs is a father, he will not have to think that over in his own mind when he arrives home that evening.

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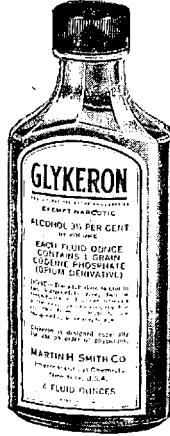
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Editorially Speaking . . .

OUTSIDE ACTIVITIES

Hopes, plans and good intentions are in our minds as the New Year begins. We hope the present, long established character of medical practice will not undergo any drastic changes. We plan to use our time and energy to the best advantage. As far as intentions are concerned they have two outstanding characteristics. In the first place they are always good and in the second place hind sight reveals most of them lying by the roadside battered and forgotten.

Conditions around us may improve or worsen but there will always remain a constant satisfaction in meeting the endless variety of peculiar experiences which go to make up the doctor's daily work.

Our primary interest must be the giving to our patients the best service our ability allows. That done and a liberal amount of time and thought given to our home life, there is usually time remaining for what may be considered outside activities. Some of our younger doctors feel they should give no time to any activity apart from their profession. These men have chosen to be considered specialists and rightfully appreciate the years of uninterrupted effort which lie ahead of them to secure and maintain that standing. Some may consider these men to be entirely selfseeking but they are the ones on whom the rest of us will depend for the solving of our difficult professional problems; and we say, "more power to them."

In another group are those of our doctors, usually of more than middle age, who give a large portion of their time and interest to city, state, and national activities, medical or otherwise.

They are unselfish with their time and energy and their work is largely unappreciated by those who receive the resultant benefits.

The activities of the great majority of doctors are found between these two extremes with a small minority of the number concerning themselves with any social-medical problems. This number could be increased to the advantage of the individual doctor and of the organization in which he participated.

There is much talent among our doctors and many get real pleasure by taking part in some civic activity. For those who do not share in such may we say there are in Tacoma many active programs where a doctor's help would be welcomed. At the beginning of each year service clubs circularize their members with a list of the club's activities and ask each member to indicate the special activity in which he would like to participate.

May we suggest considering a somewhat similar plan for our Medical Society, and by that means we may do some of our newer members a definite service.

Nearly every existing organization in this city has some type of health interest in their program and with many the interest is continuing.

Because that is the case there is offered an opportunity for some of our members to give valuable counsel, improve public relations and to gain worthwhile individual pleasure and profit.

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THE MEDICAL LIBRARY

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From time to time a harassed medic will dash into the library with the wail that he has to give a talk before the Kiwanis Club or a P.-T. A. or over the radio tonight and doesn't know what to talk about, or if he has a subject he needs an outline to hang his facts upon, or—possibly he lacks facts. or so he says!

In these days when so much inaccurate "medical" information is being served up to the lay public and when so many half-baked "medical discoveries" are being written up as gospel truth by writers who think only of pot boiling, these talks before lay audiences are well worth while.

It has been our experience that doctors find speaking before a lay audience much more trying than talking before their confreres. It is difficult to avoid the scientific words they use automatically with each other and to remember that the audience has not the background of scientific education which is pre-supposed in a medical audience.

To assist in preparing talks before lay audiences the library has built up rather a comprehensive file of material written in simple language, to which we are constantly adding from different sources. We also receive several monthly publications such as the Bulletin of the Metropolitan Life Insurance Company, Cancer News and the publication of our own Health Department, the Health

Bulletin, all of which contain material that is useful at some time or another.

As to the delivery of such a talk, we quote from an article by Dr. W. A. O'Brien, of the University of Minnesota: "What is the secret of talking to non-professional groups about scientific matters? The answer is very simple, for all that you have to do is to put yourself in the place of the audience. Simple, dignified, sympathetic speech should always be employed and every statement weighed in advance, to avoid misinterpretation. In spite of your best efforts you will fail, but do not worry too much about this, as the main purpose of such discussions is to interest the listener and make him want to know more about the subject."

Your library will be glad to be of assistance to you in assembling material for this type of paper.

—Remember the Cancer Clinic—

Proposed Alteration in Constitution

Be it moved that Section 2 of Article III—Membership—Section 2 Qualifications (b) Qualifications for each class ([2] Active Members) be amended to read:

(2) To be an active member one must be an accredited transfer from another county medical society or one must have practiced in Pierce County for not less than six months, or in a contiguous, or neighboring county if it be more convenient to attend the meetings of the Pierce County Medical Society, and if the society in whose jurisdiction he may be consents to an affiliation with the Pierce County Medical Society.

—Remember the Cancer Clinic—

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Blood Bank Volunteers



Left to right, front row: Mesdames Robt. W. Florence, Bennie Crann, Arnold Hermann, A. H. Onstad. Second row: Mesdames Herman S. Judd, Frederick T. Haley, Edward Wolf, Haskel L. Maier, Blakely Crary, Harry V. Smith, Wm. C. Deering (at desk), R. M. A. Williams, E. S. Boody, R. I. Sanders., Back row: Mesdames John R. Campbell, Lester Baskin, M. S. Erdahl, E. J. Holte, C. H. Oren, Carl Eckstein, Larry E. Homm, Bertil E. Johnson, Frederick J. Schwind, Ray Novak, Douglas L. Barlow and James R. Mace.

Tacoma Occupational Therapy Workshop

The Tacoma Occupational Therapy Workshop has been very busy with patients, making gifts and decorations for Christmas. Although our patient load is increasing daily, we have not yet reached shop capacity. May we suggest that best results with orthopedic cases are obtained when physical therapy and occupational therapy are prescribed concurrently? Patients appreciate knowing their doctors are interested in their treatments. Could we suggest a resolution for the New Year: Dropping into our shop often to see your patients at work.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

A combined meeting of the Medical Society and the Auxiliary will be held in the form of a semi-formal dinner-dance at the Top of the Ocean on Jan. 26. Tickets should be purchased early. A fine entertainment is planned, and the orchestra will be good. A gala evening should be enjoyed by all.

—Remember the Cancer Clinic—

With lovely Christmas greens and decorations for background in the beautiful drawing room of the Tacoma General Nurses' Home, the Auxiliary Christmas tea was held on December 11th.

The committee including Mesdames Leon Thomas, Govnor Teats, Frank A. Plum, E. W. Wahlberg, H. A. Larkin, C. B. Ritchie and J. O. Lasby, headed by Mrs. James M. Mattson, as chairman, did splendid work to make it a memorable occasion.

Mrs. Cecil Hurst and Mrs. Aaron Mandles proved their fine ability in play reviewing by their selection and clever interpretation of "John Loves Mary."

The choral group from Lincoln high school gave a group of songs appropriate to the Christmas season.

—Remember the Cancer Clinic—

Gwen Hsie advocates trailer travel with children. They had a wonderfully restful trip down California way. Nice sunshine blessed their vacation days.

—Remember the Cancer Clinic—

Ruth Light is back at home for Christmas after her trip to Chicago. After a spell in middlewestern winter climate the northwest undoubtedly looks better than ever to her.

—Remember the Cancer Clinic—

Volunteer Help at The Blood Bank

On Saturdays the Woman's Auxiliary to the Pierce County Medical Society are the volunteers at the Tacoma-Pierce County Blood Bank. Other organizations giving definite time are the Monday Civic Club, Kiwanis Ladies, Woman's Club, Women of Rotary, the Lady Lions, Tacoma Garden Club and Junion League of Tacoma.

These women register the donors, help with their refreshments and make a daily delivery trip each day for the blood bank taking supplies and blood to and from the bank to the Laboratory. Some volunteers help prepare the bottles to be used, labeling, etc.

The Saturday Workers from the Pierce County Medical Auxiliary are:

Mesdames Edward R. Anderson, Lester S. Baskin, R. J. Bennett, John R. Campbell, Robert W. Florence, Hillis Griffen, S. F. Herrmann, Arnold J. Herrmann, Frank James, Herman Judd, S. R. Lantiere, J. J. McCook, Haskel Maier, G. A. Moosey, Frederick J. Schwind, Max S. Thomas, Edward Wolf.

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Clinical Conference

Physicians of Washington are invited to attend the Annual Clinical Conference of the Chicago Medical Society at the Palmer House, in Chicago on March 2, 3, 4, 5, 1948. The four-day scientific program has been planned to appeal to both general practitioner and specialist. Outstanding physicians from all sections of the country are scheduled to take part. There will be panels, round table discussions and formal talks.

Scientific exhibits representing material of real postgraduate value will be available for study. Technical Exhibits will be presented in the Exhibit Hall of the Palmer House and sufficient time given for their inspection.

Physicians planning to attend are urged to make their reservations early at the Palmer House.

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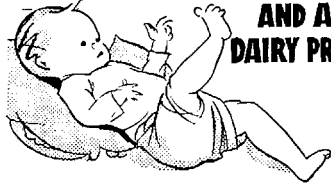
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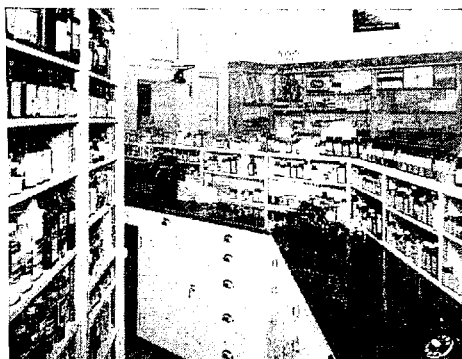


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Fifty Years Ago

The annual meeting of the Pierce County Medical Society was held in the parlors of the Fannie C. Paddock Memorial Hospital on January 25, 1898.

Members present: Drs. Warren Brown, E. M. Brown, H. W. Dewey, C. E. Taylor, M. L. C. Balabanoff, I. P. Balabanoff, O. W. Loughlen, Charles McCutcheon.

Ordered by the society on motion to write to Lewis, Wilson and Perkins about the antivivisection bill.

Annual election of officers: Dr. H. W. Dewey, President; Dr. M. L. C. Balabanoff, Vice President;

Dr. C. E. Taylor, Secretary and Treasurer; Drs. Coleman, Yocom, Quevli, Board of Censors.

Dues for the year were placed at \$2.00, to be paid by April 1, 1898.

Meeting adjourned.

—Remember the Cancer Clinic—

Coed: What position does your brother play on the team?

Gal: A sort of crouched, bent position.

—Remember the Cancer Clinic—

Golfer (to players ahead): Would you mind if I played through? I've just been notified that my wife is seriously ill.



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The Hospitals . . .

County Hospital

Dr. Harold D. Lueken, of the interne staff of Tacoma General Hospital, is joining the resident staff of the Pierce County Hospital, from January 1 to June 1, 1948. This addition to the resident staff has met with general approval and satisfaction, and it is felt that he will duplicate the good record which he has made at the Tacoma General Hospital.

Internes: Dr. William A. Moore, a native of Tacoma, whose father practiced in Tacoma for many years, is terminating his internship at the Pierce County Hospital. He is to enter the Army early in January. Dr. Moore plans to return to the Pierce County Hospital for a residency in July, 1949. Dr. Moore's work and his general dependability have earned for him in advance this reservation of a residency.

Dr. Robert G. Tompkins, also a Tacoma boy, is returning for an internship January 1, 1948. He has just recently graduated from Northwestern University Medical School. Dr. Tompkins is well known to the County Hospital staff, having served a summer clinical clerkship here.

Dr. Sherman W. Day, also a resident and native of Tacoma, is joining the interne staff January 15th. He is a classmate of Dr. Tompkins. These new arrivals will increase the resident staff of the County Hospital to 6 internes and 4 residents. The administration of the hospital is gratified at the opportunity of previous acquaintance and knowledge of these young doctors, who have all established good records.

—Remember the Cancer Clinic—

University of Washington School of Medicine

The School of Medicine of the University of Washington has inaugurated a course in the applications of basic sciences to disease, specifically designed to meet the needs of men serving in residencies.

The course is arranged so as to bring the physiologist, anatomist, biochemist, pharmacologist, pathologist and microbiologist together with the clinicians, in an effort to discuss and explain the underlying basis of disease in terms of disturbance of normal structure and function.

The classes are held under the chairmanship of clinicians each Thursday evening at Harborview Hospital Annex. The sessions begin at 7:00 o'clock, the first portion of time being utilized in the presentation of material for discussion and the remainder of the time being spent in a seminar discussion of the problem under consideration.

The course is intended primarily as a service to members of the resident staffs of hospitals in the Seattle area who wish to eventually qualify for admission to the various specialty board examinations. Other physicians are invited to attend if they so desire.

Tacoma General Hospital

Staff program for January 6, 1948:

What Neurological Examination Should be Routine in Physical Examination. Dr. Robson.

The Laboratory Examination of Spinal Fluid. Dr. Larson.

X-Ray Examination of Skull Contents. Dr. Rigos.

The Medical Staff of Tacoma General Hospital met on December 2nd in Jackson Hall, after partaking of a delicious moose meat dinner. The moose meat was contributed by Dr. Joseph Hansen.

Dr. Florence read a paper on the mechanics, etiology, and pathology of osteomyelitis. Dr. Murray discussed the problem of osteomyelitis from the treatment aspect. The prophylaxis of the disease and the treatment of the acute and chronic phases were handled separately. Dr. Lueken reviewed the cases of osteomyelitis in Tacoma General Hospital for the past five years during which there were 68 cases.

Drs. Edna and Philip Backup are the proud parents of Linda Dole, who was born on December 13th.

Dr. and Mrs. Leo Annett welcomed a young son into their household on December 17th.

A Christmas party was held December 18th in Jackson Hall for members of the Washington Spastic Childrens' Society, their families and friends. After an enjoyable program, Santa Claus appeared on the scene. Gifts were exchanged, refreshments were served, and a merry time was had by all.

The members of the Junior Class sponsored a Christmas dance on December 19th, honoring the members of the class of February, 1948.

Members of the Tacoma General Hospital staff, their husbands and wives, were guests at a Christmas party on December 23rd. An excellent musical program, caroling, and refreshments were enjoyed by the many who attended.

—Remember the Cancer Clinic—

Washington State Heart Association

The Washington State Heart Association is in the process of organization as a component of The American Heart Association.

An invitation is extended to those physicians within the state who are particularly interested in heart disease. This not only includes internists interested in heart disease but pediatricians, surgeons and roentgenologists who may have an interest in heart problems. One does not have to be qualified by specialty rating to belong to this organization.

The dues will be \$15.00 per annum, which includes the American Heart Journal. Any physician belonging to the Pierce County Medical Society who is interested in belonging to this organization should get in touch with me or if he so chooses, he can send in his dues direct to Dr. Don Sparkman, 900 Boylen Avenue, Seattle, Washington, who is the Secretary of the organization.

F. R. MADDISON, M. D.

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Minutes of Regular Meeting of November 11, 1947

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

Dr. Maddison introduced Dean Turner, head of the University of Washington Medical School. Dr. Turner prefaced his scientific discussion with a few remarks about the progress that is being made in the organization of the Medical School in Seattle. He stated that there was about \$9,000,000.00 in contracts under way for construction of buildings to be used at present for the basic sciences and the dental school, with additional construction planned for the future. He stated that by 1948, 2000 teaching beds would be available for the clinical years. The problems of graduate training and accrediting the school would be met when the school is functioning on a four-year basis.

Dr. Turner discussed the Physiology of the Liver, dividing the functions into three different classifications: (1) the formation and excretion of bile; (2) detoxification; (3) metabolic functions. He then took up the problem of cirrhosis of the liver and pointed out that in his experience deficiency diets were the primary cause of cirrhosis and that the exciting or precipitating factor might be any one of a number of different hepatotoxins.

In the treatment of cirrhosis, Dr. Turner em-

phasized the value of a high caloric diet containing 350 grams of carbohydrate and 300 to 350 grams of protein, with fat restricted to 40 to 60 grams. Other factors in treatment were physiological rest, removal of toxic substances and treatment of the concomitant anemia with iron or liver. He suggested for the treatment of pruritus accompanying cirrhosis the use of calcium, ergotamine, sodium thiosulfate or the intravenous administration of 20 cc of 0.1 per cent procaine.

Dr. Turner did not feel that the intravenous administration of either proteins or carbohydrates was indicated, inasmuch as oral administration was much superior. He likewise did not feel that the administration of liver was of value except when indicated in hypochromic microcytic anemia.

The paper was discussed by Dr. Nelson, Dr. Link, Dr. H. A. Anderson and Dr. Duerfeldt. The latter two felt that the use of liver extract was indicated in the treatment of cirrhosis and in acute hepatitis.

There being no further business, the meeting was adjourned.

—Remember the Cancer Clinic—

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the city of Tacoma for the period of November 21, 1947, to December 20, 1947, inclusive:

Chickenpox	13
Diarrhea	2
Dysentery	2
German Measles	3
Gonorrhea	22
Impetigo	2
Measles	54
Mumps	2
Poliomyelitis	1
Scarlet Fever	10
Syphilis	9
Tuberculosis	9
Whooping Cough	6

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—Remember the Cancer Clinic—

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.

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Minutes of Regular Meeting of November 25, 1947

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on November 25, 1947, with Dr. Frank Maddison presiding. Minutes of the previous meeting were read and approved.

A letter regarding the formation of the Washington State Heart Association was read, requesting the names of doctors interested in this association.

The following amendment to the Constitution of the Pierce County Medical Society, approved by the Board of Trustees, was read:

Be it moved that Section 2 of Article III—Membership Section 2—Qualifications (b) Qualification for each class (2) Active Members be amended to read:

(2) To be an active member one must be an accredited transfer from another county medical society or one must have practiced in Pierce County for not less than six months, or in a contiguous or neighboring county if it be more convenient to attend the meetings of the Pierce County Medical Society, and if the society in whose jurisdiction he may be consents to an affiliation with the Pierce County Medical Society.

The applications for membership of Dr. Rodger Dille and Dr. Charles H. Jones were given first reading before the society.

Dr. John Bonica gave a discussion of the Selection of Anesthetic Agents. He stated that the choice of anesthetic was predicated on a number of factors, viz: (1) The patient; in this respect must be considered the age of the patient, general condition, emotional makeup of the patient and complicating conditions; (2) the type of surgery; (3) the length of the operation; (4) the position of the patient; (5) the surgeon; (6) the ability of the anesthetist. It was Dr. Bonica's feeling that regional anesthesia where possible is the anesthesia of choice and that satisfactory anesthesia is usually made up of a combination of anesthetic agents. The paper was discussed by Drs. Teats, Brown, Schultz and William Mattson.

Dr. Frank Rigos continued the scientific program with a discussion of the Use of X-ray in the Treatment of Benign Conditions. He listed a number of conditions, including various types of inflammation, benign tumors and miscellaneous conditions. This was discussed by Dr. Harrington.

There being no further business, the meeting was adjourned.

—Remember the Cancer Clinic—

Federal Medical Officers

The society has had a request from the Board of U. S. Civil Service Examiners for the names of physicians practicing in this locality who are members of the organized reserve of the Army, Navy or U. S. Public Health Service, and may give examinations to appointees in the federal service.

The Secretary requests that members coming under this classification communicate with him, in order that he may furnish the desired information.

Personals . . .

Gene Hanson, in carrying the week's office "take" to the bank, developed what people develop when they exert themselves with heavy lifting. His post-operative convalescence has been entirely uneventful.

—Remember the Cancer Clinic—

Joe Hansen, in sitting on a wet, cold log waiting for the late moose to appear, developed what people develop when they sit on wet, cold logs. His post-operative convalescence, too, has been uneventful.

—Remember the Cancer Clinic—

Plans for the big joint meeting (so called) of the Auxiliary and Medical Society are well underway. Chris "Why Doesn't the Feature Light Up?" Reynolds is in charge of refreshments. Frank "Daddy!!!!" Rigos is general overseer. Don't be among the missing.

—Remember the Cancer Clinic—

After rather an extensive tour of the states, Tom Bowles is back in the harness. He looks happy, refreshed, and ready to go.

—Remember the Cancer Clinic—

Hope Les Baskin has recovered from his recent illness. The diagnosis remains obscure but acute ice poisoning is under suspicion. He has nothing but praise for his nursing staff.

—Remember the Cancer Clinic—

Someone has discovered the elixir of youth. At least Ed Yoder was seen actively skiing. This discovery is even more remarkable than Anderson's "Cure a head cold in 48 hours" eye drops.

—Remember the Cancer Clinic—

If any receptionists read this column we would welcome any personal item (within reason) about your boss. Just send it along to Ve Editor. Thanks in advance.

—Remember the Cancer Clinic—

Huff, Scheckner, and A. Herrmann are on the "button hole" committee for the Philharmonic. If, through an oversight, you have been neglected, just mail your contribution, made out to Tacoma Philharmonic to any of the above.

—Remember the Cancer Clinic—

Now that the phone company has shoved us out of our pool hall we have to seek noon-time recreation elsewhere. Reynolds, Hurst and Ehrlick get theirs on Ed's pinball machine.

—Remember the Cancer Clinic—

Medical Society Auxiliary Dinner-Dance

Dr. Maddison announces that the joint meeting of the Pierce County Medical Society and the Ladies Auxiliary will be held Monday night, January 26, 1948. The meeting place is the Top of the Ocean. It will consist of refreshments, dinner and dancing. Refreshments will be served at 6:30 and dinner at 7:30. Meeting is semi-formal. Price will be \$4.00 per plate. Last year this party was attended by 337 and a good time was had by all. Because of the increase in the price of food it has been necessary to raise the charge of admission to \$4.00 per plate. However, we feel that this is not out of line and ask everyone to attend.

Sermon From The Sticks

Old Doc. Hampden, who practices up in the hills beyond Westfield, was in town the other day. The folks up there say there is more wisdom and medical sense under his old grey hat than under all the hospital roofs in Boston.

"Going to Atlantic City?" I asked Doc., who prides himself on keeping abreast of the times. "No," he said. "I don't believe I shall. As a matter of fact," he said as he lit his pipe. "I'm getting a little weary of medical meetings. First off, the chairman gets up and says, 'Now we have a long program this morning and we don't have much time,' whereupon he gives a five-minute biography of the first speaker. Finally he announces 'a: I now Dr. Whiffenpoof, who has made a life-time study of the problem. I will talk to us on the subject of Nail-biting Among Edentulous Octogenarians.' About this time the loud speaker goes on the fritz. It's either too loud or too low, or it squeals, or it quits entirely. Well they fuss with it awhile and finally call in the electrician who plugs it in right and then Dr. Whiffenpoof says 'This is a very large subject and one which I shall not be able to cover adequately in the time allotted to me.' So then he lists all his colleagues and technicians who have aided in his investigations and tells you what Hippocrates and Vesalius thought about the topic, and then with half his time used up he gets started on his own work. 'First slide,' he says, and then the fun begins. The lights go out and a lantern slide goes on the scene. First it's upside down, then it's hindside to and finally they get it straight, but it's the wrong one. After trying four or five they get the proper one on the screen. It looks like a page out of the Encyclopedia Britannica superimposed on a problem in trigonometry. I'm supposed to digest what is on the screen, listen to the lectures, prop up the joker next to me who has fallen asleep on my shoulder and take notes in the dark, all at the same time. Right about now the speaker decides he wants a pointer, so he and the chairman stumble around in the dark cracking their skulls together and finally he gets his stick so he can point out the important things on the screen. About this time a late-comer to the hall stumbles over the lantern cord so that light goes off and the room is darker than a woodchuck's hole on a rainy night. Well this finally gets fixed and the speaker warms up again, and just when he's got the old goat ready to gnaw on his nails the chairman rings a bell, time's up, and the next speaker is panting at the barrier. He turns out to be a foreigner, and whether he is speaking broken English or broken German no one seems to know, but everyone wishes him a speedy return to Alt Wien. So half the audience goes out for a breath of air, kicking me in the shins as they leave. Then there are the seats, they are always uncomfortable. Last meeting I went to I drew a cane-bottom chair and my rear end felt like a waffle for four days.

"No," said Doc., "I think I'll stay home and read about the convention later—but have a good time!"—From *The Hampden Hippocrat*.

—Remember the Cancer Clinic—

NATIONAL TRENDS

New Year's is stimulative to introspection and review of individual activities. Resolutions for the forthcoming year usually result and with this thought it is proposed physicians resolve to constructively support the overall interests of their profession during 1948. Orderly and sustained thinking on problems now facing the profession is required perhaps more than at any time in several decades.

We doctors are seriously involved in a political economic upheaval that is foreign to the philosophy and thinking of medical men. It is our individual interest and to that of our profession to be informed on the social economic pressures that are increasingly encircling medicine.

Our National, State and County Medical Societies function only in proportion to the support given by the individual doctor.

Individualism and autonomy is expressive of the idealism enjoyed by doctors and their societies while their profession faces the stern forces of organized schemers. Such forces must be opposed if doctors are to maintain their dignity and identification.

As Gordon Leitch points out in Northwest Medicine, Oregon Section, December, our strength is dissipated through not knowing what is happening before it happens. In fairness to the A. M. A. and N. P. C. the Crosser Bill came from nowhere on to the floor and was immediately passed as our Congress frequently and unexplainably does. Your correspondent was advised by long distance on the date of that action and opposition was impossible. There is much truth in Dr. Leitch's letter but can we place the blame only at the top?

Unity is our source of strength and the answer to our questions is through provincial decision rather than national direction. We of the provinces in medicine can produce a voice that can be heard but not as solo dialecticians.

ROSS D. WRIGHT, M. D.

—Remember the Cancer Clinic—

Interne Lecture Schedule January, 1948

January 8—"Diagnosis and Management of Diabetes Mellitus," Dr. H. A. Anderson.

January 15—"Management of Prostatic Enlargement," Dr. Phillip Grenley.

January 22—"Common Errors in X-ray Interpretation," Dr. Frank Rigos.

January 29—"Fundamental Principles in Abdominal Surgery," Dr. Don G. Willard.

All lectures will be given at the new nursing home of the Tacoma General Hospital, and will start promptly at 8:00 p. m.

J. MORRISON BRADY, M. D.,

Chairman Interne Lecture Committee.

—Remember the Cancer Clinic—

Thoughtful Cuss

The moron was watching his cousin breathing his last, and suddenly darted from the room. He came back carrying a dining-room chair.

"What's that for?" asked the doctor.

"That," said the moron, "is for Rigor Mortis to set in."

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Cost of The Common Cold

The common cold is the most prevalent and the most highly infectious of all the communicable diseases. Owing to its relatively mild character, the common cold is not a reportable disease, and consequently there are no reliable statistics concerning its incidence for the country as a whole or even for any large geographic area. Nevertheless, it is possible, on the basis of studies made by various investigators among wage-earners, students, and other special groups, to arrive at broad estimates of the incidence and the cost of the common cold in the United States. The figures are very high indeed.

There is general agreement among investigators in this field that the average person suffers at least two colds in the course of a year. This means that in general population of the country, there are probably not far from 300,000,000 colds annually. The duration of a simple cold averages about five days. Thus, multiplying the number of colds by their duration, one finds that the people of the United States each year suffer about 1,500,000,000 days of discomfort and reduced efficiency if not of actual disability, from this cause.

Although wage-earners often endure colds without staying away from work, the common cold is nevertheless responsible for more lost time in industry than is any other single cause of disability. Various studies indicate that from 40 to 50 per cent of all days lost from work are attributable to colds and their complications. It has been conservatively estimated that the toll of the common cold in this country is at least one working day per employee per annum. If that is so, there will be more than 60,000,000 days lost to industry this year because of colds. Even at an average daily wage of \$7, the loss in wages totals more than \$420,000,000.

The cost of drugs and medical care must also be added. Accurate statistics on this subject are not available, so that it is necessary to resort to speculative estimates. On the assumption that every family in the United States spends on an average of \$10 a year for drugs and medical care in the treatment of colds, the total amount spent for these items would be in the neighborhood of \$400,000,000.

Another factor which enters into the accounting, is the cost to employers resulting from lost production and disrupted routine. This item is extremely difficult to estimate, and no attempt is made here to give even approximate figures. It is certain, however, that the annual cost of colds to employers is very considerable for the country as a whole.

On the basis of the figures cited above, it is thus estimated that the cost of the common cold to the American people is well over a billion dollars a year. Although the common cold is generally considered a minor infection, any disease that runs to such astronomical figures in cost must be rated high in the list of enemies of the public health.—Statistical Bulletin, Metropolitan Life Insurance Co.

—Remember the Cancer Clinic—



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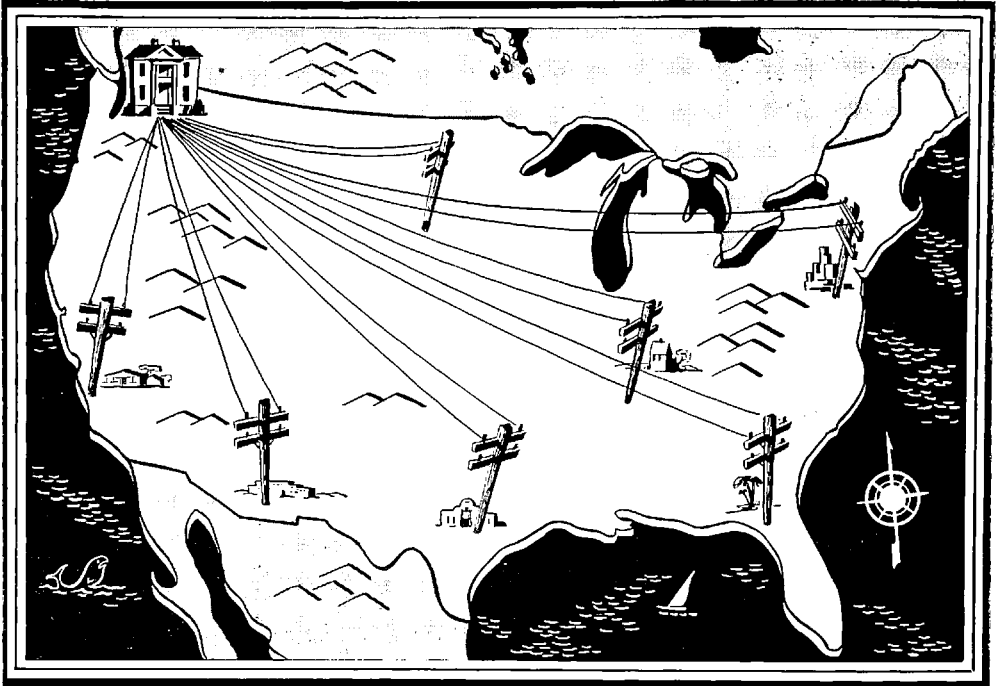
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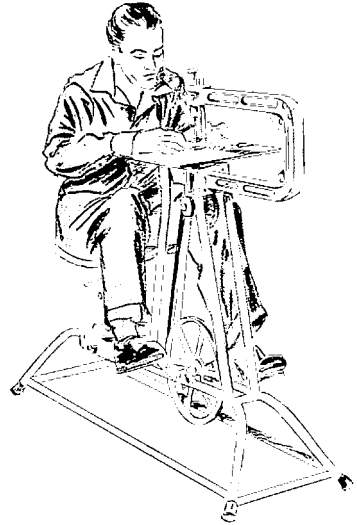
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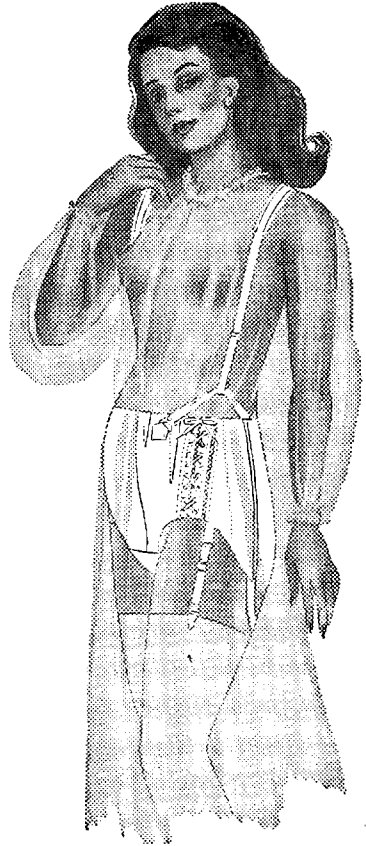
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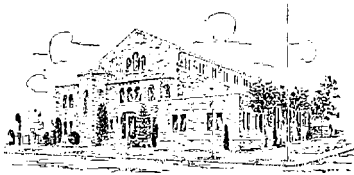
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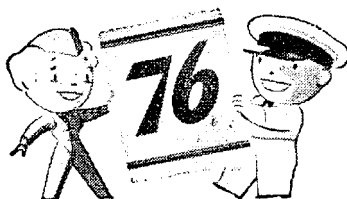
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PIERCE COUNTY MEDICAL SOCIETY

Vol XVIII—No. 6

TACOMA, WASHINGTON

FEBRUARY, 1948



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1947-1948

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Programs

Medical Arts Building

February 10—8:15 p. m.

SYMPOSIUM—PERIPHERAL VASCULAR DISEASE

Medical Management, Rodger S. Dille, M.D.

Dr. Dille is a graduate of Northwestern, interned at Evanston Hospital, Chicago, was resident at San Mateo County Hospital, in general practice for three and a half years and served a residency in internal medicine for three and a half years at the Mayo Clinic.

Surgical Management

Arterial.....Murray L. Johnson, M.D.

Dr. Johnson graduated from the University of Oregon Medical School in 1939. Following graduation he spent four years in postgraduate work and three years in the armed forces before entering private practice.

Venous.....James L. Vadheim, M.D.

Dr. Vadheim received his M. D. in 1938 at the University of Minnesota Medical School, M. S. in 1942, and did postgraduate work at the Mayo Clinic for three and a half years.

February 24

The Neurotic Patient.....

Christen Quevli, Jr., M.D.

Dr. Quevli is a graduate of the University of Oregon Medical School, interned at Gouverneur Hospital, New York, and spent a year and some months in European study.

Treatment of Common Skin Diseases

Carlisle Dietrich, M.D.

Following graduation from Rush Medical College, Dr. Dietrich did postgraduate work at the University of Pennsylvania, junior attending at Bellevue and spent some years in private practice, which was interrupted by a four-year period of army service.

Toxoplasmosis—case report.....

John T. Robson, M.D.

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

THE IMPORTANCE OF THE GENERAL PRACTITIONER

Twenty years ago the medical schools were emphasizing the logic of graduating doctors of medicine with enough clinical sense embodied in their education after a one-year's rotating internship to go into private practice as reasonably well-qualified general practitioners. After a few years in general practice these men learned to know human nature and diagnose about eighty percent of their patients' ills adequately enough to be called good doctors. A great place was filled in every community in which they have practiced. Those were the days when the doctor was truly the rugged individual in society. He had a warmth and humor coupled with a clear logic, strong tools in his hands, fully as important as his stethoscope and surgical instruments. His sense of touch was highly developed and he often "smelled out" things that we today have to get a dozen laboratory tests to tell us the same thing.

The young doctor today is surrounded with technics and terminologies that would require a dozen more years of medical training before he could begin to encompass them all. Many of these young men stay on to master one branch of a specialty so that each year finds more and more young doctors specializing from the very beginning of their practice.

It used to be considered good form to go into general practice for at least five years before going away for specialization. The intended result was to create specialists who were well rounded from a general medical viewpoint before they began learning more and more about less and less.

Somehow, it has always seemed to me that the general practitioner who delivered Lucy's baby and was able to handle the difficult problem of feeding her premature infant, then later took out her husband's appendix, not to mention all the diverse minor diseases he handled for the family over a period of years, had a great sense of satisfaction in the doing and the undying faith of that whole family, that no group of specialists could ever replace. He developed at the same time a healthy realization of his limitations and always called in competent consultation when the occasional complicated case arose. But by and large a good eighty percent of his patient's ills were well managed by himself. Furthermore, he had a great common sense. That is why the practice of medicine was called an art and not just a science.

Dr. Sudan, the recently chosen "family doctor of the year", when asked to comment on the award he had received, stated, "It will serve a fine purpose, if it will encourage young men to become family doctors and give the people all around service."

High specialization with its profusion of scientific terminology creates a scientific thinking which is strictly logical and objective in its method and vision. But it does not always make common sense and it leaves no room for imagination. Logic deprived of common sense becomes inhuman and common sense deprived of logic is incapable of penetrating into nature's mysteries.

The outstanding characteristic of Western scholarship is its specialization and the cutting up of knowledge into different compartments. This is sort of a specialization without integration. Human wisdom cannot gain merely by the adding up of specialized knowledge or by a study of statistical averages. It can only be achieved by insight, by the general prevalence of more common sense, more wit, and more plain but subtle intuition. We are in danger by such methods of swallowing up the individual and transforming the State into a monster.

It seems that some regenerative form of thinking is highly desirable and that the general medical practitioner, far from going out of the picture, will revive and become even more important in the community of tomorrow.

Life has become altogether too complex. The average patient is in no position to pick the specialist he should go to. The pain in his stomach fully sixty percent of the time does not require a gastroenterologist, but more often the cardiologist, urologist or surgeon. Therefore his best bet is to consult the reliable general practitioner.

Yes, there is an immense satisfaction that the general practitioner enjoys that the specialist can never hope to attain.

FRANK R. MADDISON

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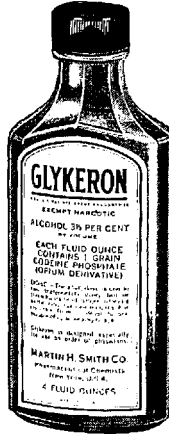
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Editorially Speaking . . .

FOR THE GOOD OF THE ORDER

During the past month the medical profession has been the target for an unhealthy amount of unfavorable publicity. In whatever way we as individuals may attempt to minimize the criticism by justifying certain procedures and denying a large portion of the charges, definite damage is being done to our professional standing. We cannot dismiss the charges by maintaining an injured silence, for our dilemma will not be solved by inaction.

The recently accelerated criticism stems from the purchase of glasses in which a portion of the financial arrangement of payment by the patient to the oculist is termed a rebate. This plan has been operating for many years and in most cities has been considered a matter of accepted practice by the great majority of oculists. The procedure was originated and has been fostered by the optical manufacturers who have, during the intervening years, furnished to the interested parties various plausible arguments justifying the procedure's continuance.

In July, 1946, the Federal Government filed charges of illegal practices against the American Optical Company, the Bausch & Lomb Optical Company and 52 oculists who are located principally in mid-western cities. The case has not yet come to trial.

The J.A.M.A. for August 3, 1946, carried details of the charges and quoted resolutions passed in 1924 and 1946 disapproving the receiving of rebates of any kind from commercial firms. The Journal's issue of January 17, 1948, carries a strong editorial, signed by the A.M.A. Officers and Board of Trustees, asking for prompt local action.

In this year's January Readers' Digest, Time, and several other national publications the subject of rebating by doctors has been given nation-wide publicity.

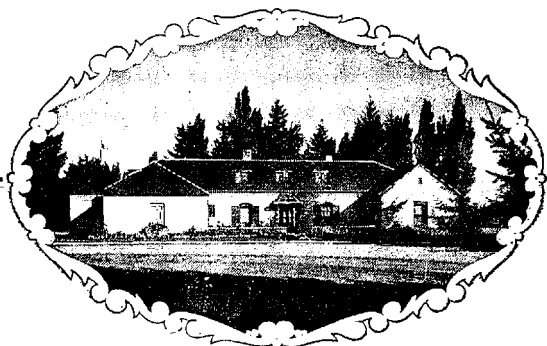
The State of California has received special critical mention in the lay press and their State Medical Association advises that each county society take disciplinary action against, "receiving rebates of any portion of fees or costs of medical appliances, drugs, eye glasses, x-ray or laboratory procedures which have been prescribed or recommended by them or receiving rebates from surgical fees." Dr. Fishbein advised California physicians to meet with legislators and draw up an anti-rebate bill.

The subject naturally has wide general interest because glasses have ceased to be classed as a luxury and have become a necessity to an increasingly large percentage of our population, most of whom would welcome the possibility of lowered cost. When considering this problem we must keep in mind that the supply of optical lenses and ophthalmological equipment is largely controlled by Bausch & Lomb and the American Optical Company, and they are thus able to dictate to the oculist much of the policy and procedure which now obtains. There are many other angles to this situation which we believe is entitled to an adequate informative discussion at a regular Society meeting.

For too many years it has been treated as a hush-hush subject in local, state and national medical circles.

Our County Societies should be the logical place for decision and action and the near future an acceptable time for the Good of the Order.

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We have just received the report of the proceedings of the forty-sixth annual meeting of the Medical Library Association, of which your library is a member, held in Cleveland a few months ago. The association has a membership of 288 libraries and the meeting was attended by 190 medical librarians, including three from our own state—one each from the Spokane Medical Library, the King County Medical Society Library and the University of Washington Medical School Library.

In addition to working for the good of medical libraries in general, including a proposed program for specific training for medical librarians, to which much attention is being given, the association operates a unique exchange, through which members offer un-needed material for distribution to other members who may lack it. Your own library has sent out many packages to other cities, through your generous gifts of periodicals, and has received innumerable magazines in return, enabling us to build up complete runs of many publications for which we can not afford to subscribe, without cost except postage or express charges.

It is interesting to know that Miss Bertha Hallam, Librarian of the University of Oregon Medical School Library, who has for years been most cooperative in supplying us with material which we do not have ourselves, was recently named Citizen of the Week in Portland. The citation stated that Miss Hallam, through her courtesy, helpfulness and efficiency, has made a valuable contribution to the dissemination of medical knowledge in the state.

One of our members mentioned recently that he had been called upon by the pastor of his church to participate in a discussion of what the church should be doing for its older members, an unusual line of thought, as churches in general seem to concern themselves more particularly with the problems of youth.

Medical men have been taking an increasing interest in recent years in the matter of aging, not only its physical but also its psychiatric and social aspects. This is a natural concomitant of the

fact that more and more of our population are living to an age in which the degenerative diseases begin to manifest themselves.

A striking illustration of this upswing of medical interest in the matter is the fact that during 1926 the Quarterly Cumulative Index to Medical Literature listed a total of nine articles under the heading of "Old Age" while two decades later, in 1946, the latest year for which an index is available, 186 articles are listed under that heading.

Apparently, twenty years ago, those who had attained the "sere, the yellow leaf" brackets were doomed to sit in the chimney corner and let nature take its course, whereas today so much attention is being given to the matter of aging that geriatrics bids fair to become as definite a specialty as pediatrics.

Your library offers a large amount of material on all aspects of this problem, and will be glad to have you call upon it in case of need.

In a paper read before the assembly of the International College of Surgeons and published in the November-December, 1947 issue of the Journal of the International College of Surgeons, Drs. Harry E. Bacon and Caleb H. Smith, of Temple University Medical School, report a series of cases in which the transverse colon was transplanted to the anus in order to avoid or eliminate colostomy. The authors state that to their knowledge this is a procedure which has not previously been reported.

Under the title "A new drainage operation for the relief of glaucoma" Drs. Oscar Lavine and Karl H. Langenstrass, of Washington, D. C., report in American Journal of Ophthalmology for January of this year a technic for lasting pressure reduction in the glaucomatous eye, designed to avoid a recurrence due to fusing of the newly-created drainage opening. They say: "A corneal fistula is connected with an artificially created epithelium-lined duct. The duct remains permanently open. It acts in the manner of a safety valve, closing the fistula at periods of normal or near normal pressure."

The library is holding for its owner what appears to the uninitiated to be a very fine, or at least a very complicated, cigarette holder, mellow with use and growing still more mellow since it has fallen into desuetude within our quiet walls. Doubtless the anguished owner has spent many hours grieving over its loss and he is hereby notified that the library has his holder and will surely throw it into the wastebasket very soon if he does not come and get it.

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Minutes of Regular Meeting December 9, 1947

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on December 9, 1947, with Dr. Frank Maddison in the chair. Minutes of the previous meeting were read and approved.

Applications for membership of Drs. Rodger Dille and Charles H. Jones were given second reading and they were elected into membership.

Dr. Harrington reported to the society on the State Trustees' meeting of November 16. He stated that the indemnity program had been discussed and recommendations made that it be instituted by the local bureaus as desired.

The request of the Woman's Auxiliary that the state medical association pay the dues of all doctors' wives was rejected.

The public assistance program is to be in charge of the Washington State Medical Bureau and would start functioning January 1 except for King and Pierce Counties.

Dr. Rigos then announced that there would be a joint dinner meeting with the ladies at the Top of the Ocean January 26, at 6:30 p. m. The cost would be \$5.00 per person and the affair would be semi-formal.

Dr. Carl Heller, Assistant Professor of Physiology at the University of Oregon Medical School, gave a very excellent discussion of the anti-thyroid drugs. He first pointed out the relationship between the thyrotropic hormone of the anterior pituitary and the thyroid gland and the effect of circulating thyroxin in inhibiting the action of these glands. He stated that the normal thyroid can tolerate more thyroid medication than can the myxedematous gland due to the buffering action of the thyroid. He recommended in the treatment of myxedema starting with doses of 1/10 to 1/8 grain of thyroid daily, which could be increased at intervals of about fourteen days. The danger of starting with larger doses is: (1) coronary thrombosis; (2) cardiac decompensation; (3) Addisonian crisis. These complications are more apt to occur in chronic myxedema. A patient taking 4 to 6 grains of thyroid has a thyroid addiction rather than myxedema.

X-ray therapy and radioactive iodine were mentioned mainly to indicate that they had been replaced by newer methods of therapy. Propylthiouracil is less toxic than thiouracil and acts by blocking utilization of iodine by the thyroid. The toxic reactions to be watched for are leukopenia, agranulocytosis, skin rash and drug fever. As to the administration, it was recommended that it be given every six hours, the average dose being 50 milligrams. In milder cases a total daily dose of 150 milligrams may be adequate. This dosage is cut in half when clinical improvement has been approximately 50%. When a normal basal level has been obtained 25 to 50 milligrams once daily is recommended. Dr. Heller stated that there had been no failure and no resistant cases where the co-operation of the patient could be obtained.

In the discussion that followed Dr. Heller indicated that he felt that the treatment of the nodular goiter was not necessarily surgical and that there was no particular danger of carcinoma. This point of view was questioned by Dr. Siegfried Herrmann, who felt that a more radical approach should be taken on this type of gland.

Thiouracil is not recommended for the treatment of hypertension.

Dr. Heller felt that the treatment of toxic goiter with propylthiouracil could be kept up indefinitely provided the patient had no toxic reactions but that surgery may be indicated where continued cooperation and monthly examinations by the internist could not be assured.

The paper was further discussed by Drs. Larson, Duerfeldt, Yoder, Drucker, Vadheim, Mattson and Quevli.

There being no further business, the meeting was adjourned.

Association of Blood Banks of America

A meeting of the Directors of Blood Banks from all parts of the United States, was held in Dallas, Texas, November 17th to 20th. This being the first meeting of this type, it is only natural that an association was formed. This was done and named "Association of Blood Banks of America." The primary purpose of the meeting, however, was to discuss the many problems confronted by blood bank directors. A few of the papers presented were:

Blood Bank Administration, Dr. J. W. Davenport, Jr.; Financial Problems and Procedures, W. Quinn Jordan, attorney; Survey of Techniques for Blood Antigens and Anti-body Determinations, Dr. Sol Haberman; Blood typing and the use of Universal Donors, G. A. Matson, Ph.D.; Statewide Blood Bank Service, John Elliott, ScD.; Cause and Management of Incompatible Transfusion Reactions and Allied Conditions, Dr. E. E. Muirhead; Nomenclature of Blood Antigens Especially CDE-cde (Rh, Hr) Group, Dr. Joseph M. Hill.

Role of the Medical Society in Blood Banking, Dr. Curtis E. Smith; Hospital Cooperation with Blood Banks, Dr. Anthony J. J. Rourke; Reserve Funds, Insurance Plans and Administrative Policies, Mrs. Bernice M. Hemphill; Public Relations, Miss Marjorie Saunders, attorney; Discussion of Present and Future Needs for Blood Banks in U. S., Dr. Sol Haberman; The Blood Bank Service of the New York Post-Graduate Medical School and Hospital, Dr. Lester J. Unger.

The scientific papers presented were very instructive.

Since the return of Dr. N. E. Magnussen from this meeting the Pierce County Blood Bank Directors have voted membership into the Association of Blood Banks of America.

A golfer trying to get out of a trap, said, "The traps on this course are very annoying, aren't they?"

Second golfer, trying to putt: "Yes they are. Would you mind closing yours?"

WOMAN'S AUXILIARY

To The Pierce County Medical Society

More than 200 couples shared a most entertaining evening at "The Top o' the Ocean" on the evening of January 26th. The delicious steak dinner satisfied the tastes of the gourmets as well as the gourminds. Continuous music lent a festive air to the evening. The committee deserves congratulations for its hard work to make this annual occasion so successful...

On February 12th the Auxiliary will hold an unusual meeting. Luncheon will be shared. "Dutch Treat." at Lakewood Center at 12:00 noon, after which the group will go to Western State Hospital. A tour and lecture has been planned to acquaint the members with the work and facilities of that institution. It promises to be most interesting and instructive.

Wedding bells rang at the S. F. Herrmann home on December 27th when Evelyn Herrmann became the bride of Dr. R. W. Osborne. It was a lovely affair, with white gowns and poinsettias lending a holiday atmosphere.

The Herrmanns were delighted to have a reunion with their four daughters. Virginia, a junior at Wellesley College; Harriet ("Fritzie") a Stanford freshman; and Esther Lou, who is now Mrs. G. W. Steele of Portland, were all home for the holidays and the wedding.

The bridal couple is now in Pierre, North Dakota, where Dr. Osborne is taking clinical work.

California and Arizona are calling Tacomans this winter season. Pearl Baskin and her husband Dr. L. S. Baskin have returned from a trip to San Francisco. Undoubtedly it was more of a change than a rest, but they report having had a wonderful time.

Helen and Ray Bennett are leaving the first of February for San Francisco and Arizona. It promises the refreshment offered by a change from this northerly climate.

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President-Elect.....	Mrs. S. F. Herrmann
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Second Vice-President.....	Mrs. Norman Magnusson
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Marcie and Dr. Peterson left the middle of January on a business and pleasure trip to Chicago and other midwestern haunts. The weather reports from that area would worry less hardy souls.

Kay Herrmann has a new telephone number in case any member wishes to reach her concerning volunteer work at the Blood Bank. It is now PRoctor 3632.

Lon Sutherland is the name of the lovely new baby boy at the Leonidas Annest home, born on December 17.

The Philip Grenleys are accepting congratulations on the birth of their handsome new son, Neal Forrest, who arrived on December 3.

James Edward Avery made his three big sisters very happy when he arrived on January 11. He is the son of the William Averages.

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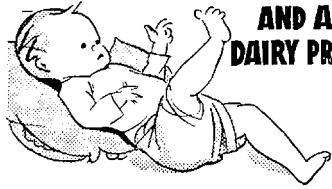
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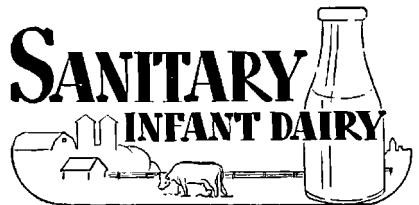


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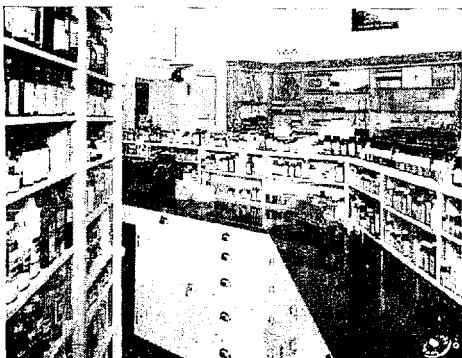


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Bill Brawnley, the strong man of the village, met another villager in the local saloon. During their conversation Bill called the other a liar.

The villager naturally resented this remark. "Look here, Brawnley," he said. "I'll give you just five minutes to take that back."

Bill smiled. "Is that so?" he replied, expanding his chest impressively. "And suppose I don't take it back in five minutes?"

"Then," said the other, after a slight pause. "I'll extend the time."

"Doc." said the old mountaineer, leading a gangling youth into the presence of the village medico, "I want you to fix up my son-in-law. I shot him in the laig yesterday and lamed him up a mite."

"Tut, tut," clucked the doctor disapprovingly. "Shame on you for shooting your son-in-law."

"Wal, doc," replied the mountaineer, "he warn't my son-in-law when I shot him!"

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The Hospitals . . .

Tacoma General Hospital

The Medical Staff meeting of Tacoma General Hospital will be held on Tuesday evening February 3, 1948. Dr. Arthur C. Jones, head of the Department of Physical Medicine at the University of Oregon will talk on "Recent Trends in Physical Medicine."

* * *

A meeting of the Medical Staff was held on January 6, 1948, with an attendance of about one hundred members.

Dr. Bonica suggested that surgical patients be admitted to the hospital earlier on their pre-operative day.

The Staff President announced that one meeting of the Tumor Clinic each quarter would be devoted to a meeting which could be written up in Northwest Medicine.

The scientific portion of the program was opened by Dr. Robson with a paper on neurological examination. He emphasized neurological signs and symptoms and their relation to specific neurological disorders. Included in his discussion was a review of what should constitute routine neurological examination. He concluded his paper with the showing of slides illustrating neurological pathways.

Dr. Rigos made some comments on myelography. The laboratory aspects of the examination of spinal fluid were discussed by Dr. Larson, who stated that routine spinal fluid examination includes serology, cell count, colloidal gold and Pandey.

* * *

Dr. Sherman Pinto, who until recently was doctor at the smelter in Ruston, has taken charge of the medical services of all the branches of the American Smelting and Refining Company.

Replacing Dr. Pinto at the Ruston plant is Dr. Charles McGill, a new member of the Tacoma General medical staff.

Dr. McGill lived in Seattle and had his pre-medical work at the University of Washington. He took his medical work at Vanderbilt University, graduating from the School of Medicine in 1935. He had a year's residency in surgery in Cleveland, a year in Industrial Hygiene at Harvard. During the year of graduate work in E.E.N.T. in Boston, and war years Dr. McGill was with the U. S. Public Health Service. He has been at the Smelter since October 1, 1947.

* * *

It may be of interest to know that there are only three industries in the state of Washington on the approved list of Medical Services in Industry. They are the Navy Yard in Bremerton, the Frederick Nelson store in Seattle, and the Ruston Smelter of the American Smelting and Refining Company.

* * *

Seven students at Tacoma General Hospital were graduated from the School of Nursing at Commencement Exercises held on Sunday afternoon, January 25, in Jackson Hall. Those completing their three-

year course in nursing were Shirley Greenfield, Kathleen Gratias, Betty Larson, Evelyn Peterson, Wilma Salisbury, Ethel Shoemaker and Inez Smedshammer.

Among social functions held in honor of the graduating seniors were a dinner at the Olympic Hotel in Seattle and attendance at a stage show at the Moore Theatre.

Medical Advisory Board to United Mine Workers Seeks Cooperation of County Societies

At the luncheon of the Mid-year Regional Conference sponsored by the Council on Medical Service of the AMA, January 4, 1948, at the Hotel Cleveland, Cleveland, Ohio, the highlight was Dr. R. R. Sayers' talk on the United Mine Workers' Health and Welfare Fund. Dr. Sayers is the chairman of the Medical Advisory Board of the above group (UMW).

Dr. Sayers asked for the cooperation of the doctors in setting up this plan. Every one of the doctors asked was most willing to do so. The Allegheny County Medical Society has already gone on record as willing to cooperate. There has been no designation placed on the number of doctors to be selected by Dr. Sayers for the Advisory Board.

The program is to include clinical and therapeutic medicine, and a rehabilitation program, specialists in all fields to be used as consultants.

There are approximately 383,000 bituminous coal miners, and about 1,700,000 beneficiaries.

They are also considering construction of some hospitals, and hope to have this included in the Hospital Construction Act (Hill Burton Bill) which is now public law.

From \$22 to \$25 millions have now been collected for this fund.

There is at present a \$1,000.00 death benefit fund, which is paid to beneficiaries out of this amount.

The number of coal miners is becoming less and less because of conditions in this field. Miners are not inclined to have their children become miners; instead they encourage their offspring to study a profession. The setting up of this Health and Welfare Fund will to some extent help this situation, because it will enable the miners to be better taken care of.

America, with fewer miners than England, still produces more coal. In fact, England has twice as many miners as the United States, and only produces one-third the amount of coal.

The doctors again have a great chance to help in a difficult situation, *if they will cooperate.*

—Pittsburgh Medical Bulletin.

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

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Baruch Proposes 15-point Program To Improve Nation's Health

Calling on the medical profession to assume leadership in providing better health for the people of America, Bernard M. Baruch last night outlined a 15-point program for improving medical and hospital services with provisions for government-financed protection for needy individuals.

Mr. Baruch addressed approximately 600 physicians and hospital administrators attending a dinner celebrating the progress of Associated Hospital Service—New York's Blue Cross Plan and its affiliate, United Medical Service, at the Hotel Biltmore, New York City. Sponsors of the dinner were the Medical Society of the State of New York, the Coordinating Council of the Five County Medical Societies of Greater New York, and the Greater New York Hospital. Mr. Baruch's speech was broadcast over Station WCBS.

Pointing out that many doctors have been fighting a "rear guard action" in providing medical care for all classes of the people, Mr. Baruch urged that the medical profession accede to the public demand for more and better medical services. He also stressed the need for cooperation with the government in obtaining government aid where necessary.

Among the steps he specifically advocated were a survey to modernize medical education with greater emphasis on chronic and degenerative diseases, mental hygiene, and preventive medicine; fewer spec-

ialists and more general practitioners; the reorganization of medical practice with emphasis on group medicine and voluntary health insurance; a new cabinet post for health, education, and social security; and the creation of a non-political watchdog committee to safeguard progress in medical care for veterans.

Referring to the need for government aid in raising medical educational standards, Mr. Baruch said: "If science and medicine ask the government for aid, which even the conservative deems necessary, they must expect he who pays the fiddler will call the tune. This means the government will rightly insist on no discrimination in medical care because of race, color, or creed. It will rightly insist upon opportunity, for all to enter the profession and advance on the sole basis of ability and character, without restrictions of race, color, creed, or sex. And, I hope, without fear of, or favor from, the State."

Mr. Baruch congratulated the physicians on their part in proving voluntary health insurance to be "a sound practical way" of financing health services. Although, he said, they might in time serve the needs of the bulk of the people, he nevertheless voiced concern for "that sizeable segment of society which does not earn enough to pay for voluntary insurance."

To provide for this group he recommended a program partially financed by the government, to be administered by a body of doctors and non-doctors to keep medical care as free from politics as possible. He suggested a form of health insurance with adequate safeguards for those who cannot pay for voluntary insurance. This can be achieved he said, without involving "what has been termed 'socialized medicine'."

"The needs can be met, as in other fields, without the government taking over medicine, something I would fiercely oppose," he said.

Mr. Baruch paid tribute to General Omar Bradley and General Paul Hawley for their conduct of the Veterans' Administration health program and urged the medical profession to "preserve the ground so arduously gained."

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Notes on the Development of the Clinical Teaching Program

With the completion of the general organization of the curriculum of the first two years of medicine the new medical school, the staff is now turning its attention to the more complete development of the clinical teaching program which will be conducted during the third and fourth years. As has already been indicated, clinical teaching has been introduced into the first two years of the program so that a practical foundation is being laid on which the students can build their later clinical educational experiences.

Introductory courses in psychological medicine, medical economics and ethics, public health economics and sociological aspects of medicine are given during the first year. It is felt that our medical students today need to begin to think in these terms early in their medical course in order to better evaluate the later phases of their medical education. In the second year introductory courses in surgery, medicine, pediatrics, obstetrics and psychiatry are conducted along with their work in basic sciences. The second year course in medicine is conducted from the point of view of the fundamental mechanisms of disease. In this course the instructor discusses symptoms and signs in terms of the underlying anatomy, physiology, chemistry, pathology or microbiology. The course is arranged with the objective of enabling the students to think, not just in terms of a symptom or sign . . . but to think in terms of the underlying basic factors which produce these manifestations. In other words, it is an attempt to make the basic science knowledge directly applicable to the interpretation of the evidences of disease.

According to our present conception, the third year will be divided into three periods or regular university quarters. The class will be divided into three groups. Each quarter one group will be on medicine, one on surgery and one on obstetrics-gynecology and pediatrics. This third group will spend half of the quarter on obstetrics-gynecology and half on pediatrics, rotating in the mid-quarter period. A conjoint course of clinics and lectures will be conducted during the noon hour daily from Monday through Friday. Conferences will be conducted daily Monday through Friday from 4:30 to 5:30 p. m. The remainder of the student's time will be spent on assignments in the particular field in which he is working during the respective quarter. Third year instruction will be largely bedside, in patient work, as it is felt that students are not prepared to effectively work in out-patients clinics until the fourth year.

The fourth year curriculum will be a more medical departure from the usual medical school program. In order to attain the objectives that have been set for our students it will be necessary to increase the length of the fourth year from three

to four full quarters. Thus the fourth year of medicine will begin in the summer quarter, rather than in the fall quarter.

Fourth year students will be divided into four groups. During any one quarter one fourth of the class will be in medicine and the medical specialties, one fourth in surgery and the surgical specialties, one fourth in pediatrics, obstetrics-gynecology and one fourth will be on an externship. As clinical clerks the students in the fourth year will be actively serving in the out-patient clinics. Having had the closely supervised bedside instruction of the third year they will be in a position to learn much more of value from out-patient services during the fourth year.

Noon hour clinics will be held daily Monday through Friday during which much of their basic instruction in certain specialty fields will be conducted. Conferences will be conducted daily from 4:30-5:30 Monday through Friday. Certain of these conferences will be obligatory and certain others will be elective. Conference hours in basic science departments as well as clinical departments will be conducted at this same period so that in the selection of elective conferences the student will have a number of choices. For instance the student interested in a series of conferences on allergy may elect to take such while another student more deeply interested in advanced study in certain phases of neurology or orthopedics, etc., may elect his special choice. About half of these conferences will be obligatory and the remainder will be elective. The obligatory conferences will deal with such fields as Forensic and Legal Medicine and certain specialties which must be adequately presented for undergraduate medical students.

The extern quarter will be subdivided so that each student will spend at least two weeks' assignment at Firland Hospital for the study of tuberculosis, two weeks at one of the state mental institutions, four weeks in a public health externship in which city, county and state health departments play a role and four weeks' assignment with a general practitioner. In this later assignment it will be essential that students be sent to work with general practitioners in various parts of the state. During the next fifteen months careful surveys will be

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made throughout the state in order to determine those individuals engaged in general practice who will be interested in, willing to and capable of undertaking the supervision of a student for such an experience. The object in developing this phase of extern work is to present the needs, challenge and opportunities of general practice to them prior to the completion of their medical course. Actually in the average medical curriculum students come into contact only with specialists in various lines. They thus have no clear-cut concept of what the general practitioner must face in his work. A cooperative group of general practitioners who would become clinical associates of the medical faculty should be able to make an exceedingly valuable contribution to a well-rounded medical education.

In line with the idea of interesting medical students in the needs and the challenge of general practice is another development which the medical school hopes to actively foster in the near future. Believing that the general practitioner faces one of the most difficult and demanding tasks in the entire medical field some of us feel that the new medical school must foster better training designed for residents in this field. The specialist has been given every opportunity to perfect himself in residencies and graduate training during recent years, but the man who has to face one of the biggest fields in medical practice has been "short changed" in his desire for the kind of training that would best fit him for the task he has chosen to perform. It is the intention of the medical school administration to foster the development, in fully accredited hospitals staffed with qualified personnel throughout the state, of an integrated program of residency training in general practice. Such a residency will be at least two years in length. A further discussion of this proposed program will be given in more detail later on.

EDWARD L. TURNER, Dean,
School of Medicine

Personals . . .

John Steele, newly elected Treasurer of the Washington State Tuberculosis Association received a full page of well deserved appreciation in the Health Pilot. He has given liberally of his time and talents to that worth-while organization.

The Health Pilot also devoted a full page to a flattering photograph of John. We hope the Lions Club nick him a dollar for advertising.

* * *

Don Willard stood for two and one half hours on the hard floor of the County Building waiting to get his 1948 Auto License. This happened January 5 and Don says his feet are still sore.

* * *

Dr. and Mrs. Beach are enjoying the luxury of a 47 day cruise through the Caribbean with visits in Brazil and Argentina. On this trip he has no interest in post-graduate study.

Up to the age of sixteen a boy may be a boy scout. But from that time on he's a girl scout.

NATIONAL TRENDS

Human behavior problems have been featured nationally since the close of World War II, and periodicals of all varieties are disposed to recite full details of youthful depredations and acts of the criminal insane.

A subject of such intriguing interest to laymen has naturally developed a trend with an avowed objective to improve individual behavior problems.

Obviously correcting mass behavior actions such as war and its effect on individuals is futile and impossible and in attempting such our apprehension of another World War is created.

Reactions of individuals during the aftermath of World Wars I and II present definite similarity and it is apparent there is a multiplication of personal fears and frustrations due to increased complexity of living after World War II.

The evidence is world wide that more futility of purpose, insecurity and confusion now exists reflecting a rising incidence in problems of individual behavior.

We should bear in mind that there is nothing more valid than facts on which to base corrective measures to stabilize human relationships and effect improvement in behavior complexes.

The medical profession is socially obligated to provide physiologic facts as a basis for establishing new habits or of modifying old ones.

The following suggestions are proposed for the application of facts to behavior problems by the Bureau of Health, American Medical Association, through its spokesman, Dr. Dean F. Smiley:

- (a) Sound advice regarding physical and mental hygiene,
- (b) Greater aid by medical science to health program administration,
- (c) More medical assistance in the conduct of Public Health,
- (d) Greater contributions of medical information to the education of secondary and college students.

Dr. Smiley, speaker, before the National Association of Biology Teachers in Chicago, recently pointed out the error of the traditional belief that medicine is only incidentally interested in preventing disease and in the development of positive health.

Physicians have long recognized the way to attack disease is by the application of both constructive and preventative measures and as doctors we can render a most constructive service through our best cooperative effort in this great corrective endeavor.

If the young people of America are to be equipped with a health knowledge they understand and can utilize when the opportunity comes, absolute co-operation between scientists, teachers, physicians and physical educators must be consummated.

The thought is convincing that healthy human behavior is responsive to individual physical and mental health and is unresponsive to the do's and don'ts imposed by authoritarians directing a most complicated world picture.

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COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the period of December 21, 1947 to January 20, 1948, inclusive:

Chickenpox	39
Diarrhea	3
German Measles	8
Gonorrhea	16
Impetigo	2
Measles	195
Mumps	13
Rheumatic Fever	2
Scarlet Fever	6
Syphilis	11
Tuberculosis	10
Vincent's Infection	2
Whooping Cough	1

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?

In Memoriam

With the passing of Dr. William B. McCreery the community and the Medical profession lose a great man and physician.

When we look back to analyze what might be the cause of this success, we find numerous attributes that are and always will be a part of our profession today. Examining further, however, it is seldom that we see the basic qualities vested so generously in one individual. Sincerity, honesty, intelligence and a consistent application of these qualities seems to be the keynote of his progress through the years. As a physician he tried to improve the physical and mental health of his patients. As a citizen he conceived and grew up with a very important organization, the Family Welfare, of which he was president for many years.

To itemize his achievements and to summarize the events and progress of his life would be to repeat well known facts. To eulogize is truly unnecessary. However to understand why he was an outstanding man is important to all of us, important because by following such examples we may better ourselves and so make our lives less complex and more worthwhile. These characteristics are easily analyzed and recorded but exceedingly difficult to apply consistently through the years, for this is greatness and the reason for our honoring "Dr. Will."

E. J. F.



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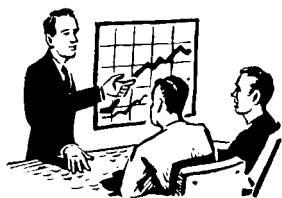
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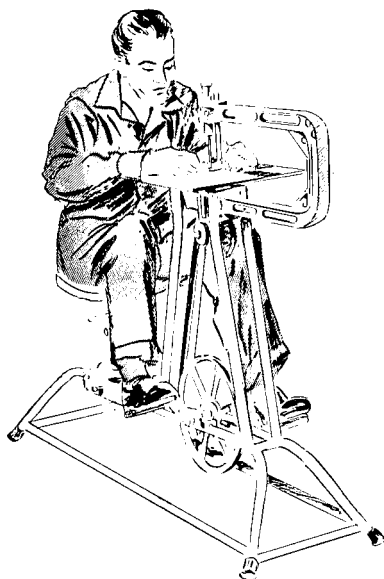
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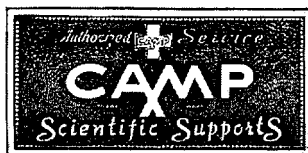
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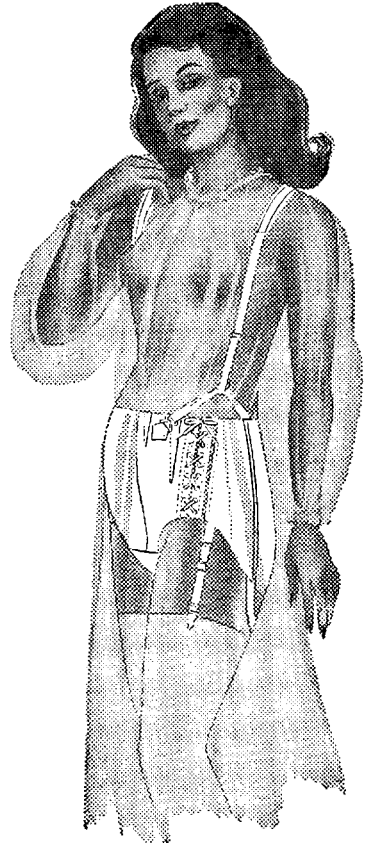
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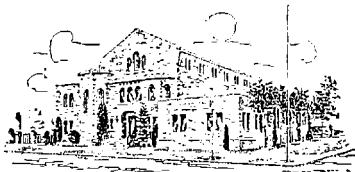
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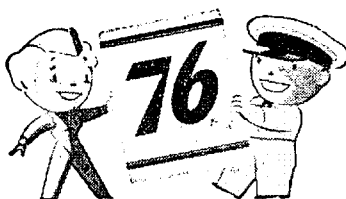
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Vol. XVIII—No. 7

TACOMA, WASHINGTON

MARCH, 1948



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1947-1948

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Programs

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

X-Ray Studies in

Neurological Lesions.....F. J. Rigos, M. D.
After graduating from the University of Minnesota Medical School, Dr. Rigos took his training in X-ray at the Mayo Clinic, coming to Tacoma in 1943. He is a Diplomate of the American Board of Radiology.

Heart Disease Roentgenologically

Considered.....S. S. Sanderson, M. D.
Dr. Sanderson graduated from the University of Michigan School of Medicine in 1930. He served a residency in internal medicine at the same school and a residency in radiology at the Massachusetts General. He was certified by the American Board of Radiology in 1935 and was Director of Radiology at the Binghamton City Hospital at Binghamton, New York from 1937 to 1941.

Extrinsic Colonic

Lesions.....A. A. Sames, M. D.
Following his graduation from the University of Wisconsin School of Medicine in 1937 Dr. Sames did post-graduate work at the University of Michigan Medical School for three years. He was certified by the American Board of Radiology in 1942 and served four years in the armed forces.

Case Reports.....B. D. Harrington, M. D.

Graduating from the University of Minnesota Medical School, Dr. Harrington did post-graduate work at the University of Michigan for three years previous to establishing himself in Tacoma. He served as chief of the X-ray department at Tacoma General and was in the army for four years. Dr. Harrington is a Diplomate of the American Board of Radiology.

March 23

Feet in Children.....W. G. Peterson, M. D.

Dr. Peterson's medical training was taken at the University of Minnesota School of Medicine. He served a two and a half year fellowship in orthopedics at the Mayo Clinic and spent four years in military service.

Artificial Clearance of Nitrogenous

**Products, Using Peritoneal or Colonic
Lavage.....Roger S. Dille, M. D.**
Following graduation from Northwestern, Dr. Dille served his internship at Evanston Hospital, Chicago. He was resident at San Mateo County Hospital, in general practice for three and a half years and served a residency in internal medicine for three and a half years at the Mayo Clinic.

Tuberculous Meningitis: Case

Report and Report of

Literature.....Edwin J. Fairbourn, M. D.

Dr. Fairbourn is a graduate of Magill University School of Medicine. He interned at King County Hospital for two years, served a one-year residency at Maynard Hospital and one year at Presbyterian Hospital and was in the armed forces from 1942 to 1945.

The President's Page . . .

IS MEDICAL TREATMENT ALWAYS RATIONAL?

The epochal event in the history of Greek science during the Periclean age was the rise of rational medicine. Even in the fifth century Greek medicine was largely bound up with religion and the treatment of disease was still practiced by the temple priests of Asclepius.

Hippocrates appears as the outstanding physician of his time although the collection of treatises ascribed to him are obviously from a variety of authors ranging from the fifth to the second century B. C. The forty-two clinical records are the only examples of their kind for the next seventeen hundred years, and they set a high standard of honesty by confessing that in sixty per cent of the cases the disease or the treatment proved fatal.

The historical role of Hippocrates and his successors was the liberation of medicine from both religion and philosophy. The mind of Hippocrates was typical of the Periclean time spirit—imaginative but realistic, averse to mystery and weary of myth, recognizing the value of religion but struggling to understand the world in rational terms.

Hippocrates was short on diagnosis but long on prognosis: the good physician, he believed, will learn by experience to foresee the effects of various bodily conditions, and be able to predict from the first stages of a disease the course that it will follow. Most diseases reach a crisis in which either the illness or the patient comes to an end. In any cure, nature, i. e. the powers and constitution of the body, is the principal healer; all that the physician can do is to remove or reduce the impediments to this natural defense and recuperation. Hence Hippocratic treatment makes little use of drugs.

In these modern times we are armed with a great many drugs and biologicals for the treatment of disease. We have developed methods whereby proper diagnosis can be more accurately determined. Yet much treatment that is given to the patient is used almost empirically and all too frequently to the detriment of accurate diagnosis.

And as far as prognosis is concerned, we so frequently alter the natural course of disease by treatment that the clinical hallmarks for that condition are altogether missing.

With the exception of certain epidemic diseases (smallpox, diphtheria, cholera, etc.) we must admit with Hippocratic honesty that sixty per cent of our patients live or die in spite of the treatment.

Much of the attempt to treat the patient well and early is an honest one. If Johnny has a cough and fever he must get sulpha or penicillin before pneumonia ensues else his parents will think the physician is medieval. All too frequently Johnny has a leucopenia and other clinical evidence of a virus infection.

In the Armed Services the Ward Officer in the hospital was not allowed to give the patient atabrine or quinine for a suspected malarial fever until a blood smear was proved positive for the parasite. Not infrequently another cause for the chills and fever was found.

Patients that have anemia are too frequently put on liver and iron, not to mention folic acid and vitamin B, without further attempts being made to find the cause or classify the anemia as macrocytic, normocytic or microcytic in type.

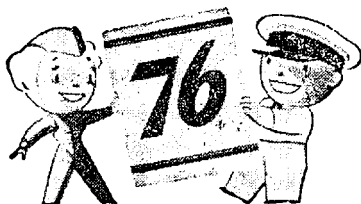
Digitalis is all too often prescribed for heart disease without any attempt being made to evaluate the status of the patient's myocardium.

These snapshot judgments as to the treatment indicated, without proper recourse to accurate diagnosis first, are hardly to be termed rational medicine. The Greeks would have another name for it and Hippocrates would probably turn over in his grave and wonder why he had gone so far in divorcing philosophy from medicine as to preclude the use of logic entirely in its practice today.

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Editorially Speaking . . .

OUR COUNTY SOCIETY

In the final analysis satisfactory Public Relations depend on the individual friendly relationship of the doctor with his patient and on that situation depends much of medicine's future. The same reasoning holds true when we consider our County Medical Society and our professional contacts. The better we know each other the greater is our mutual cooperation and efficiency and the more personal enjoyment we derive from our practice.

With the intention of giving each of us a better idea of where we fit in our County Society picture, we have gathered some facts regarding our membership as of February of this year.

We now have a total county membership of 230 of whom 9 are in the military service or are doing post graduate work. For reasons chiefly of health 21 have retired from active practice.

That leaves 200 doctors to care for our estimated county population of 210,000; which proportion is not at all out of line as 18 of our 200 members are giving their full time to institutional work.

If you are a general practitioner you may be considering yourself as one of an increasingly small minority receiving much lay and professional solicitous publicity. Don't get self conscious because you have plenty of company. Of our 200 doctors 95 are classified as general practitioners.

Due to difficulties in getting information regarding all of our members the statistics which follow concern only those members who have joined our society within the past 10 years. These members number 103 of whom three are in military service or are doing post graduate work, fifty are in general practice and 50 in special practice.

Variations in accent can be explained when we learn that the places of birth of our members extend from Asia to Europe, across Canada and include 27 states in this country. Naturally Washington contributed the largest number 19, with Minnesota and Europe next with 7; Montana 6, Illinois and New York 5; Kansas, California, Oregon, Canada, Indiana and Ohio 4; Iowa, Missouri, North Dakota, Wisconsin and Oklahoma 3; Michigan, Nebraska and Texas 2; New Hampshire, Massachusetts, Rhode Island, Kentucky, Florida, South Dakota, Idaho and China, 1 each.

Their medical alma maters are as numerous. Oregon 13; Chicago 8; Creighton, Loyola 6; Medical Evangelists, St. Louis, Michigan 5; Indiana, Northwestern 4; Illinois, Nebraska 3; Marquette, Kansas, Magill, Harvard, Oklahoma, Pennsylvania, Boston, Vienna 2; one each from Tulane, Manitoba, Louisville, Jefferson, Kansas, Cincinnati, Johns Hopkins, Louisiana, Oklahoma, Iowa, Wisconsin, Tennessee, New York, Tufts and Temple.

Those men who have cast their lot as specialists have chosen one of fourteen lines of work. Surgery attracted 9; Medicine and Psychiatry 7; X-Ray 6; Eye, Ear Nose and Throat 4; Pediatrics, Public Health 3; Dermatology, Tuberculosis, Urology, Anaesthesiology 2; Gynecology, Obstetrics and Pathology 1.

How old are the men who have come here since 1938? Those 27 to 35 years old inclusive number 46; 36 to 40 inclusive 29; 41 to 50 inclusive 19; 51 to 60 inclusive 8, and one is over 60.

This is as far as our information goes. We have indirectly mentioned every member; have found fault with none and whether the people in Pierce County appreciate the fact or not, we are sure we have a well educated, highly capable group of doctors in our Pierce County Medical Society, and we include our entire membership.

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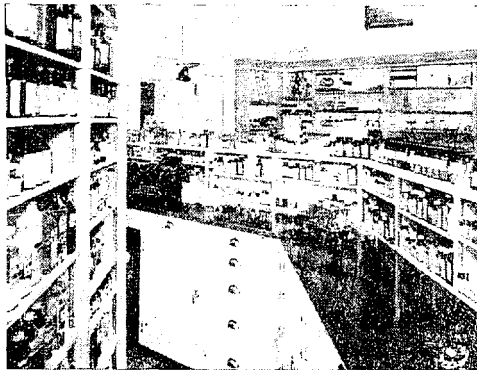


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The Medical Library in Relation to Medical Culture

Reprinted from an address given by Dr. J. P. Warbasse before the Medical Society of the County of Kings, Brooklyn, New York.

The first medical records were written on the tablets of the memory of ancient physicians. With the death of each a library perished. When graphic art first appeared in India, more than 6,000 years ago, among the earliest facts it recorded were those of medicine. The Sanskrit of the ancient Hindus, a language of great beauty, richness and inflection, and properly called the mother of European tongues, preserved the earliest records of healing. The Ayur Veda, the first medical document in this language, recites the earliest story of disease.

In Egypt, the tombs of the dead once served in the stead of medical libraries. Here were filed away and preserved the records of disease in the well embalmed bodies of an ancient people. This voluminous material is now taken out and read to us. The archaeologists are the archivists who perform this service. The nature of fractures and disease of bones was then much as it is today. Here we read of pleurisy, arteriosclerosis, appendicitis and nephritis. Paleopathology examines these ancient archives and translates to us the story of bacteria in the bodies of Egyptians 5,000 years ago. Written works were also left by these people in the form of papyri, now accumulated in the great libraries of the world.

At the beginning of the Christian Era many of the writings of the ancients were preserved in the monasteries, and out of these collections of classics libraries grew.

From this time on the universities sprang up and served as the centers around which libraries grew. Then came printing, and the making of books entered its mechanical age. The first medical text printed was the Gutenberg Laxierkalender in 1457. DeChauliac's *Chirurgia Magna*, written in 1363 and published in 1478, was the earliest work on surgery printed. The first complete edition of Hippocrates, the *Opera Omnia*, appeared in Latin in 1525. Other early medical books printed were those of Albanus, Albertus, Berengarius, Galen, Celsus, Rhazes and Avicenna.

These are some of the incunabula of medicine. Many of these books, printed before Columbus discovered America, here in our medical libraries, we may hold in our hands—and it should be with reverent respect, not only for the authors and translators, but for the artisans who made the paper and the ink, and for the printers and binders, who produced books into which the tooth of time has bitten in vain.

We often hear as the criticism of a library that "It has a lot of old stuff," or the word "antiquated" applied to its material. A medical book passes

through five stages on its way to oblivion. The first is its period of current usefulness and opportunity. This lasts from three to five years. Then it passes into a reference period of ten years, when it is turned to for its fundamental facts which do not change. The third period lasts a hundred years, during which it is an old book, but not an antiquity. It is still used occasionally by the scholar, who refers to it and finds the thing that his contemporary reports as new. In this period it is held most cheaply and passes from dealer to dealer with an ever declining esteem. Then, if it has not perished, it enters its apotheosis, and becomes an antiquity. This is the fourth period, the period of expanding glory. Its only safety now is in a permanent library. Its value increases with the years. Time enough has elapsed to have seen the ideas and methods that superseded such a book become dominant and then fade away, and now men turn to it and declare, "How wise those old fellows were!" It is preserved as an antiquity in the great libraries. In time, its physical decay begins to tell. Then, if its merit justify, it enters the fifth period and is reprinted and thus preserved indefinitely for library use.

The best thing that can be done with a library is to use it. The best place for a medical library is in the midst of medical practice, where things are being done. That means within easy contact with the practicing physician. The next desideratum is that it be connected with the social side of medicine, where meetings are held and the problems of practice discussed. A medical library must have many contacts with medical needs in order to fulfill its largest possibilities.

There is a deep appreciation of the library in the heart of the medical profession, and there is also a deep esteem of the men who make use of its facilities. In the case of two men of equal qualities, if one is known for his fondness of medical literature and for his habitual use of the medical library, he of the two will enjoy the greater esteem of his profession. And when his profession expresses itself by some preference, he of the two will receive the greater support. Men who themselves make little use of books habitually show their appreciation of those who do. There is something inherent in us that makes for approval of those who are fond of these tokens of medical culture.

This is one of the fine qualities of our profession. It is another evidence that the intellectual expansion that comes from familiarity with our literature is not only a cultural asset but possesses what may be called expedient value as well. The doctor who knows and uses his literature gets along best. The medical library, the repository of the wisdom of all time, serves the individual doctor to broaden the understanding of his problems, to raise himself to a vantage point from which more can be seen, and to give him added joys and satisfaction in his profession. If we think in pragmatic terms, it pays to be a bibliophile.

Minutes of Regular Meeting January 13, 1948

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on January 13, 1948, Dr. Maddison presiding. Minutes of the previous meeting were read and approved.

Applications for membership of Drs. Charles M. McGill, Charles B. Arnold and Douglas H. Murray were given first reading and applications for courtesy membership of Drs. Robert C. Bond, Merrill J. Wicks, Walter L. Jantz and William T. Hill were also given first reading.

Announcement of the dinner meeting of the Pierce County Unit of the American Cancer Society on Wednesday, January 21, was read.

Dr. Rigos made an announcement regarding the joint meeting with the Woman's Auxiliary and stated that tickets would be \$5.00 each.

The proposed amendment concerning transfer membership in the society was read and passed by unanimous vote.

Dr. Henry N. Harkins was introduced as the speaker of the evening by Dr. Vadheim. Dr. Harkins first commented in regard to the occurrence of malignancy in single thyroid nodules, stating that in a series of cases at the Illinois Research it was 25 per cent.

He then outlined the organization of the Department of surgery at the University of Washington and stated that the Surgical Service would be divided into General, Orthopedic, Neurological, Urological, Otolaryngological, Ophthalmologic and Anesthetic Services. He emphasized the need for a University Hospital and hoped that it would be built in 1949.

Dr. Harkins then discussed the subject of "The Surgical Treatment of Hernia." He briefly mentioned the use of cutis grafts in the repair of hernias and stated that it gave promise of being a valuable procedure in defects. He then outlined his method for the treatment of all types of groin hernias, whether indirect, direct or femoral. The steps of the procedure are as follows: (1) opening of the indirect sac; (2) exploration; (3) transformation of femoral and direct sacs into indirect sacs; (4) purse string of the resected indirect sac; (5) plastic suture of the internal ring; (6) relaxation of the internal oblique; (7) suture of the conjoined tendon and internal oblique to Cooper's ligament; (8) closure of the external oblique; (9) closure of Scarpa's fascia; (10) closure of the skin. Dr. Harkins used non-absorbable suture material. He does not feel that the occurrence of thrombophlebitis is any greater by this method and believes in early ambulation.

Adjournment.

Personals . . .

Paul B. Smith is the active chairman for the medical profession in the current Red Cross drive. He had his picture in the paper and we were relieved to learn he was not posing as "Rodin's Thinker."

* * *

A committee chairman who gives a report of "Nothing Doing" is in error. His truthful report would be "doing nothing."

* * *

In a recent letter to "Jeff," Fordyce Johnson writes from Pasadena, Calif.: "I am planning on leaving for New York to spend six weeks doing some post-graduate work in ear surgery. With that much time out of the office it is doubtful if we will make a trip to Tacoma this summer, much as we would like to."

* * *

Dr. and Mrs. Joseph Turner have just returned from a leisurely five weeks trip through several southwestern states. Good weather, interesting sights and no accidents made the trip very enjoyable and worth while.

* * *

George Moosey and family spent a recent week's vacation in Vancouver and Victoria. In Victoria he had a golf game with Dr. Thomas Curran, who in spite of his 75 years young showed George how the game should be played.

* * *

William Rosenblatt is in Southern California for two weeks enjoying with Mrs. Rosenblatt the breezy dry days. William plans to include in his itinerary the Pacific Surgical Society meeting at Los Angeles.

* * *

"Celebrates seldom have an enlarged prostate gland," from a recent issue of a woman's magazine.

Such small unseen reward
Could never compensate,
If I loved only I
And lived a celebrate.

From eight of the leading Medical Bulletins, including our own, we learn that the average Bulletin is made up of 47 per cent of reading material and 53 per cent of advertising. Our own Bulletin showed 45 per cent of reading material and 55 per cent of advertising. Regarding our advertisers it is our privilege and duty to support them with our business. Regarding the reading matter it is certainly a pleasure for the editor to receive written contributions by the membership but like words of appreciation it is a privilege that comes but seldom.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

Following a business meeting in the Medical Arts Auditorium the Auxiliary group journeyed on February 19th to the Western State Hospital. The program for the afternoon was efficiently planned. A survey of the 860 acres, 240 of which are under cultivation, was taken before 12:30. Staff members conducted the tours and were excellent hosts.

A delightful luncheon followed. Dr. Keller then gave an excellent address. He spoke of the progress being made in the field of Mental Hygiene. He is particularly interested in the enlightenment of the public on problems peculiar to the field of Mental Hygiene and made special reference to the need for early recognition of minor disorders. Further it is imperative that the laymen revise their concepts of mental hospitals and gain a more sympathetic attitude. Dr. Keller stressed the importance of having psychologists and psychiatrists in our public schools. The program for prevention is of greatest importance.

A tour of the physiotherapy and hydro-therapy centers and some of the wards was next on the program. To find the patients living in immaculate, comfortable and extremely pleasant surroundings was a revelation. An assembly was held at the conclusion of the excursion to give the staff members an opportunity to explain some of the medical procedure used in rehabilitating patients. The social service phase was discussed and emphasis was placed on the fact that more help is needed in all branches.

The Junior Chamber of Commerce is again backing the Cancer Drive in August. The Medical Auxiliary will sponsor the booth sales under the able guidance and direction of Mrs. A. H. Buis. She has asked Mrs. Edward Wolf to take charge of listing personnel who will tend the Auxiliary booth in the Puget Sound National Bank. Any member interested in helping in this splendid cause please call Mrs. Wolf at Skyline 1186. By the way, she is still taking "Hygeia" subscriptions.

Because of the increase in costs of operation the State Organization has added an assessment of one

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dollar per member. This dollar, in addition to the two dollars already charged, is payable to Mrs. Robert Florence, treasurer (4810 Five View Road).

The March meeting is to be an open forum on a phase of "Sex Education." It promises to be an interesting evening. The public is invited.

The S. F. Herrmanns are off to Portland, Los Angeles and points south. It sounds ideal for a sunny vacation.

Correction: Mrs. A. J. Herrmann's phone number is Proctor 4632.

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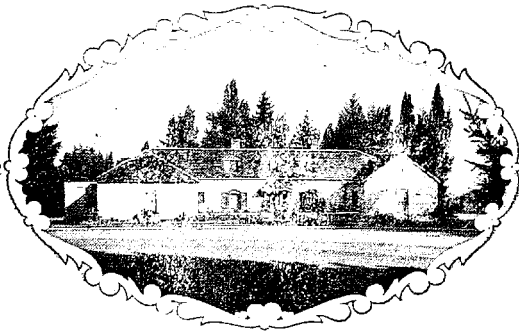
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When he totaled his collections, he found that the difference between the subscriber and non-subscriber groups was less than \$25. It wasn't possible to determine how much the prepay plan had extended his practice, but it was plain the plan hadn't diminished his returns.

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The Hospitals . . .

St. Joseph's Hospital

The monthly staff meetings have been very well attended and the programs have been enthusiastically received by all doctors attending. Subjects presented have been "Recent Developments in Chemotherapy," by Dr. S. W. Lippincott, Professor of Pathology, University of Washington Medical School; "Cytological Diagnosis of Cancer," by Dr. H. D. Chips, Assistant Professor of Pathology, University of Washington Medical School; "New Staining Techniques," by Dr. Spieholz, Professor of Cytology, University of Washington Medical School; "Personality Difficulties in Children as Related to the General Practitioner in the Prevention of Juvenile Delinquency," by Dr. Charles Kemp and Dr. Kenneth Hitch, Ph. D., Director of Psychological Research in Tacoma Public Schools.

On February 16 a paper on "The Histamine Treatment of Nervous Allergies" was given by H. D. Jonez, with clinical demonstrations of patients treated in the Allergy Clinic now operating on the third floor at St. Joseph's. Dr. Jonez prepared this paper for the International Allergy Society meeting in New York and we are the first to have a preview of his work. This should be of interest to all Pierce County doctors, due to the pioneering treatment involved.

Sister Superior is anticipating having some remodeling done in both Surgery and O. B. departments, to carry out the suggestions made by the doctors on the Governing Board.

Dr. Glassy, former St. Joseph's resident, has recently and with pleasure left Ft. Sam Houston, Texas, and is now stationed at Madigan General. This recent assignment meets with the hearty approval of his family and of his many friends at St. Joseph's, who hope the Army will leave him here a long, long time.

Pierce County Hospital

There have been several instances of doctors sending old age pensioners to private hospitals for admission, and the hospitals in turn rendering a bill to the County Hospital for care. Varying circumstances and alleged refusal of the County Hospital to admit these old age pensioners and others on general welfare relief has resulted in admission to the private hospitals, unbeknown to the County Hospital, which is the only agency responsible for their care. Even though the County Hospital is overcrowded, it is not authorized nor does it have the funds in its budget to pay for hospital care in any other hospital, and it must of necessity decline to honor any bills rendered for the care of such patients by other hospitals. As long as the responsibility for their care rests upon the County Hospital, it devolves upon the County Hospital to receive and admit them, even if the last bed is occupied, and no one in the County Hospital is authorized to tell a doctor or another hospital that we have no room or no beds left. We must by whatever means available provide the bed. The question as to diagnosis and the in-

dications for hospitalization should be fully considered by both the referring doctor and the doctor on duty at the County Hospital. The resident staff is advised by a standing order to take no chances and admit the patient if there is a serious doubt or any great difference of opinion as to the actual need for hospitalization. There are many inherent difficulties attendant upon these matters due to overcrowding, the lack of adequate housing, transportation and home care, where the hospital is expected to provide domiciliary care in spite of distressingly overcrowded conditions.

The patience and understanding of the local medical profession is asked when dealing with the occasional welfare case which may be encountered, and may we respectfully urge that you do not inadvertently burden the private hospitals with the care of these patients, in view of the fact that bills for their care rendered to the County Hospital can not be paid. The entire load at the present time is on the County Hospital, under conditions of restricted financing which makes adequate care of all these patients difficult or impossible, if every demand for hospitalization is to be met without some degree of restriction.

BURTON A. BROWN, M. D.,
Administrator Pierce County Hospital.

Tacoma General Hospital

The Medical Staff meeting of Tacoma General Hospital will be held on Tuesday evening, March 2, 1948. Dr. H. L. Maier will discuss "Otitis Media and Mastoiditis." His talk will be followed by a resume by Dr. J. W. Mandeville of "Mastoid Surgery at Tacoma General Hospital." Dr. Dumont Staatz has been asked to speak on "Emergency Treatment of Burns."

Dr. Arthur C. Jones, head of the Department of Physical Medicine at the University of Oregon Medical School, was guest speaker at the February meeting of the Medical Staff at Tacoma General Hospital. After defining Physical Medicine, he proceeded to re-awaken the staff's interest in physical medicine procedures. Mechanical energy, including rest, passive and active exercise, and occupational therapy, were discussed. The doctor concluded his lecture by emphasizing the necessity of definite written prescription by the physician for physical medicine.

Mr. Downton, who has been away from his work since last fall because of illness, has resumed his duties as head gardener at Tacoma General.

Capping exercises for the members of the class of September, 1950, will be held in Jackson Hall at 3 p. m. on Sunday, March 14. There are over thirty members in the class who will finish their pre-clinical period at that time.

Miss Glynn and Miss Jewett attended a meeting of the Washington State League of Nursing Education in Wenatchee on February 20. Miss Jewett is Secretary of the organization, and Miss Glynn is member of the Executive Board.

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Our thanks to the following firms and individuals who contributed door prizes for the joint dinner of the medical society and woman's auxiliary at the Top of the Ocean on January 26: Molt's Surgical Supply, Nicolai and Failer, Rankos Drug Company, Savon Drug Company, Neal Drug Company, Nelson Drug Company, Oakland Drug Company, Parkland Pharmacy, Smith Drug Store, Stowell Pharmacy, Sun Drug Company, Ruston Drug Store, Tinscher's Pharmacy, Virges Drug Company, Super Thrift Drug Store, Pay Less Drug Store, Pennywise Drug Store, Carl Wallace, Proctor Pharmacy, Thomas Porro, Shaw Supply Company, South Tacoma Drug Company, Twelfth Street Drug Company, Thrifty Cut Rate Drug Company, Braley's, Meyer Drug Company, McMillan Drug Company, Darling Drug Company, Medical Arts Pharmacy, Tacoma Medical Center, W. O. Jeffery, General Electric X-Ray, Hertzberg's, Washington Bindery, Tacoma General Hospital.

Prices are surely going up! We read that while the chemicals in the human body could formerly be had for 98c the asking price has now jumped to \$31.00.

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NATIONAL TRENDS

Practices by groups or individuals conceived to be exploiting public money or the public of their money are a rich source for investigative bodies during this election year of 1948.

The medical profession is one among many being asked for reasons why certain activities are being permitted indefinitely which do not reflect credit to the profession.

One mentioned specifically is—refusal of medical service in emergencies, which is of great public concern as was recently pointed out by the press and one certainly in agreement with the concepts of medical service as maintained by the profession.

Other complaints now publicized nationally are "Unnecessary Surgical Operations," fee splitting, eye glass rebating, etc., all of which medicine has shown little interest in correcting for a very long time, it is charged.

Analysis of efforts that organized medicine has made to correct these and other discrepancies charged against members, leads to the conclusion something with teeth is necessary.

It points to a need for strengthening the ethical code of the profession having a traditional text that predates current practitioners who adhere to it by a great majority in recognition of the sound moral values it represents.

For those not accepting these high principles forceful methods compelling adherence have been productive of differences and disputes that continue, notwithstanding the ruling judgment that was handed down by the Department of Justice, declaring them as "unfair trade practices." It is regrettable that legal power for controlling a minor percentage of the profession must be considered.

Legislators of the 1947 Session were in agreement that a proposal sponsored by the Washington State Medical Association, known as the Medical Disciplinary Act, was in the public interest.

The Association holds the opinion that revision of the act to meet specific objections will enable the profession to justly dispose of such actions or practices by offending members who cause complaints that are injurious to the integrity of the entire profession.

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Recording Your Data in the New American Medical Directory

The American Medical Association reports that 115,000 physicians have returned their Directory Information Cards supplying data for the new AMERICAN MEDICAL DIRECTORY now being compiled. Those physicians who have received these cards and have not returned them are urged to do so at once. This information is needed for your listing in the 1949 Directory.

Please use the card that has been addressed to you, as it bears the serial number which has been assigned to your data. If a card is received by you addressed to another physician who has moved away, return the card with the doctor's new address written on the slip bearing his name and serial number if you can supply the information.

Before filling out your card, check the list of specialties on the back of the card and select only one specialty, indicating, in the space provided on the front of the card, either that your practice is limited to that specialty or that you give special attention to that branch of medicine along with general practice. Fill in the lines marked "Intern" and "Resident" *only* if you are now serving an internship or residency in a hospital.

A second request with a duplicate Information Card will be sent very soon to all physicians from whom cards have not been received so that they may have an opportunity to supply the necessary information for their listing in the Directory.

In checking the information cards received from physicians, the Directory Department of the A. M. A. reports that it becomes increasingly apparent that many are not aware of the difference between "Membership" and "Fellowship" in the American Medical Association. Here are the official definitions:

Every MEMBER in good standing in the constituent medical association of the state in which he is engaged in practice whose name is officially reported to the Secretary of the American Medical Association for enrollment becomes automatically a MEMBER of the American Medical Association and is not called on, as such, to pay any dues or to contribute financially to the Association.

MEMBERS of the American Medical Association are eligible to apply for FELLOWSHIP.

To qualify as a FELLOW, a MEMBER in good standing is required to make formal application for FELLOWSHIP, to pay FELLOWSHIP dues and to subscribe for *The Journal*. Applications must be approved by the Judicial Council. Fellowship dues and subscription to *The Journal* are both included in one annual payment of \$12.00, which is the cost of *The Journal* to subscribers who are not FELLOWS.

Members of constituent state medical associations pay dues to those bodies, but as MEMBERS they pay nothing to the American Medical Association. FELLOWS pay dues and subscription to *The Journal* in the sum of \$12.00 a year, which has nothing to do with county or state dues.

According to an amendment to the By-Laws of the American Medical Association, no physician may

be officially recorded as a MEMBER of the American Medical Association except on the basis of membership in *one* constituent state medical association, and that one the association of the state in which the physician concerned maintains legal residence and engages in the practice of medicine.

Each Fellow receives a Fellowship Card from the Association annually as payment of his dues is recorded, which card is presented for admission to the Annual Meetings of the Association.

Physicians who are eligible for Fellowship should make formal application immediately so that they may attend the Chicago Session and so that a record of their Fellowship may be received in time to include the Fellowship symbol in their data listed in the new AMERICAN MEDICAL DIRECTORY.

Western Association of Industrial Physicians and Surgeons

A regional group dinner meeting of the Western Association of Industrial Physicians and Surgeons is planned at the Washington Athletic Club Wednesday, March 10, 1948. All interested physicians are urged to come.

A program regarding occupational disease claims including the bizarre and unusual is being arranged by Dr. Lloyd Farner, Head of the Industrial Hygiene Section of the State Department of Health. The price of \$4.75 will include dinner and refreshments. Social hour will be from 6:30 to 7:30 p. m., with dinner at 7:30 p. m.

For reservations call Dr. C. M. McGill at Proctor 5515 during office hours.

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Dual Membership in Component Societies

Washington State Medical Association
Cobb Building
Seattle 1

Re: Dual Membership in Component Societies

Gentlemen:

On November 14, 1947, in a letter addressed to the Thurston-Mason County Medical Society, I expressed the opinion that the constitution of the State Association did not bar membership in two societies, pointing out that the State constitution permits a component society to admit to active membership any physician who either resides or practices in the territorial jurisdiction of the society.

In the meantime there has been called to my attention a letter from the American Medical Association which I quote:

"Your telegram has just been received.

"The Constitution and By-Laws of the American Medical Association state that a physician should belong to a component county medical society.

"A physician should not belong to more than one component county medical society. If this were permissible, it would mean that the representation of his county society in the house of delegates of the constituent state medical association as well as the representation in the House of Delegates of the American Medical Association would be thrown out of line, as the one individual's membership would be counted in two different places.

"I hope that this is the information you request."

In view of what I understand is the practice of the constituent state associations to be governed by the rulings of the American Medical Association, my opinion of November 14, 1947, is rescinded.

Very truly yours,
EDWARD L. ROSLING.

Gifts of Blood

During the war the American people were most generous with their blood. Their donations saved thousands if not millions of lives on our world encircling battlefields. The war time generosity of blood donors was a spectacular success. There is still need for blood. The same boys, although back home, may again require a transfusion of blood. The same kindly consideration should be given to their families and friends.

The medical profession, responsible for prescribing and administering this blood, can be of tremendous assistance. Advise your patients to make periodic donations of blood to the Blood Bank. Why not a pint of blood on a birthday? On an anniversary? On Mother's Day? On Father's Day? Or at any time one thinks of it. There are always patients in hospitals who require blood in order to survive.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the period of January 21, 1948 to February 20, 1948, inclusive:

Chickenpox	60
Diarrhea	1
Diphtheria	1
Food Poisoning	1
German Measles	10
Gonorrhea	14
Impetigo	4
Measles	277
Mumps	15
Scarlet Fever	21
Syphilis	21
Tuberculosis	17
Vincent's Infection	1
Whooping Cough	8

Special Notice

Spokane, Feb.—Arrangements were completed here today for the Northwest Regional Conference on rural and industrial health problems.

The two-day conference on March 20 and 21 is sponsored by the Councils on Medical Service and Industrial Health, American Medical Association, and the Washington State Medical Association. President Albert J. Bowles of the latter organization, said. Members of the State Medical Associations of Washington, Oregon, Idaho, Montana, and the Territory of Alaska will attend, as well as officials of the American Medical Association.

Saturday, March 20 will be devoted to prepaid medical programs of the Pacific Northwest and Rural Health Problems in the form of round table discussions; while Sunday, March 21 will be given over to round table discussion of "A Rehabilitation Program in Action," centered around rehabilitation programs for persons injured in industry, and "Health Problems of the Workers of the Pacific Northwest."

The Conference is one of a series being sponsored over the entire country by the American Medical Association and State Medical Associations in an attempt to find out at first hand the medical care problems facing industrial and rural populations, and how they can be met, Doctor Bowles said.

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Have a Heart—A Good Heart

An editorial under the above heading recently appeared in the Tacoma News-Tribune. In a day when so much that is unfriendly, undependable and flamboyant regarding the practice of medicine is appearing in the lay press, this accurate and sympathetic presentation of the aims of the American Heart Association is doubly gratifying:

"It is appropriate that this week, which includes Valentine day, should have been chosen by the American Heart Association to call the attention of all America to the nation's No. 1 killer, heart disease.

"Most of us have thought of cancer, tuberculosis, pneumonia, accidents and kidney diseases as the great killers, but it is a fact that diseases of the heart and blood vessels kill more than these other five causes combined. Statistics show that one person dies every minute somewhere in the United States as a result of diseases of the heart and blood vessels.

"The purpose in calling attention to this is to further publicize the efforts of the American Heart Association to awaken the public to the need for scientific research in the field. Such research has been handicapped greatly by lack of funds and the association now is making a direct appeal to all Americans to help in this research through their contributions.

"No one begrudges in the slightest the millions that have been poured into poliomyelitis research by the annual March of Dimes campaign. Nor is there any criticism of the millions raised annually for the study and control of tuberculosis. But it does seem that the time has come for us to recognize heart disease as the great killer it is and the need for research there. The medical profession has learned much about the heart. It is frank in admitting that it still has much to learn. The answers will come only through research, and research requires funds. Despite the greater need, funds for heart disease research have been far, far less than those available for the study of other diseases.

"The American Heart Association is composed of outstanding cardiovascular specialists and prominent laymen. It is authority for the statement that a million Americans today are suffering from rheumatic fever and rheumatic heart disease; that more than 3,700,000 Americans have some form of heart disease and another 3,700,000 hardening of the arteries and high blood pressure, major contributing causes of heart disease. It is to help them and the generations as yet unborn that the association is appealing for funds.

"There are at present no provisions for accepting contributions locally but all who desire to help can send their checks to the American Heart Association, 1790 Broadway, New York 19, N. Y."

In a tight-fisted congregation, the hat was passed around one Sunday and returned absolutely empty. The pastor cast his eyes heavenward and said reverently, "I thank Thee, oh Lord, that I got my hat back."



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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.

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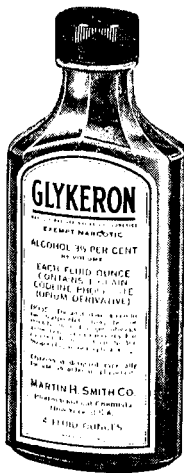
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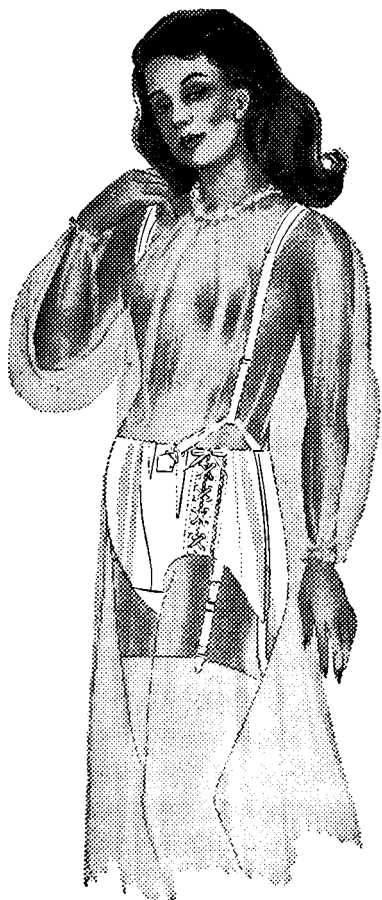
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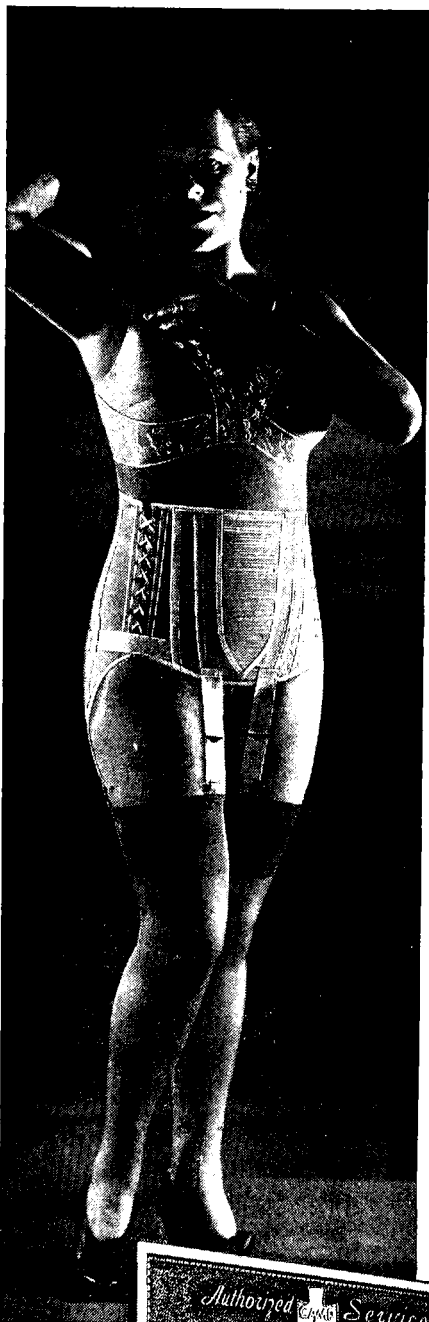
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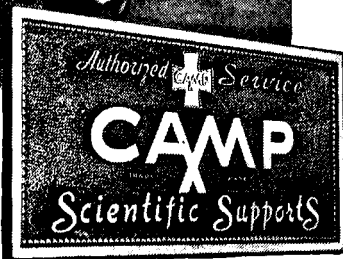
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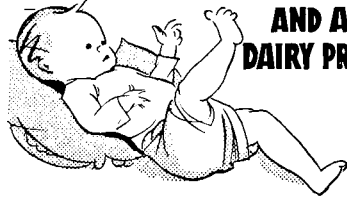


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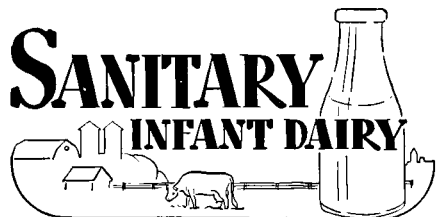
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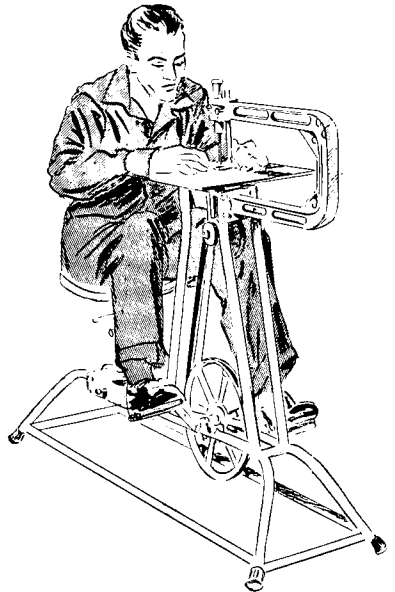
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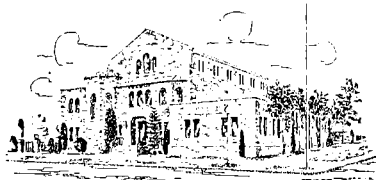
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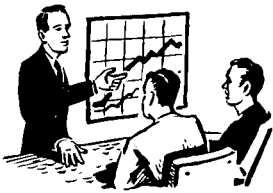
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PIERCE COUNTY MEDICAL SOCIETY

Vol. XVIII—No. 8

TACOMA, WASHINGTON

APRIL, 1948



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1947-1948

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Programs

Medical Arts Building—8:15 p. m.

April 13

How Important

Is Your Public?..... Frederick E. Baker,

Public Relations Counsel for Washington State Medical Association and Ralph W. Neill, Executive Secretary of the State Association.

Election of Nominating Committees

April 27

Surgical Aspects of

Diverticulitis..... S. F. Herrmann, M. D.

Dr. Herrmann graduated from the University of Minnesota School of Medicine in 1920. After serving a fellowship at the Mayo Foundation he received his Ph. D. in Surgery at the University of Minnesota. He is a diplomate of the American Board of Surgery and a member of the Tacoma Surgical Club, the North Pacific Surgical Society and the Pacific Coast Surgical Society.

Transorbital Lobotomy.... C. H. Jones, M. D.

Following graduation from the University of Oregon Medical School in 1943 Dr. Jones spent three years in neuro-psychiatry in the Army. He graduated from the School of Military Neuro-psychiatry at Mason General Hospital and is now a member of the staff at Western State.

Reports of Nominating Committees

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The President's Page . . .

THE SUBSIDY OF SCIENCE

For centuries scientists have been in the main a humble lot, dedicated to reason and scientific method. They have distrusted man because of his prejudices and superstitions which were contradictory to the system of research.

The honesty of the scientific investigator, his very abdication of self, brought the material picture into a clear focus and in a few centuries he has traveled by accomplishment from ignorance of the circulatory system to electronic microscopy, from the prairie schooner to the supersonic plane.

On this ascending spiral physical science and medicine developed together. The ramifications in branches of investigation are so interwoven that every scientist today is in essence some species of mathematician. Nuclear physics has applications in medicine and biology as much as in mechanics and the thermodynamics.

If a man was a good chemist that was all that mattered; and he felt that his colleagues were not base politicians, connivers, propagandists for social systems, but quiet, orderly altruistic men.

But science has become so complex and demanding in material wealth, without at the same moment having either time or inclination to acquire such wealth, that it has become parasitic of worldly sources for its function. The getting of an expensive piece of ~~the disabling resins~~ ~~vertical correction~~ requires conniving and proselyting. I

such a problem is to set up a research, frustration, and depression generates an This allows the business corporation^{atic} complaints which today present a real application of methods to their own fit. It is a serious challenge because com- of knowledge between scientists is ^y definite knowledge of the diagnosis and patients. Using a vague sort of reasoning research accomplishment. Many of ~~thass~~ those problems on to the psychiatrist. large majority of patients with psychoso- ments are controlled by a few all-pow^{er} by the general practitioner. In the United the researches in nuclear physics as ^{is} out of every one hundred medical men, rovide adequate help for the great number

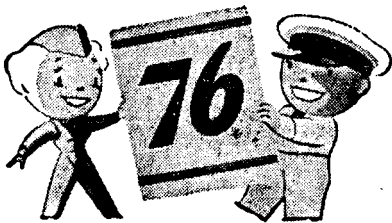
Medical research, by the same ¹ be done? Certainly some means should ~~ber of general practitioners with a resle~~ ground in accepting research grants from large pharmaceutical combines which in turn may control the output of such research and add one more factor to the already mounting cost of medical treatment.

No longer can science afford to shun the company of those whose ulterior motives are questionable; the price of his Ivory Tower is dependent upon them for its very existence.

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Editorially Speaking . . .

NERVES

War always has been, is now and ever will be the most wasteful expression, individually and collectively, of our national nervous activity. We have not as yet had time to catch our international breath following World War II, but notwithstanding our evident dyspnea we are now implementing plans to follow the familiar paths which may lead to World War III.

The Selective Service in the last war called up for examination fifteen million young men; all of them presumably able bodied. Four and a quarter million were rejected and of this number nearly a third were declared unfit, due to neuro-psychiatric disabilities. That happened twenty-five years after World War I; twenty-five years of time for millions to reorganize their lives and thinking and get back to near normal living. Now we are faced with the threat of World War III although a majority of our citizens do not know for a certainty whether or not World War II is officially at an end.

One doesn't need to be medically trained to have an appreciation of the nervous confusion engendered among our people when war is the chief topic of conversation. The radio delivers a stream of truth, half truth and propaganda, while those who depend on the daily press and weekly magazines are exposed to the same influences—influences which always result in questioning and doubts as to the ultimate goals of our confidence, our judgments, and our duty. We recognize that many personal uncertainties and conflicting emotions normally constitute a portion of every individual's daily life. The tragedy of the present situation is the large addition to our nervous stress and strain which will exact a far reaching toll due to the disabling results of psychoneurosis, or worse.

This condition of mental unrest, frustration, and depression generates an ever widening harvest of psychosomatic complaints which today present a real challenge to our medical practice. It is a serious challenge because comparatively few medical men have any definite knowledge of the diagnosis and treatment of emotionally disabled patients. Using a vague sort of reasoning whenever possible, we attempt to pass those problems on to the psychiatrist. This is not the solution because the large majority of patients with psychosomatic difficulties should be treated by the general practitioner. In the United States there are only two psychiatrists out of every one hundred medical men, and that number is far too small to provide adequate help for the great number who are emotionally sick. What can be done? Certainly some means should be found to provide a greater number of general practitioners with a usable knowledge of the technique in the diagnosis and treatment of this area of medicine, and as a suggestion, it might be feasible for our Washington University Medical School to provide intensive post-graduate courses of four weeks duration for twenty to twenty-five general practitioners.

In some such manner a beginning could be made towards the solution of a medical responsibility as extensive as it is now neglected.

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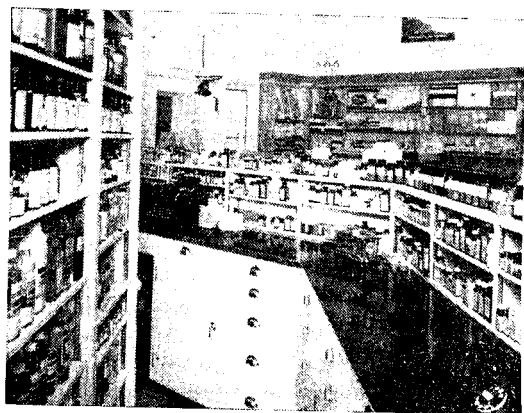


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An urgent appeal has come from a hospital in China for several volumes of the Journal of the American Medical Association. The library has been able to supply many of these, and if by any chance you have been saving your copies for several years and can supply the following missing numbers you will be doing a very good deed. They may be left at the Medical Library.

- Vol. 117 No. 1-16
- 118 No. 1-6
- 119 No. 1
- 123 No. 3-16
- 124 No. 1-18
- 125 No. 1-17
- 126 No. 1-17
- 127 No. 1-9; 11-17
- 128 No. 1-13

* * *

How is your medical orthoepy? We blush in confusion if we discover that we have been giving the wrong pronunciation to a word in our ordinary speech, but every day, unaccountably enough, we cheerfully mispronounce many commonly-used medical words.

A number of articles pointing out some of these errors have appeared in medical journals and bulletins, from which we have culled the following examples, with the correct pronunciation as given in Dorland's American Illustrated Medical Dictionary:

CORRECT

- Am' in o
- Du o de' num
- Ser' e bral
- Ar thro'd' es is
- Jin e kol' o je
- Ver' te bral
- Or throp' nee' ah
- U' re' ter
- Par' es is
- Trik om' o nas
- Kem o ther' ap e
- Hem o glo' bin
- Po le o mi el i' tis

INCORRECT

- Am ee' no
- Du od' num
- Cer ee' bral
- Ar thro dee' sis
- Guy ne kol' o je
- Ver tee' bral
- Or throp' ne ah
- U' re ter
- Pa ree' sis
- Try ko mo' nas
- Kee' mo ther ap e
- Hee' mo glo bin
- Po li o mi el i' tis

* * *

An interesting development in the treatment of stammering is the use of shock therapy for the purpose of releasing tension preliminary to the utilization of psychotherapy and speech training. An article dealing with this subject, written by Owen and Stemmermann, of Huntington, West Virginia, was published in American Journal of Psychiatry for December.

* * *

Our thanks go to the many members who have recently contributed periodicals to the library. Many of these can be used for the completion of our own files, while others can be exchanged for

unneeded material held by other medical libraries, enabling us to gradually build up complete runs of journals to which we do not subscribe.

* * *

We are again asking you not to remove books or periodicals from the library outside of library hours without leaving a record of what you have borrowed. This is for your own protection, as well as for that of your fellow-members. Your cooperation will be appreciated.

* * *

An old writer has said that there are four sorts of readers: "Sponges which attract all without distinguishing; howreglasses which receive and powre out as fast; bagges which only retain the dregges of the spices and let the wine escape; and sives which retain the best onely." A man may waste many years before he reaches the "sive" stage.

* * *

The "Secretary's Letter," issued periodically by the American Medical Association, and offering data of current interest to the medical man, is available at the Medical Library.

CHEST PHYSICIANS EXAMINATIONS

The BOARD OF EXAMINERS of the American College of Chest Physicians announces that the next oral and written examinations for Fellowship will be held at Chicago, June 17, 1948. Candidates for Fellowship in the College, who would like to take the examinations, should contact the Executive Secretary, American College of Chest Physicians, 500 North Dearborn Street, Chicago 10, Illinois.

The FOURTEENTH ANNUAL MEETING of the American College of Chest Physicians will be held at the Congress Hotel, Chicago, Illinois, June 17-20, 1948. An interesting scientific program has been arranged for this meeting, and speakers from several other countries are scheduled to appear.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the period of February 21, 1948 to March 20, 1948, inclusive:

Chickenpox	56
German Measles	3
Gonorrhea	17
Measles	219
Mumps	28
Scarlet Fever.....	6
Syphilis	20
Tuberculosis	12

Minutes of Regular Meeting of February 10, 1948

The regular meeting of the Pierce County Medical Society was held on February 10, 1948 in the Medical Arts Auditorium, with Dr. Frank Maddison presiding. Minutes of the previous meeting were read and approved.

Dr. S. F. Herrmann made an announcement in regard to a meeting to be held March 1 at the Winthrop Hotel under the auspices of the Public Education Committee of the Chamber of Commerce. Pearl Wanamaker, Superintendent of Public Instruction, is speaking on "Education for Freedom."

The applications for membership of Drs. Charles M. McGill, Douglas H. Murray and Charles B. Arnold were given second reading and unanimously approved for membership. Drs. Robert C. Bond, Merrill J. Wicks, Walter L. Jantz and William T. Hill were elected to courtesy membership.

The subject of "Peripheral Vascular Disease" was introduced by Dr. Rodger S. Dille, who first discussed "Acute Arterial Occlusions." He emphasized that treatment should be started without delay and that there should be no external heat or elevation of the affected part. Anticoagulants should be started immediately and vasodilating mechanism used. He particularly emphasized the use of anticoagulants and gave the following indications for prophylactic anticoagulant treatment: history of thrombophlebitis, obesity, varicose veins, heart disease, chronic ulcerative colitis, malignancy, extensive pelvic or abdominal surgery, splenectomies and anemia.

Dr. Murray Johnson continued with a discussion of "The Surgical Management of Peripheral Arterial Disease." In cases where a major artery has been severed Dr. Johnson indicated the following measures should be considered: Treatment of shock and the starting of penicillin; papaverine; sympathetic block; re-establishment of the continuity of the artery, either directly or by vein graft or plastic tube while waiting for collateral circulation to be re-established. Postoperative treatment consisted of anticoagulant therapy, penicillin and sympathetic blocks. Heat should not be applied. In the case of emboli to the limbs he stated that in the larger vessels of the lower extremity surgery was indicated, although in the upper extremity medical treatment is usually satisfactory.

Dr. J. L. Vadheim discussed "The Surgery of the Peripheral Venous System," including ligation of the superficial femorals, vena cava, and saphenous ligation. After ligation of the superficial femorals support to the extremity for six months is indicated and sympathetic blocks are generally used.

A general discussion followed, in which Dr. Bonica stated his case for the early and repeated use of sympathetic block. There being no further business, the meeting was adjourned.

Minutes of Regular Meeting of February 24, 1948

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on February 24, 1948, with Dr. Frank Maddison presiding.

Dr. B. D. Harrington reported the February 2nd meeting of the Board of Trustees of the State Association.

The scientific program was opened by Dr. John T. Robson, who reported a case of toxoplasmosis. Dr. Robson brought out the point that the incidence of this condition is apparently higher than previously believed. He mentioned that there were four types, the congenital, the infantile, the adult asymptomatic and the adult symptomatic. For the congenital type there are five signs, of which any two are necessary for the diagnosis: mental retardation, hydro or microcephalus, choroiditis, cerebral calcification, convulsions.

Dr. Christen Quevli gave an excellent discussion of "The Neurotic Patient," indicating that this type of patient is on the increase. The paper was interesting and instructive. Discussion was by Dr. Rickles and Dr. Bennett.

Dr. Carlisle Dietrich gave a discussion of "Common Skin Disorders" and listed a number of prescriptions which he had found of value in treating seborrheic eczema in infants, acne, seborrheic eczema in the adult, rosacea, baldness, dandruff and seborrheic eczema in the aged.

The meeting was adjourned.

APOLOGY

The editorial staff of the Bulletin deeply regret the omission, in the February issue, of the University of Minnesota from the list of schools contributing their graduates to our County Society. Protests from the eleven men who have joined us in the last ten years and especially from the nine doctors who came prior to 1938 have made on us a lasting impression that the sins of omission can have more far reaching effect than the sins of commission.

We humbly apologize and as a token of the high regard with which we hold the friendship of these men we are printing the words of the University of Minnesota's Alma Mater Song, translated from the original Norwegian text:

Minnesota hail to thee, hail
to thee our college dear;
Thy light shall ever be, a beacon
bright and clear.
Thy sons and daughters true will
proclaim from near and far;
They will guard thy fame and
adore thy name.
Thou shalt be their Northern Star.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

The Public Relations Committee did a splendid piece of work in organizing a fine program for the public on March 29th. Weyerhaeuser Hall in the Y.M.C.A. building was the meeting place for the discussion of the topic, "Outline of the Program on Sex Education in Oregon." The enthusiastic guest speaker was Miss Dortha Massay, who holds the position of "State Supervisor of Physical and Health Education for Girls" in the state of Oregon.

As a visual aid in explaining the existing program in that state Miss Massay showed a twenty-minute long sound movie, entitled "Human Growth." It was most interesting and enlightening. (As a special note watch for the pictures taken by a "Life" photographer concerning this movie.) After the very comprehensive talk by the main speaker a panel of well chosen representative community members led a stimulating discussion on the need in our state for a similar program. The panel included: Mr. H. R. Goold, Superintendent of Schools; Rev. P. B. Van Horn, Representative of the Tacoma Council of Churches; Dr. C. R. Fargher, City Public Health Officer; Mrs. K. A. Strachan, P. T. A. Representative, and the Medical Society was represented by Dr. Homer Humiston.

The Ray Bennetts report having had a splendid southern vacation. The George Kunz Jrs. have decided to test the southern weather for themselves. They leave April 8th for two weeks in "Death Valley" and "Arrowhead."

Mrs. D. H. Bell has returned from an extensive tour of Central America. It must have been a wonderful trip.

The next meeting of the Auxiliary will be held in the form of group luncheons on April 8th at one o'clock. Mrs. George Kunz, 3519 North 29th Street, will open her home for the occasion, assisted by Mrs. Frederick Schwind and Mrs. Herman Judd; at the home of Mrs. Edward Wolf, 2214 North Junett Street the assisting hostesses will be Mrs. T. H. Long and Mrs. Miles Parrott; and Mrs. Scott Jones, 2208 North Cedar Street, will have

OFFICERS

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as assisting hostesses Mrs. George Smith and Mrs. G. A. Delaney.

All members will be informed by telephone to which luncheon they are invited. The topic for discussion will be "Cancer." This is fitting in that April is Cancer Month.

Mrs. Buis is working hard to get the Cancer booths set up in the city. Our Auxiliary booth is to be in the Puget Sound National Bank with Mrs. Edward Wolf in charge.

Remember to send your extra dollar for dues to Mrs. Robert Florence, treasurer. This is the money voted upon by the state organization.

There was a Board meeting of the State Officers in Seattle in March. Of special interest is the emphasis being put on the recruiting of Nurses in the State.

P.S.—Could and would all members please send or phone items of personal interest for the next issue to Mrs. R. A. Norton, Proctor 8531. (Duplicate prizes will be awarded in case of a tie.)

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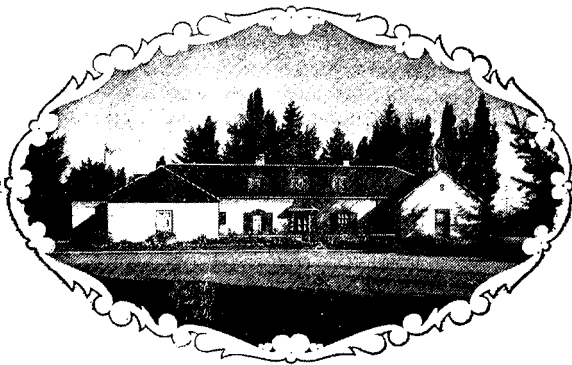
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The Hospitals . . .

Tacoma General Hospital

The Medical Staff of Tacoma General Hospital met on Tuesday evening, March 2, 1948. Dr. H. L. Maier discussed Otitis Media and Mastoiditis, including the pathology and symptomatology of these conditions. This was followed by comments on the clinico-pathological findings and the differential diagnosis. Chemotherapy is indicated when the diagnosis of Otitis Media is made. Indications for radical mastoidectomy were presented. Colored slides were shown to illustrate diseased conditions of the tympanic membrane. Dr. Mandeville showed statistics the decrease in mastoid surgery at Tacoma General since the advent of antibiotics.

Dr. Dumont Staatz gave a paper in which he outlined the early treatment of burns. Debridement, the use of penicillin irrigation and early skin grafting were emphasized.

Nurses of District No. 3, Washington State Nurses' Association, who hold positions as directors of schools of nursing, directors of nursing service, their assistants, and instructors in schools of nursing, have recently formed an Administrators' Section. The first regular meeting of this newly-formed group was held at St. Joseph's Hospital on March 17.

A workshop for directors of nurses and educational directors from hospitals in this state will be held in Jackson Hall on April 6, 7 and 8. The subject for discussion will be problems relative to schools of nursing, with emphasis on student rotation.

Thirty-four pre-clinical students were accepted into the School of Nursing at an impressive capping ceremony held on Sunday afternoon, March 14th, in Jackson Hall. Dean Register of the College of Puget Sound gave the address of the afternoon. Vocal and instrumental numbers were presented by members of the Music Department of the college.

A St. Patrick's dance was held in Jackson Hall on Friday night, March 19th. Everyone who attended enjoyed an evening of fun and merrymaking.

Student nurses are busy these days devising means of financing the White Cap. A candy sale was held on St. Patrick's Day. More of these sales will follow. To stimulate an interest in ad-collecting, the White Cap Staff is offering a reward of a beautiful piece of luggage to the girl who brings in the most ad money.

Mr. Jack Smith is now employed on a part-time basis at the hospital pharmacy, assisting Mr. Boehm.

The program for the Medical Staff meeting on April 6, 1948 will be as follows:

Acute Renal Decompensation, by Dr. R. S. Dille.
Oxygen Therapy, by Dr. J. J. Bonica.

St. Joseph's Hospital

The monthly staff meeting was held on March 15. The speaker of the evening was R. Phillip Smith, M. D., Chief of Obstetrics and Gynecology Service at King County Hospital, who presented an original study on "Occiput Posterior Incidence, Etiology, and Treatment," a summary of several thousand cases followed at King County Hospital. Dr. Smith emphasized in his paper that the occiput posterior presentations were much more numerous than formerly thought, and in fact came to almost 50 per cent of all occiput presentations. The occiput presentation causing the most difficulty was found to be occiput left posterior, probably due to the interference of the large bowel, rectum and bladder in this type of case. However, most posterior cases can be delivered without a great deal more trouble than anterior ones if the doctor is not stampeded into doing some drastic maneuver or surgical procedure at the insistence of the family, who do not understand the need for more time and patience when working with the posterior presentations.

The banquet preceding the meeting was excellent and the meeting and banquet were well attended, approximately 75 doctors being present.

At this meeting the new Bell Howell Combination Movie Projector and loud speaker system was tried out for the first time and found to be a great improvement over the previous equipment which had been rented. At this time the doctors of the staff wish to thank Sister Superior and the Sisters of St. Joseph's Hospital for so generously obtaining this expensive equipment in order to improve the quality of the staff meetings. The next meeting will include the showing of color sound films of surgical operations using the new equipment.

The Clinical Laboratory has had some new sinks and cabinets installed and is now in the process of being refloored with a special floor covering.

Doctors George Moosey and Carl Scheyer of the St. Joseph's Hospital Governing Board are going back to the University of Chicago soon to take some special post-graduate courses and will visit several hospitals while there to gather new ideas for the improvement of St. Joseph's Hospital along the latest and most modern lines.

Mary, "Would you care to learn lovemaking by mail?"

Ruth, "Well, that all depends on the male."

ROGER B. MOLT

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NATIONAL TRENDS

A proposal by the American Academy of Pediatrics that the Federal Government subsidize training of more pediatricians, warrants full and comprehensive study by medical educators and the profession at large.

It is proposed approved medical colleges (170) will receive funds on the basis of needs and student enrollment with separate allocation for (1) scholarships or fellowships (2) expense of pediatric instructors making teaching circuits (3) support for maintaining high standards of pediatric education (4) other purposes directly related to pediatric education.

A spokesman for the Academy states "not all of us share the American Medical Association philosophy of fear of Socialized Medicine" and continuing, "we know the time is coming when the Government will have to support medicine in some degree; we want to be in a position to direct that support."

The question lies in who directs the spending of Government money, a subject provoking skepticism and on which we are gullible as well as vulnerable.

Many attenuating loose ends are yet to be tied before the profession (or a segment of it) ventures into Federal subsidies for medical education, thus far unproven as to direction in comparison with what we now have.

There are also arguments conceived by pediatricians that children "come first" in view of the other National ills, that are undergoing general consideration.

Equitable National health would suggest a thorough study of all age groups to be evaluated as to illness and the solution approached through revealing the overall need that is to be served by how many and what type of professional personnel is found necessary.

Ross D. Wright, M. D.

In Memoriam

CHARLES ROSS FISHEL, 1878-1948

Dr. Charles Ross Fishel was born August 26, 1878 in Dell Roy, Ohio. He received his schooling in Ohio, graduating from the Ohio State Medical School in 1906. After interning in a Columbus, Ohio, hospital he went into private practice in Thurston, Ohio. Here, in addition to the routine doctor's practice, he was called upon to do considerable work for the railroads, and at that time he purchased his first X-ray equipment.

With the outbreak of the First World War he enlisted as First Lieutenant in the Medical Corps, later becoming Captain, and was stationed at both Fort Oglethope and Fort Snelling. Here he became acquainted with Dr. Rich of Tacoma.

Even before the war, Dr. Rich had planned opening a clinic in Tacoma and on occasion talked it over with Dr. Fishel. After Dr. Fishel's discharge from the Army he came to Tacoma, taking over the X-ray of the newly formed Rich Clinic.

Dr. Fishel was Radiologist for the Veterans Administration Facility when Cushman Hospital was for the care of Veterans. Later when the Indian Service took over the Hospital, and the Veterans Administration moved to their new quarters at American Lake, Dr. Fishel not only continued with the Veterans Administration, but also took charge of the X-Ray Department of the Indian Hospital. He was also Radiologist for Western and Bridge Clinics for many years.

Following a heart attack early in 1941 he retired from practice.

Dr. Fishel belonged to the Masons, the Edward B. Rhodes Post No. 2, American Legion and the First M. E. Church. In addition to the American Medical Association, the Pierce County Medical Society, he was a member of the Radiological Society of North America and the Washington State Radiological Society.

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Unification of Health Departments

For ten or a dozen years there has been some interest in this community in the matter of a unified Health Department for the geographic area of Pierce County. Within the past month this movement has gained considerable momentum. On March 3, 1948, Dr. Charles E. Reddick announced his resignation as Pierce County Health Officer. In his letter of resignation, Dr. Reddick strongly recommended unification. Investigation of the difference between the present system of two independent Health Departments in this area as compared with the proposed single health unit reveals many distinct advantages and no real disadvantages. In 1942 an exhaustive study was made of health department administration throughout the entire county. It was found that 18,000 separate health departments were functioning in various political subdivisions and that 40,000,000 of our population did not have the services of a full-time Health Officer. This study made a recommendation for separate Health Departments to cover the entire county of such size and population as to make a satisfactory Health Department feasible in each instance. In their detailed recommendations they proposed approximately 1,200 such units for the entire country. In the State of Washington, it is of interest to note that a unified service for Pierce County was specifically mentioned. Enabling legislation was passed in 1945 which authorized unified County-City Health Departments in all counties of this state except King, Spokane and Pierce. Specific prohibition of unified services in these three counties is not a part of this law. It is known that at the next session of the legislature a bill will be introduced which, if passed, would allow merger of the health services in the three larger counties if desired locally. Since such an act may well be law within a year, some explanation of the reasons for the need of serious consideration of this matter at present should be advanced.

Our two Health Departments have been operating more and more of their clinic services on a joint basis. The legality of this cooperation has not been questioned. The efficiency of these joint operations could possibly be gradually improved under a single Health Administrator. Furthermore, additional such merger of individual services is desirable at present. With the position of County Health Officer vacant, it would be simpler for the County and City to agree on a plan for unification of administration than if two Health Officers were incumbent. Also, the City is currently faced with the necessity of a sizable expenditure to adapt quarters for the City Health Department. The City Council has been strongly urged to attempt to house the City Health Department under the same roof with the County Health Department. If these latter two steps can be currently accomplished, a real unification of the Health Departments may very well await enabling legislation.

It is vital, however, in the public interest, that steps be not taken either by the Board of County Commissioners or the City Council which would commit either body to a course which would make a full amalgamation of our health services difficult of achievement. The Trustees of the Pierce County Medical Society have endorsed this objective and have sent a communication describing their action to the Board of County Commissioners and to the City Council. The Tacoma-Pierce County Health Council has taken similar action. We may hope that this sound objective be not lost in legal obfuscations.

H.W.H.

Personals . . .

Magnussen has returned from the "holy city" and despite an obvious weight loss asserts that he is in the pink. The internal plumbing was re-arranged to facilitate the passage of food—which is considered an important item in some circles.

* * *

Noticed J. Mattson's name in the paper the other day as having one of six lows at the Country Club. Must be a little discouraging to have hit mid-season form so early and now have nothing to look forward to except the overtrained decline. Speaking of golf—and who isn't these days—perhaps we ought to whip up a Medical Society golf tournament.

* * *

Negotiations are underway with a prominent publishing concern to print a large volume of the best of the doctor's room orations to serve as a guide on life and love. Orators Quevli and Murphy head the list of contributors with Riggs running close second.

* * *

Registered X-ray Technician desires position as X-ray technician or doctor's assistant; 1½ years experience. Mrs. Beulah J. Culton, Garland 6083.

* * *

Wonder if the house committee is just plain lethargic or is in cahoots with the pinball industry—at least getting another recreation room has proceeded most slowly. In the absence of a ping-pong and billiard table the only noon-time diversion left is the nickel eating monster in the local beanery. However, the thing paid off for Reynolds the other day when he hit the feature.

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The Medical Arts Building welcomes Judd to its expensive confines. He even had a good luck floral horseshoe in his office on the occasion of his arrival. He is sharing space with Douglas.

Watch for the arrival of at least two new surgeons and an internist very shortly—also the establishment of another so called "clinic"—also the shuffling about by several men of their office space.

Huff returns looking very relieved after his encounter with the "board" at Portland. H. Anderson and Peterson also battled wits with the experts recently and now look greatly unburdened. The ranks of the specialists enlarge all the time.

The junior Kunzes have headed or are heading south (depending on when this is printed). Purpose of the trip being rest and relaxation and the breaking in of a flashy new convertible of the higher price bracket.

Ed Anderson recently returned from a trip which took him to Minneapolis to an American College of Surgeons meeting via Chicago and the Mecca of Minnesota. Science marches on!

An Institute for the Nurse Anesthetist, conducted by the American Hospital Association, was held in Berkeley, California, March 8 to 12. Doli Kendelin, from the Northern Pacific Hospital, and Louise Anderson, from Washington Minor Hospital, attended. They report a very fine session, of great benefit to all.

Other recent travelers include the S. F. Herrmanns, who gamboled in California and gambled at Reno (consisting of a telephone slug in a two-bit machine). He looks tanned and refreshed.

The After Medical Meetings Bowling Society will soon have to abandon activity for summer vacation. Kohl and Kyle are diverting their attention to golf. If Kohl is as lucky at golf as he is at bowling he ought to win the T.A.C. open this summer.

Two consecutive days went by last week without

having a quote in the newspaper by either Madison or Humiston. This seems to establish some sort of a record.

Hope all the above trivia assauges Hopkins, who hurled bitter invectives at us for being a little lax in the matter of writing this stuff. Hell hath no fury like riled up Lewis.

University of Washington School of Medicine

The professorship of Obstetrics and Gynecology in the School of Medicine of the University of Washington has been given to Doctor Russell R. deAlvarez. Doctor deAlvarez will join the faculty on the basis of a full time appointment on July 1st, 1948. Doctor Gordon G. Thompson has been appointed as Clinical Professor of Obstetrics and Senior Consultant in this department.

Doctor deAlvarez comes to the medical faculty with a background of training and experience that should promise well for the future development of this department in the new School of Medicine. He was born in New York City. His premedical and medical training were both obtained at the University of Michigan. Doctor deAlvarez interned at the University of Michigan Hospital following his graduation and subsequently became Assistant Resident and later Resident in Obstetrics and Gynecology at the University of Michigan Hospital. In 1938 he became an instructor on the staff of the Department of Obstetrics and Gynecology of the University of Michigan and for the next several years (until 1944) served as Consultant in Obstetrics for the State of Michigan under the direction of the School of Post-graduate Medical Education of the University of Michigan and the Michigan State Department of Health. From 1939-44 he directed the post-graduate education program in Obstetrics for the Michigan Department of Health. During this period he was placed in charge as the instructor in post-graduate obstetrics and gynecology in the Department of Post-graduate Medicine at the University of Michigan, where he conducted refresher courses for practicing physicians, teaching and demonstrating the practice and problems of obstetrics and gynecology.

During the recent war Doctor deAlvarez was in charge of the Division of Obstetrics and Gynecology at the U. S. Naval Hospital, San Diego, California, from April-July, 1944, and November, 1945-May, 1946. Since his discharge from the service in 1946 he has been engaged in private practice of Obstetrics and Gynecology in Portland, Oregon.

Doctor deAlvarez is a Diplomate of the American Board of Obstetrics and Gynecology, a Fellow of the American College of Surgeons, a member of the Central Society of Obstetricians and Gynecologists, Michigan Society of Obstetricians and Gynecologists. He is the author of a number of publications in the field of Obstetrics and Gynecology.

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Hospitalization Assistance For Cancer Patients

From George W. Cornett, M. D., Chairman of the Executive Committee, Washington Division of the American Cancer Society, comes the following communication which applies to hospitals accredited by the American College of Surgeons:

After discussing several proposals as to how best we could aid cancer patients in this state with the limited funds available, our Executive Committee recently approved the following plan which is now submitted for your consideration:

(1) That the hospitalization cost (bed or room only) of any cancer patient who cannot meet this cost without extreme hardship to himself or his family will be borne by this division of the American Cancer Society so long as the total amount of assistance to all such cancer patients does not exceed the limit of the financial grant made to your hospital by this Society. For your hospital the amount is \$

(2) That the plan will operate only until July 31, 1948, unless an unexpended portion of your total grant is extended beyond that date by further action of our Executive Committee.

(3) That bills may be presented to this office for payment at the prevailing rate commonly charged for the space provided:

(4) That unless otherwise deemed necessary by the physician in charge of the case, the space provided should be other than a private room.

(5) That professional services and other hospital costs (nursing, radiation therapy, laboratory fees, x-rays, anesthesia, operating room expense, drugs, etc.) will not come under this proposal and will not be a proper charge against this Society.

(6) That the cancer patient must be known to have been a resident of this state for at least a year.

(7) That the cancer patient cannot qualify for hospitalization costs from the state of Washington under its general assistance program or from the U. S. Veterans Administration or from other private insurance or prepaid medical or hospitalization plans.

Bills should be submitted to this office on the forms provided at the end of each month. It is the responsibility of the hospital manager or administrator to keep within the total of the grant made as specified in (1) above.

Physicians with patients in need of this hospitalization assistance should channel their requests through the hospital manager. Their cooperation will be necessary to complete the form required for hospital reimbursement.

The above plan has been approved by the Pierce County Medical Society and will make available the following amounts:

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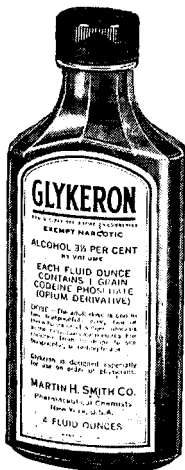
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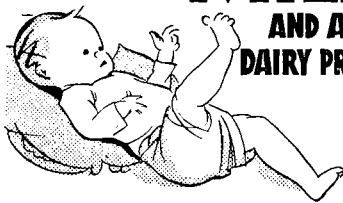
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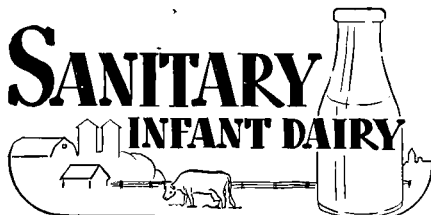


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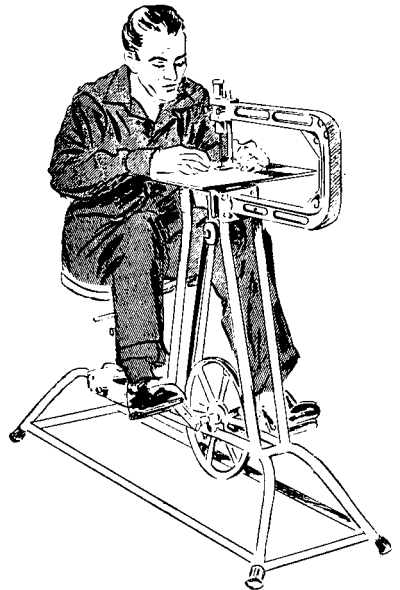
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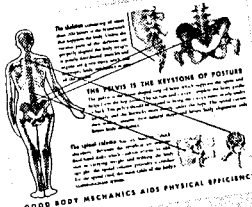
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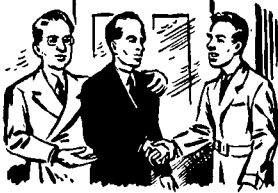
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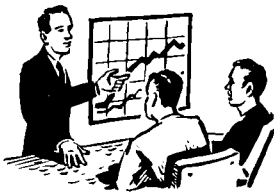
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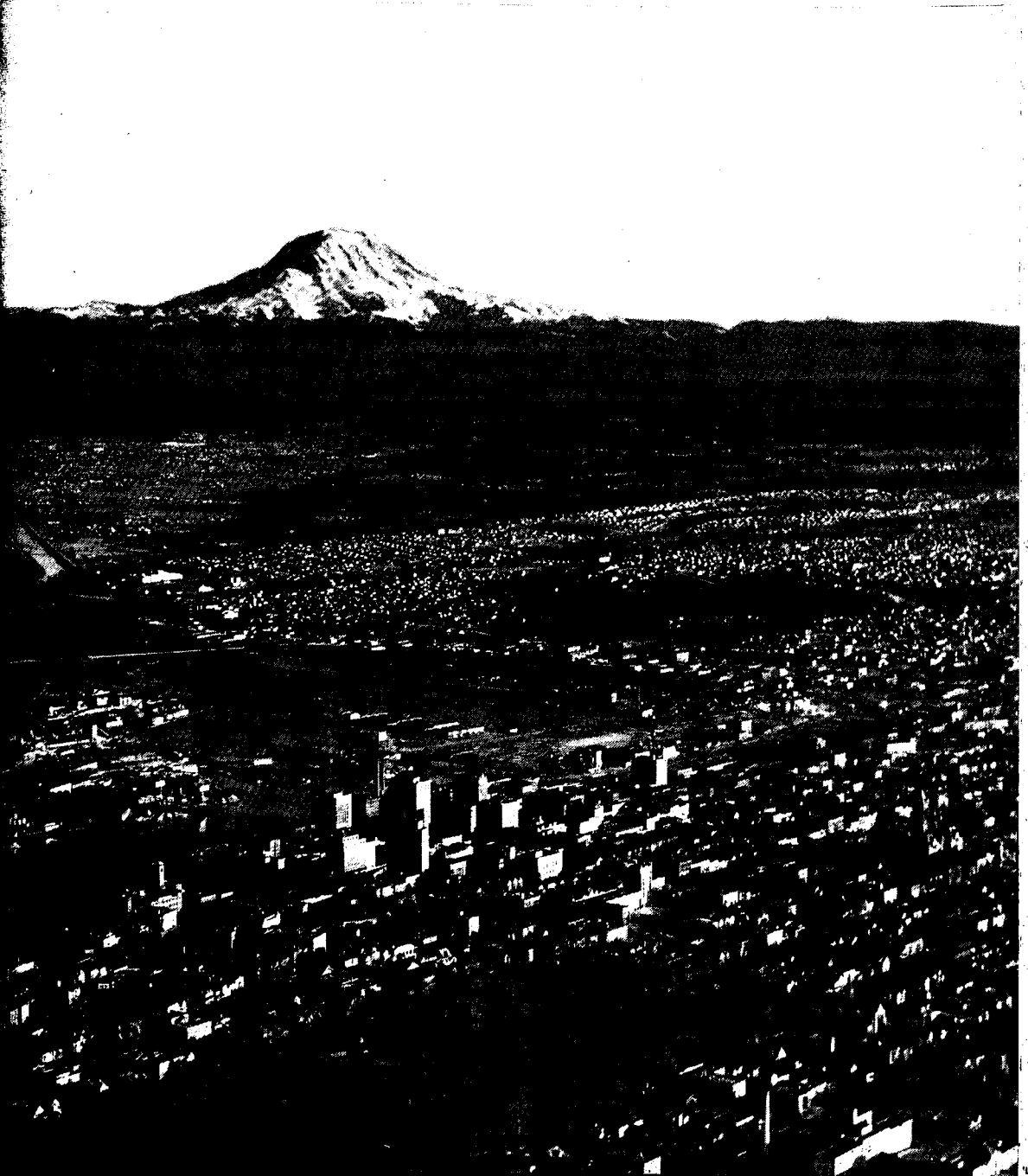
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

Vol. XVIII—No. 9

TACOMA, WASHINGTON

May, 1948



Pierce County Medical Society

1947-1948

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Programs

Medical Arts Building—8:15 p. m.

MAY 11

Symposium on Professional Public Relations

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FREDERICK E. BAKER, Public Relations Counsel, Washington State Medical Association.

RALPH W. NEILL, Executive Secretary, Washington State Medical Assn.

ELECTION OF OFFICERS

MAY 27

ANNUAL BANQUET

Thursday, May 27

Tacoma Country & Golf Club

The annual banquet will be held at the Tacoma Country and Golf Club on Thursday evening, May 27. There will be refreshments starting at 6:30, with a smorgasbord dinner at 7:30. The total cost will be \$4.00 per plate.

In the event preceding the dinner a golf tournament will be held under the direction of Dr. Jim Mattson. This will cost approximately \$5.00 per man and will include green fees and money used to purchase some prizes.

Please make your plans for this event early. Be sure to put it on your calendar. Contact the Entertainment Committee for tickets and contact Dr. Jim Mattson for golf reservations.

INSTALLATION OF OFFICERS

The President's Page . . .

THE YEAR IN RETROSPECT

This year has been representative of a post-war transitional period which is still undergoing considerable change. Because of this fact actual accomplishments have been few. The germinal elements are there but their growth will depend largely on the reactions of the membership in carrying them forward. Many problems have presented themselves, the solutions to which must be propagated into the future. I would like to allude to some of these problems to get your thinking on them.

This is the first year since the war that we have gone back to the two scientific meetings a month program. We have had an exceptionally strong committee this year, whose efforts I believe have culminated in some of the finest programs we have ever had. They have been planned purposely to cover the interest of the greatest number of members. Your attendance has reflected, I believe, your general endorsement of such a program. Nevertheless there are those who feel that more than one meeting a month is unjustified.

Our Public Relations program has hardly been touched, yet the committee this year did more work relative to public relations matters than had been done in the five-year period preceding. This committee of necessity should be the strongest we can possibly appoint. We need to do much to improve our public relations. The Washington State Medical Association deemed it important enough to employ, full time, an expert on these matters. Nevertheless, we can hardly expect the State association to act in more than an advisory capacity. Public relations must be carried out on a local level by every single County Medical Society if we expect to gain the confidence of the public. This is the key to the program designed to block socialized medicine. This committee needs to work hand-in-glove with the Legislative Committee next year on such matters. This year a beginning was made in tying-in the program of the Medical Auxiliary. The idea is entirely new, but as far as it has gone the elements of success are there.

The rapidity of growth in our membership this past year calls for some very specific changes in our library and meeting place facilities. We can probably do little to increase the size of the auditorium, but much can be done to provide and enlarge the library, foyer and cloak room and have adequate committee rooms and reading rooms for the doctors. With these points in mind we have come to a reasonable understanding with the building management in the acquisition of additional space. The details of changes to be made are still to be worked out. This will require a good deal of planning by both the Library and House Committees next year. Their activities in so planning should begin this summer and not next fall.

Public Health matters should be more prominently the concern of the medical society than has heretofore been indicated. We have been making strong efforts to procure an amalgamation of the City and County health units. The Public Health

(Continued on Page 4)

Director should be made to feel some direct responsibility to the medical society for his action or inaction in matters pertaining to his department. After all, the practicing doctors in the community are indirectly responsible for the kind of public health that is administered. We are negligent in our responsibilities as a medical society if we do not take an active part in the planning of any public health program.

A number of our doctors have been particularly critical of the way the Public Health Nursing Association is conducting itself. The solution to this problem lies in a more active cooperation between the Public Health Director and a Public Health Committee of the Medical Society. The chairman of such a committee should be a doctor who will concern himself with such matters in the interest of the Medical Society. The Public Health Director of the City and County should be requested to sit on such a committee but should not be comprised in its membership.

For the first year since I have been a member of this Society, the Ethics Committee has been active. We should either have a committee that will be the watchdog for the Society in such matters or we should drop it entirely. This thankless job is, in my opinion, of importance if we are going to live together and profit mutually from our intimate association one with another.

Our Bulletin this year has been better than ever, a distinctive piece of work through which every member feels free to express his opinion. I hope that more of our members will see fit to express their individual views on matters that are important to us all collectively.

And so your President wishes to express his appreciation to the Board of Trustees and to each member of a committee who has devoted many hours of time and valuable service in the interests of the general membership of this society. It has been a distinct pleasure to serve you and I feel very grateful for having had the honor during this past year. I know you will have an excellent year coming up under the leadership of Dr. Homer W. Humiston, who has already devoted so much of his time to your interests in good medicine.

FRANK R. MADDISON



Editorially Speaking . . .

THE MONTHS AHEAD

Our annual party on May 27th will bring to a close our Society meetings for this year. We have had a good year. Dr. Maddison has given to the Society's leadership a very generous portion of his time and interest. Special thanks were earned by Dr. Vadheim and his committee for the onerous responsibility of providing the valuable programs we have enjoyed.

The Bulletin wishes to express its appreciation to Mrs. DeWitt and to the others who contributed material for this year's issues and we ask your continued support of our advertisers who make your publication possible and to the Dammeier Printing Company for their skilful cooperation.

As this is the final Bulletin until September may we suggest a few items to think about this summer. We often read or hear stated that "the old order changeth", but because all of us are human and dislike change, it is easier and more pleasant to put aside any effortful thinking of how changes affect us as physicians. The chief reason why we say to ourselves "So, what?" is that any method of meeting change seems uncertain, and it is so easy to hope that the effects of change will pass us by. The most important and satisfactory change for us these days is the wealth of new improved methods and means for diagnosis; of treatment and techniques continually being made available to us in medicine and surgery. These changes we can and should appreciate and learn to use. As a side issue to the above is the increasing amount of printed information concerning all sorts of medical and surgical conditions which widely read periodicals and magazines are bringing to the laity. In self defense our reading should include as much of this material as possible.

The problems of so-called medical economics and medical public relations are with us in enlarging limits. The only future avoiding of government domination appears to largely depend not on the results of the national election but on the extent of our efforts to prepare for another war. All-out preparedness means increased employment and while earnings range from fair to excellent, pressure for a change in the economics of medical care will lag. When wages and jobs decrease sufficiently, the pressure for government medicine will rise and all too soon there will be a demand to satisfy, regardless of who is in the White House.

A universal military training program appears to be near at hand. The large increase in trainees will mean a generous supply of doctors to take care of them, and from experience we know that the government has its own ideas for utilizing its medical personnel to advantage. It looks from here as though our adequate preparedness program will be the dominating etiological factor of the doctor's problems both for those in and out of the service during the coming uncertain months.

Medical opportunities and responsibilities are increasing in kind and amount for each one of us. Certainly the near future shows no promise of easier living for the physician.

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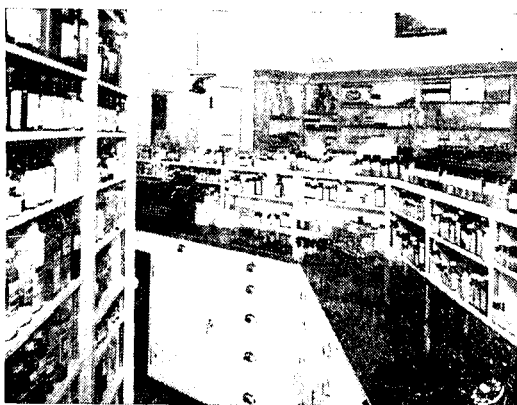


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THE MEDICAL LIBRARY

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We have had a wonderful gift from Miss Janet Doe, of the New York Academy of Medicine Library, who wrote that she had learned through the manager of the Medical Library Exchange that our library always asked for issues of the Bulletin of the History of Medicine which were offered through the Exchange and that as she had a complete set for which she did not have room in her home she would give them to us.

This is a journal to which we can not afford to subscribe and as it is not often offered through the Exchange it would have taken us years to build up a complete run without this gift from Miss Doe. Her contribution adds immeasurably to the material on medical history which your librarian has been trying for years to assemble.

We also have a fairly good file of Annals of Medical History, which offers many articles of historical interest, beautifully printed and illustrated, and two of the newer books in the field are worthy of mention: Guthrie's History of Medicine, which is fascinating just to look at, and History of Medicine by Mettler, a volume of over 1100 pages, assembled after a unique pattern and apparently touching on everything of importance in the field.

Those interested in research will find another treasury of material in the earliest volumes of the American Journal of the Medical Sciences, which magazine, now full of years and honors, is one of our most useful periodicals today and is running in volume 215. Through the kindness of some early benefactor we have quite a complete run of this from volume 2, dated 1828 and bound in fragile calf. Most diverting are these old volumes. The medical man of that day never heard of vagotomy. Lobotomy had not yet been dreamed up. He had to struggle along as best he could with bleeding, cupping and blistering. In a report of vital statistics for the city of Philadelphia for the year 1827 we see that 207 citizens passed on from debility, while decay carried off 21 and 17 were victims of mortification; 53 died of drunkenness, while two unfortunates passed on from drinking cold water.

INCARNADINED VISAGE DEPARTMENT

Last month, in calling attention to some classical examples of medical mispronunciation as lifted from another publication, we failed, in the throes of trying to think up something to write for this page, to notice an entirely unnecessary "r" in the word orthopnea. Great was our confusion when our attention was called to this, but at least one end has been gained by the incident. In moments of despondency we had sometimes wondered if anyone ever read the library page. Here at last was proof that at least one person did at least once!

—o—

In American Journal of Medicine for April, Dr. Walter Kempner, of rice diet fame, presents a 32-page article on his treatment for hypertension.

—o—

Osler: It is astonishing with how little reading a doctor can practice medicine but it is not astonishing how badly he may do it.

—o—

Someone lost a clinical thermometer at the last medical society meeting. The owner may call for it at the library.

Post-Graduate Courses in Hematology and Neurology

The Chicago Medical Society is offering physicians of the country two post-graduate courses in September. A course in Hematology and Neurology will be given September 13 - September 18 and another in Cardiovascular and Respiratory Diseases will be given September 20 - September 25, 1948.

The sessions will be held in Thorne Hall on Northwestern University Medical School campus.

An outstanding group of teachers from all sections of the United State will make up the faculty.

Information may be secured by writing the Chairman, Committee on Postgraduate Medical Education, Chicago Medical Society, 30 North Michigan Avenue, Chicago 2, Illinois.

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

March 9, 1948

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on March 9, 1948, with Dr. Frank Maddison presiding.

Applications for membership of Drs. William Burrows and Edward F. McCabe were given first reading.

A letter from the Tacoma General Hospital Alumni Association in regard to their coming dance was read.

A letter in regard to the American Cancer Society meeting to be held in Seattle, April 19, was read and those interested were to turn in their names by March 15.

The scientific program was opened by Dr. Frank Rigos, who briefly discussed the drug teropterin and its use in the treatment of inoperable malignancy. He stated that to date the results are a little indefinite but that in a number of cases it apparently produced a sense of well-being and relief of pain. The effect on the tumor may either be that of stimulation or inhibition. He cited two cases in Tacoma on which this drug had been used, one a carcinoma of the tongue with metastasis, who apparently derived some benefit from its use and a case of carcinoma of the breast with metastasis, who derived no obvious benefit from the drug.

Dr. S. S. Sanderson continued the seminar with a discussion of "The Radiological Aspects of Heart Disease." Radiological examination of the heart should always include a fluoroscopic examination. The measurement of heart size is of value, particularly where serial determinations can be made to observe changes in the size of the heart. He suggested that in rheumatic fever heart measurements be made every three to six weeks. He stated that the shape of the heart was frequently characteristic in the various types of valvular heart disease, although not always diagnostic. The amplitude and the presence of increased densities in the heart was occasionally of some diagnostic value.

Dr. A. A. Sames presented a series of 13 cases demonstrating the effects of extrinsic lesions upon the radiologic appearance of the colon. These extracolonic lesions are more apt to produce X-ray findings in the pelvic colon and by the time these changes are evident the clinical condition is usually well advanced and frequently malignant in origin.

Dr. B. D. Harrington gave two case reports, one that of a tuberculous lymphadenitis treated and kept alive for seven years without diagnosis until post mortem. The presumptive diagnosis was Hodgkins disease. The second case was that of a Ewing's sarcoma of the pelvis treated by X-ray for seven years and in good condition.

Discussion was by Dr. Sames, Dr. Rigos, Dr. Harrington, Dr. Vadheim and Dr. Dille.

REPORTS OF NOMINATING COMMITTEES

Ticket No. 1

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E. J. Fairbourn, Miles Parrott
Alternates—C. P. Larson, Christen Quevli, J. A.
Locke, W. H. Goering, C. B. Ritchie

Ticket No. 2

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Read, E. J. Fairbourn, H. F. Griffin
Alternates—A. B. Heaton, P. G. Kyle, C. B. Ritchie,
G. C. Kohl, G. J. Vandenberg

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

March 23, 1948

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on March 23, 1948. Dr. Frank Maddison presided. Minutes of the previous meeting were read and approved.

Application for membership of Drs. Edward F. McCabe and William Burrows were voted upon and unanimously passed by written vote.

Dr. Wendell Peterson opened the scientific program with a discussion of "Feet in Children." He stated that a mild pigeon-toed gait in children was preferable. Treatment of clubfoot should be instituted as early as possible and treated by the use of manipulation and plaster cast or splint. The treatment of valgus of the feet and knees is accomplished in most cases by the use of a Thomas heel and a wedge, which should be continued for a number of years. He mentioned that limp as a symptom may be the only indication of hip disease, among the causes of which he mentioned Perthe's disease, tuberculosis and slipped femoral epiphysis. The paper was discussed by Drs. Murray, Clay and Goering.

The second paper was "Artificial Clearance of Nitrogenous Products Using Peritoneal or Colonic Lavage," by Dr. Rodger S. Dille. He discussed the use of peritoneal drainage, lavage of the small intestine and lavage of the colon.

Dr. Edwin J. Fairbourn reported a case of tuberculous meningitis treated with streptomycin for approximately a year, with apparent remission and control of the infection.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

The year's final meeting of the Medical Auxiliary will be held at the Nurses' Home, May 13th at 1:30 o'clock.

"The Need for Nurses" will be the subject of the talk to be given by Miss Glenn, Superintendent of Nurses. This is a timely subject, for the State Organization has undertaken the project of recruiting nurses.

The business meeting will include the summation of the year's work under the able leadership of Pearl Baskin, and the installation of officers for the coming year.

Irma Wahlberg is in charge of the tea committee for the social hour which will follow the meeting. Ruth Light, social committee chairman, has asked all of her committee members to assist in this closing function. The group includes Katherine Plum, Ruth Thomas, Myrtle Mc Nerthney, Mary Ritchie, Lee Mattson, Gerry Lasby, Barbara Teats and Charlotte Larkin.

Congratulations are in order for three Easter season babies. The Robsons' new daughter, Burr, was born on March 22nd. David is the name of Margaret Lewis' son, born late in March. Ruth Rigos has a third son, Cristen Joseph, born March 29th.

Splendid cooperation was given Elsie Wolf in her task of supplying volunteers to sit at the Cancer booths in the Bank of Washington and the Puget Sound National Bank. It was a work well done.

As Spring advances wandering feet turn away from home. Wishes for happy journeys go with the following members: Oliva Jones is taking a month long journey to Hawaii. She has promised more news upon her return.

Elsie Wolf is headed May 1st to Westwood, California, to visit relatives. The whole family is going.

Marguerite McCook is having an Arizona trip.

Returnees are: Bart Huff who enjoyed San Francisco while Ralph conventioned.

OFFICERS

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President-Elect.....	Mrs. S. F. Herrmann
First Vice-President.....	Mrs. Scott Jones
Second Vice-President.....	Mrs. Norman Magnusson
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Publicity.....	Mrs. R. A. Norton
Home Luncheons.....	Mrs. Scott Jones

Betty Maddison who has just returned from California with Frank after business, fun, and visits with old friends.

Anna Robertson who helped her daughter in California celebrate her birthday. The trip must have been grand if she avoided the rain Lucille Dayton and her family encountered on their trip to San Francisco and points South.

Sylvan Campbell has returned from a Portland visit.

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Pierce County Medical Bureau

Beginning May 1, 1948 prescriptions will be eliminated from the Pierce County Medical Bureau contracts. This action was taken at a recent meeting of the Board of Trustees. Up to now, the rising cost of rendering the service provided, or the addition of a more complete coverage, has been met by increasing the rate of premium. The records show that with each increase in rate, the number of visits to the doctor increased proportionately, thereby nullifying the rate increase. This demonstrates that too many subscribers are of the opinion that in order to get their moneys' worth they must make frequent demands. It was felt that those who needlessly make greater demands should in effect pay a little more, rather than penalize the entire group of subscribers by raising the Bureau coverage rates.

By eliminating prescriptions, rather than raising the rates, it was felt that many unnecessary calls to the doctor would be eliminated. While the prescriptions constitute only 10 per cent of the total costs, the additional saving in calls would contribute materially toward the 25 per cent deficit under which we are now operating. This will also mean that those who treat the fund with consideration and respect will pay the minimum of premium, while those making more frequent demands will pay more through the purchase of their own prescriptions.

This action was not arbitrary on the part of the

Board of Trustees of the Bureau, but rather an action deemed most advisable by a large majority of the subscribers to whom the problem was presented.

GLENN G. McBRIDE, M.D.

Rant and Rave

Did you hear about the fellow who ran over himself? If you've heard this try and stop me.

A feller goes into a drug store and sez, "Say bub, have you got any Epsom Salts?" and the druggist says, "No, but that store across the street has some"—and the other fellow sez, "Would you mind going over and get me some because I've got a sprained ankle."—and the druggist says, "No, I've got to watch the store."—so the feller ran over himself.

(Pass the airwick, Elmer).

It's all right for a woman to hold on to her youth, but not while he is at the wheel.

* * *

Teacher: Why does a man's hair turn gray quicker than his mustache?

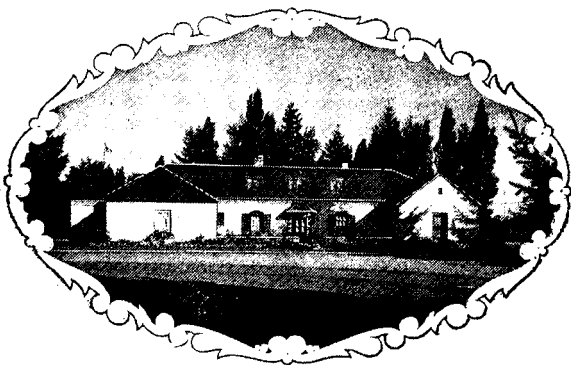
Jimmy: 'Cause it had a twenty-year start.

"Wonder which is more satisfied—a man with a million dollars or a man with six kids?"

"A man with six kids."

"Can you prove it?"

"Well, a man with a million dollars always wants more."



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GUEST

"Won't you walk as far as the street car with me, Tommy?"

Tommy (nearly five): "I can't."

Caller: "Why not?"

Tommy: "Cause we're gonna have dinner as soon as you go."

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.

The famous psychologist had just delivered a most interesting lecture, and was now conducting a question session.

A timid little man down in the front held up his hand and was recognized.

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

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

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



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The Hospitals . . .

Washington Minor Hospital

Mrs. Henrietta Button went by plane to Los Angeles to attend the convention of the Association of Western Hospitals April 19 to 22.

Mrs. Elsie Palmer, floor supervisor at the hospital underwent major surgery on April 1. Mrs. Palmer is recovering nicely.

Miss Jean Connelly, surgery nurse, is back on duty following an appendectomy.

St. Joseph's Hospital

The monthly staff meeting was held on April 19, 1948 and consisted of a "Symposium on Injuries and Burns of the Hand." Two films in color were shown, one on "War Burns of the Hand," by Dr. John M. Converse and the other on "Purposeful Splinting of the Hand" by Drs. Koch, Mason and Allen. Following these a discussion of the films was led by Drs. Yoder, Murray and Peterson.

Apparently from the news gathered around the hospital the present version of the old quotation should read "In the spring the Doctor's fancy lightly turns to post-graduate courses," for Drs. Carl Scheyer and George Moosey are doing post-graduate work at Cook County Hospital, Chicago, Illinois; Dr. McColl has been gone all week to pathological meetings in Seattle; Dr. Grenley to Urological meetings in Canada and many other staff Doctors have attended medical meetings and post-graduate courses in Portland, San Francisco, and Los Angeles. You may be sure we are expecting some interesting reports in staff meetings on their recent hard-earned knowledge.

Sister Superior has also been away for a week attending a Hospital Management meeting in Los Angeles.

Dr. Herron, now Lt. Herron, former St. Joseph's Hospital interne has recently received his sailing orders for Japan so we will expect to have some first hand knowledge on the practice of medicine in Japan as soon as his letters to friends start arriving.

The next staff meeting will be May 17, 1948 and will consist of a "Symposium on Recent Advances in Electrocardiography and Treatment of Heart Disease" led by Drs. Steele, Huff, Quevli and other heart specialists.

Tacoma General Hospital

The regular meeting of the Tacoma General Hospital Medical staff was held on April 6. Dr. Dille opened the scientific portion of the meeting by presenting a paper on Renal Failure. Anuria as a result of transfusion reactions, sulfonamides, heavy metal poisonings, other miscellaneous chemicals and shock, was described from a physiological view-

point. Treatment of anuria consists first of all of a prophylactic treatment. Drs. Grenley and Humiston made further comments on anuria, and treatments used in this condition. Dr. H. Anderson reported on a patient with anuria treated by colonic irrigation at the County Hospital. A general discussion of kidney function followed.

The second paper was on Oxygen Therapy, and was presented by Dr. Bonica. A discussion was held concerning the physiology of gaseous transfer in the lungs and tissues and causes of hypoxia. Fundamental principles of oxygen therapy include:

- (1) using it early
- (2) using oxygen in sufficient amounts
- (3) using the proper type of equipment, mask, catheter or tent.

The program for the May meeting will be a discussion of Needle Liver Biopsy by Dr. J. W. Read, and Sternal Marrow Puncture Studies by Dr. C. P. Larson.

* * *

Mr. Heath spent the week of April 19th in Los Angeles, attending a meeting of the Association of Western Hospitals.

* * *

On May 12th, Open House will be held in Jackson Hall for high school girls who are interested in becoming student nurses.

* * *

Miss Glynn attended a meeting of the Committee on Nursing Education of the Washington State Medical Society and a Committee from the State League of Nursing Education in Spokane on April 17th.

* * *

The annual meeting of the Washington State Nurses' Association will be held in Walla Walla the week of May 3. Tacoma General nurses planning to attend are Miss Glynn, Miss Robertson, Miss Shovlain, Miss Jewett and Miss Johansson. Four students will attend meetings of the Washington State Student Nurses' Association. They are Miss Swift, president of the Cooperative Student Faculty Organization, Miss Betty Hanson, Miss Winden and Miss Harvlie.

* * *

Miss Forsberg spent the week of April 26th in New York, at the offices of the National League of Nursing Education. She helped prepare achievement tests in Medical Nursing.

Reverend Mr. Thompson: "How do you do, Mrs. Smith? I hear your husband is ill."

Mrs. Smith: "Yes, I'm sorry to say that he is."

Reverend: "Is he critical?"

Mrs. Smith: "Critical? He's worse than critical; he's downright abusive!"

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Orthopedic Association Plans Childrens' Hospital

"Never Underestimate the Power of Women!" could well express the determination and fervor with which the 1,000 women of the Tacoma Orthopedic Association are launching into a Children's Hospital for Tacoma and Southwest Washington. Now in its 27th year, the Association maintains the Tacoma Orthopedic Clinic for the care of crippled children at the Pierce County Health Center, and is laying plans to raise funds for a general children's hospital. The organization began as a small group of women who assisted local children in receiving care through the Orthopedic Center in Seattle by furnishing transportation and small allied services. Eight years later, this same group established the Tacoma Orthopedic Clinic at Tacoma General Hospital with the assistance of local orthopedic physicians who volunteered their services. This clinic was the foundation of the present clinic at the Health Center where it was moved in 1945.

The decision of the Association to embark upon plans for a Children's Hospital developed from an apparent need for such a project, and the wide interest shown in the Association's activities by women from all over Pierce County since Guild units were first formed in 1938. The Hospital Committee of the Association, headed by Mrs. Stanley Staatz, has been given the "green light" by the State Hospital Survey as to the surveyed need for a local Children's Hospital, and they have consulted those in the medical and health professions who would be particularly concerned with such a facility, as well as talked with boards of existing facilities to consider ways and means of approaching the project. The Association hopes to build a separate hospital, complete in itself, but the ultimate decision rests on its ability to raise capital and maintenance funds. Present Guild and Association fund-raising projects have been very successful, and they are rapidly being expanded. A beginning goal of \$500,000 has been set for the building fund. A 60-bed hospital is planned which will offer both in-patient and out-patient services. It is to be a hospital for all our children and to be a center for all children's health services!

In the meantime, the Association has a "going concern" in its Orthopedic Clinic for children up to 14 years of age at the Health Center (2324 Pacific Avenue). The Clinic is sponsored and financed by

the Association, and supervised by the Pierce County Health Department, with public health nursing services from both the city and county health departments. Medical direction is given by Dr. Harry Allison, Dr. Wendell Peterson, and Dr. William Goering, orthopedic specialists. A children's social worker, Mrs. Barbara Mykland, is employed by the Association to handle intake and problems coincident to a family's arranging care for their child. Referrals to the clinic are screened by the public health nurses before appointments are given to ascertain that the condition appears to be orthopedic, that the family probably cannot finance care privately, and that a medical release is obtained from any physician who has had the patient previously under care. After clinic examination by one of the above orthopedic physicians, Mrs. Mykland makes final decision as to acceptance of a patient by the Association on the basis of the family's financial resources.

The Tacoma Orthopedic Clinic is held the 1st, 2nd, and 4th Monday mornings of each month. It has an average attendance of 20 children at each clinic. In 1947, 193 children were given care through the clinic. The Association finances physical therapy treatments, appliances, orthopedic shoes, x-rays, and any other physiological or psychological examinations necessary for diagnosis and treatment. Surgery is performed at Tacoma General Hospital, which gives its facilities to the Association. If special facilities and treatment unavailable in Tacoma are indicated, the Association arranges at its expense for such services at the Seattle Orthopedic Hospital. By a working agreement with the latter hospital, any children applying for care there from Pierce County who could be served under our local clinic are transferred back to the Tacoma clinic. To refer children to our clinic, consult Mrs. Barbara Mykland, children's worker, P.R. 6596.

The women of "Orthopedic" are determined that Tacoma shall have a Children's Hospital if they have to lay the bricks themselves, but they will accept all the armchair support the city can offer, and anyone who wishes to don overalls and really pitch into the cause is being warmly welcomed. If you have any "ideas" just call the President, Mrs. A. W. Taylor, WAverly 8567, and if you're not an "Orthopedic Husband" tell your wife to get a few friends together to form a Guild. The Association wants women and more women—all sizes and shapes—to be in on this big undertaking!

—Mrs. Charles T. Pearson, Clinic Chairman,
Tacoma Orthopedic Association.

At the choir practice during the singing of a new hymn:

"Now don't forget," said the choirmaster, "the tenors will sing alone until we come to 'the gates of Hell,' and then you all come in."

Marriage is like boxing . . . the preliminaries are often better than the main bout.

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NATIONAL TRENDS

Several hundred delegates to the Inter-American Conference at Bogota, Colombia were forcefully recessed several days while the Colombian government suppressed an insurrection. Aside from the comic-opera aspect of the situation, apparent to North Americans familiar with the capriciousness of our Latin-American neighbors, the incident contained serious implications. The U. S. Secretary of State and fifty delegates to the conference, apparently were uninformed that open rebellion was imminent before they left for Bogota. What was the spur that created such expediency which exposed our delegates to such hazards?

What is this Pan-American Union? We find the organization dates back to 1890, and officially represents twenty-one republics of the Western Hemisphere. The motives and functions appear inseparable and indistinguishable from those of the International Labor Organization, an outgrowth of the first World War, and the Treaty of Versailles that openly espouses total socialization of all phases of human endeavor. Our Congress was generous to the Pan-American Union in 1947 when it appropriated 380 million dollars for its continuance and an additional 582 million for the International Labor Organization. These allocations were channeled through the State Department, comparable to the European Recovery Program and similar projects. The United States' share of upkeep based on population obligates our treasury for 60 per cent of total costs, allowing us only one representative in twenty-one on policy or administrative matters.

The conference at Bogota is the ninth since the organization started. In 1946 in Mexico City, one United States representative among six was put to work drafting a charter of social guarantees for peoples of the Americas. This charter now under consideration at Bogota is supported by the majority of the delegates to the Conference, and will undoubtedly be ratified, despite many provisions not in conformity with laws in the United States.

The three (spiritual) pillars supporting this organization are:

1. An inter-American system perfecting peace. (We hope not as practiced in Bogota.)
2. The declaration of international rights and duties of man. (All inclusive).
3. The charter of social guarantees. (All for one, one for all).

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e. Eight-hour working days, overtime, et al.

f. 'Workers' to include farm 'workers,' entitling all to compulsory social security, i.e., illness, old age, disability, retirement, death, maternity, unemployment, etc., etc.

For further information on the philosophies within this charter of social guarantees you are referred to the original Karl Marx definitions.

Strangely, our government, through the State Department, the Federal Security Agency, the Congress and the Chief Executive becomes extremely disturbed on political activities within Europe and finds little time remaining for exploring what goes on at home.

ROSS D. WRIGHT, M. D.

APPLICATIONS

Leo F. Sulkosky, Puyallup.
Claren H. Jesse, Tacoma Medical Center.
Erling W. Naess.

ARTISTS, BEWARE!

If you plan to exhibit at the Chicago Exhibition (American Medical Association, June 21-25, 1948)—NOW is the time to write for entry blanks, rules, shipping labels, etc.

Haste is necessary because your entries must reach Chicago between May 1 and June 12.

For details, please write airmail to Francis H. Redewill, M. D., Secretary, American Physicians Art Association, Flood Building, San Francisco, California.

A young woman entered a store and asked for a can of floor wax.

"I'm sorry," said the clerk, "all we have is sealing wax."

"Don't get funny," she snapped, "Who'd want to wax the ceiling."

A physician is an unfortunate gentleman who is every day called upon to perform a miracle, namely to reconcile intemperance with health.—Voltaire.

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PERSONALS . . .

Several members of the Noon-time Ping-pong, Billiard, and Dominoes club are teaching the fine art of billiard playing to their infant sons. Reason being that by the time these toddlers finish medical school and come out to help in daddy's office the house committee may have the table set up.

* * *

We won't mention names but a certain Tacoma neuro-surgeon was seen at T.G. getting x-rays and manipulating bones on one of our canine friends. As far as we know, neuro-surgery still remains as his major interest.

* * *

We have to be careful about mentioning anyone's name too frequently in this column for the person concerned might then be subject to a wrist slapping letter from the society saying "naughty, naughty."

* * *

The 1947 U. U. club golfing champ Peterson is grooming Hoyer on how to play championship games. The latter may be the dark horse when the medics have it out on the golf course comes the day for the annual banquet. We are working on putting a little lead under certain spots on a set of dice in preparation for the evening's festivities.

* * *

We were only mildly surprised to hear that pathologist and criminologist Larson was flying. It was somewhat disillusioning, however, to learn that it wasn't by some divine self-propelled system but merely by the expedient of being part owner of a common airplane.

* * *

Wonder if Goering is selling stock now that gold has been discovered on his property. It has been rumored that the medical profession has purchased stuff with lesser value than this might be.

* * *

The plumbers had a meeting in Vancouver (or was it Victoria?) on leaks and leaking, the diagnosis and treatment of. The Tacoma contingent included Grenley, Humiston, Magill and C. Pascoe. This was certainly a urological quorum.

* * *

Have you noticed—and how could you miss—all the new automobiles being sported by the medicos around here? The amusing thing is to hear some of these men moan about how tough things are and pop out next day with one of the luxury cruisers.

* * *

Anderson, Duerfeldt, Huff, and Maddison journeyed to San Francisco for an American College of Physicians meeting. Surely such an illustrious aggregation must have gone down for the purpose of teaching some of the lesser informed and not with any idea of adding to their personal storehouse of knowledge.

* * *

Speaking of San Francisco reminds us that Ootkin has been considering a move to California. Don't know if anything definite has been decided.

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Chickenpox	27
Dysentery	1
German Measles	2
Gonorrhoea	12
Impetigo	3
Measles	137
Mumps	48
Scarlet Fever	6
Syphilis	20
Tuberculosis	28
Whooping Cough	2



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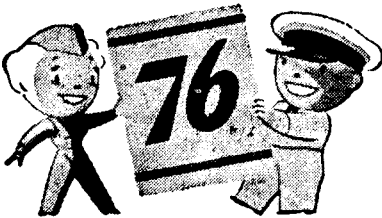
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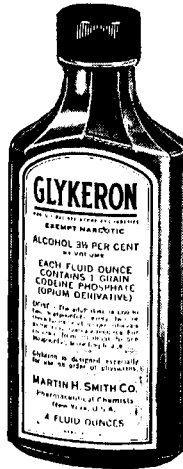
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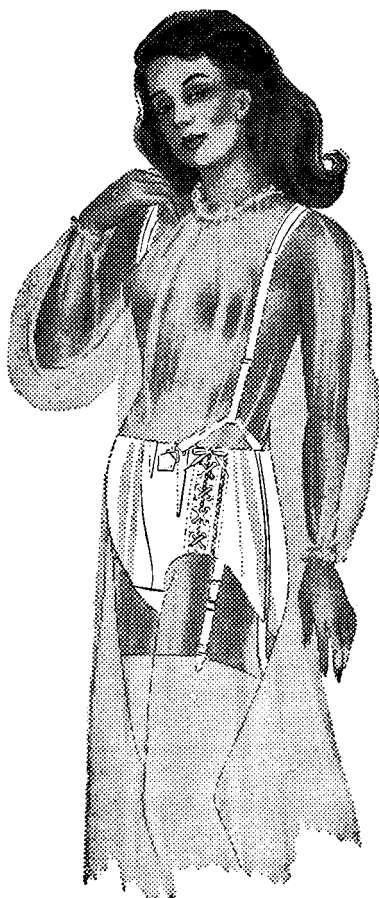
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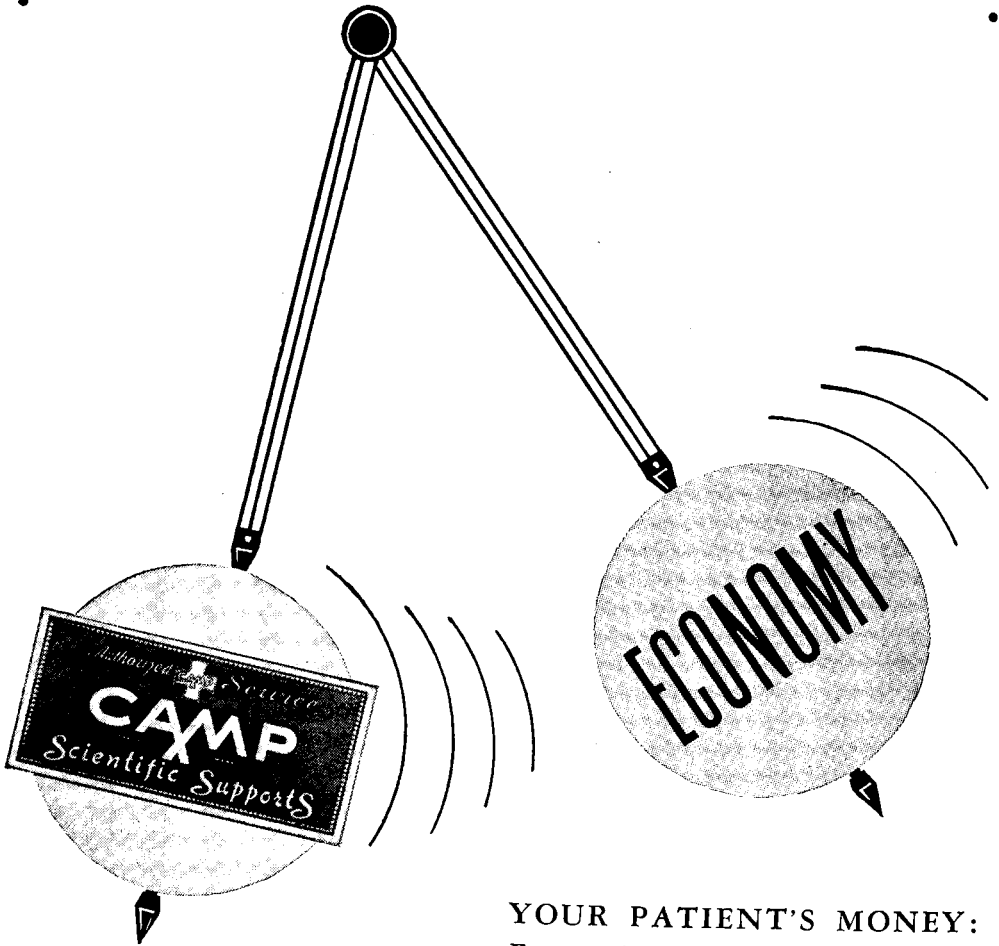


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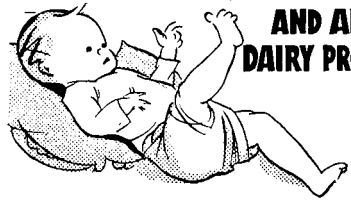
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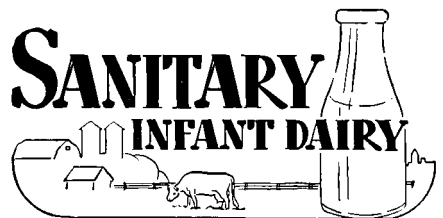


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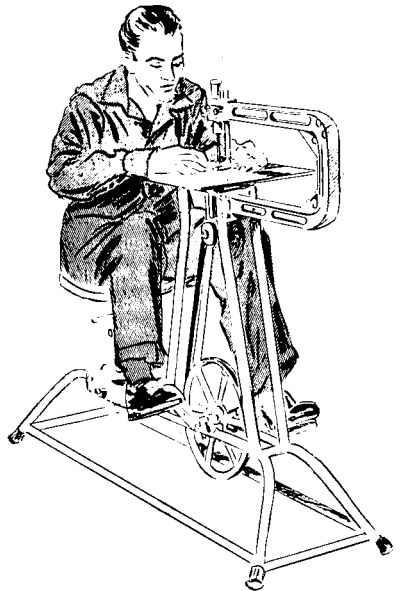
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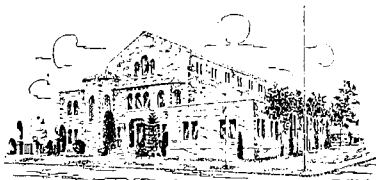


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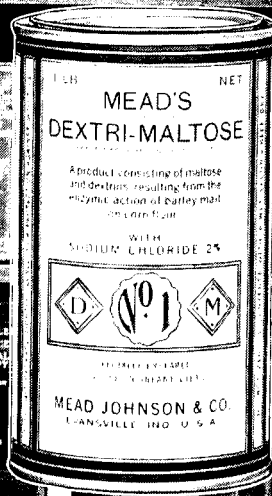
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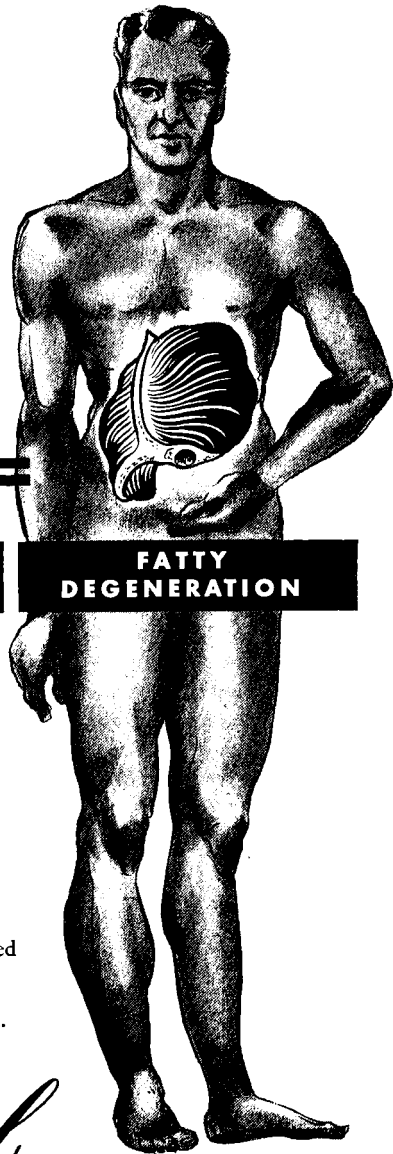
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

26

Vol. XIX—No. 1

TACOMA, WASHINGTON

SEPTEMBER, 1948



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1948-1949

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Programs

Medical Arts Building—8:15 p. m.

September 14

Roscoe L. Pullen, M. D.

Medical Director

King County Hospital System
Seattle, Washington

Subject:

"Water and Salt Dehydration"

Bibliography

Associate Professor of Medicine, University of Washington School of Medicine.

Medical Director, King County Hospital System, Seattle, Washington.

Consultant in Internal Medicine, United States Army, Madigan General Hospital, Tacoma, Washington.

September 28

To be announced at September 14 meeting

Some doctors are taking up flying as a hobby; live dangerously they say. One of the rookie members of the flying club visited a store to buy a parachute and was shown what the modern up to date aviator should wear just in case—and was told how to use it—just jump—count to 10 quickly—pull the cord—then if it doesn't work just bring it back and we'll give you another one—which we thought was very decent of them. "Good to the last Drop" is their slogan.

Detroit Medical News.

The Little Moroness was going riding.
"I want the best horse you have in the stable," she said to the riding master.
"English or Western saddle, miss?" asked the riding master.
"What's the difference?" asked the Moroness.
"The Western saddle has a horn on it," answered the horse man.
"Well," decided the Moroness, "give me the English saddle. I'm not going through traffic."

The President's Page . . .

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ORDER TICKET 26

TITLE *Pierce County Medical Society Bulletin*

VOL. MONTH AND YEAR *Vol. 19-20 Sept 1920*

BACK PICA _____

HEIGHT *8 1/2*

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I greatly appreciate the honor of having been selected for this office, and also the obligation to the membership at large.

HOMER W. HUMISTON.



Pierce County Medical Society

Programs

1948-1949

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Business Manager.....William W. Mattson
News Editor.....C. R. McColl, F. J. Rigos

Medical Arts Building—8:15 p. m.

November 14

Hospital System
Washington

Subject:
"Alt Dehydration"

grapher

of Medicine, Univer-
sion School of Medicine.
ing County Hospital
Washington.

hal Medicine, United
adigan General Hos-
Washington.

November 28

September 14 meeting

Some doctors are taking up flying as a hobby; live dangerously they say. One of the rookie members of the flying club visited a store to buy a parachute and was shown what the modern up to date aviator should wear just in case—and was told how to use it—just jump—count to 10 quickly—pull the cord—then if it doesn't work just bring it back and we'll give you another one—which we thought was very decent of them. "Good to the last Drop" is their slogan.

Detroit Medical News.

The Little Moroness was going riding.

"I want the best horse you have in the stable," she said to the riding master.

"English or Western saddle, miss?" asked the riding master.

"What's the difference?" asked the Moroness.

"The Western saddle has a horn on it," answered the horse man.

"Well," decided the Moroness, "give me the English saddle. I'm not going through traffic."

The President's Page . . .

My debut as a columnist will be brief. There have not been provocative indications in the past for our members to vigorously organize within the County Society into political sub-groups, each with its platform, candidates for office, promises of patronage, and the like. I am of the opinion that such "party politics" would decrease the effectiveness to the membership at large, and I am sure that it would be unpleasant. Not having been elected on a platform, it is necessary for me to restate it "for clarification" (and evasion) at this time.

I have a feeling that almost any group of members that might be selected as the responsible officers of the Society would conduct its affairs in much the same manner, provided that they devoted the requisite time and effort. It is possible that part of our membership has felt that the officers of the Society have functioned to a greater extent in executive session than was necessary. It is my belief that this feeling has been created by a desire of the officers to reduce the length of the business meetings of the Society at large, which, incidentally are none too well attended. However, during the coming year an effort will be made to make the membership more aware of what goes on behind the closed doors.

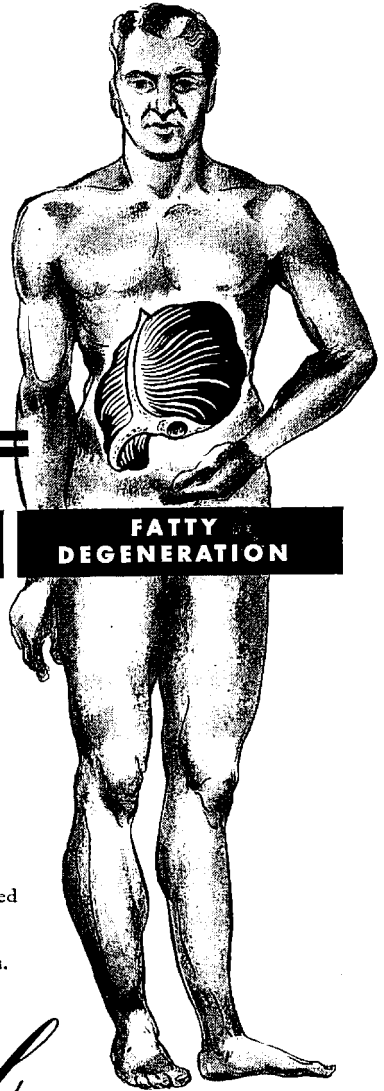
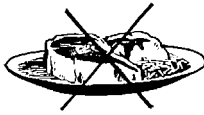
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Editorially Speaking . . .

GRASS ROOTS

We have often seen the term, "grass roots," mentioned in connection with medical practice, but have never had the term defined. Perhaps it is a composite of a portion of prevailing ideas, methods and problems found in general practice. Of necessity this practice varies widely, depending on location, the passing of years, national trends and other factors. The most frequent source of discussion has come from the rural and small town areas with their increasing vocal demands for more more doctors.

The very apparent reason for their concern is the rapid percentage increase in the number of recent medical graduates who are working towards certification as specialists.

For the many doctors discharged from the armed forces, hospital residency rules in many cases have been stretched very thin to accommodate their qualifying for the various national board requirements.

The present over all concern seems to be not so much the increase in the number of specialists as in the resulting diminishing number of those who will do general practice.

The factors responsible for this situation are many and varied but in the final analysis the most compelling motive is the belief that by being a specialist more money can be made in a shorter period of time under so called desirable circumstances of city living.

To accomplish this end the doctor is willing and anxious to undergo the hard work, expense, and self denial necessary to become a certified specialist.

There are sixteen approved examining boards in medical specialties only two of which were incorporated prior to 1930. At present there are approximately 25,000 active certified specialists among our 160,000 practicing physicians or one specialist for every 6.4 physicians. In the year March, 1946, to March, 1947 2,400 certificates in specialties were granted and the number of medical school graduates was 6,400 or one specialist certified to 2.6 medical graduates. This is a drastic change and the tempo is increasing.

We must bear in mind that there is usually a wide difference between a certified specialist and one who just chooses to call himself a specialist. If we include the latter class then over 60 per cent of the doctors in this county are specialists.

But whether the majority are certified or general practice specialists the status of the general practitioner is giving increasing concern not alone to the A. M. A.

From the point of view of the non specialist his immediate concern is his future status within his own profession and what he can do for his own professional protection.

The recent organizations in Pierce County of a branch of the American Academy of General Practice should be a timely, constructive effort to preserve and improve the standing and standards of the general practitioner.

There is a general feeling of professional superiority on the part of the specialist, based among other factors on his dominant influence in hospital direction. This influence, in the thinking of many general men, carries a future threat of closed hospital staff, leaving him standing outside.

But whatever our individual hopes and fears, we should always keep in mind that the great majority of medical problems are common to every member, specialist and general practitioner, and nationwide unity should be our first concern. We should, however, appreciate the importance of our "grass roots" and aim to keep our medical turf in a healthy growing condition.

LEWIS HOPKINS.

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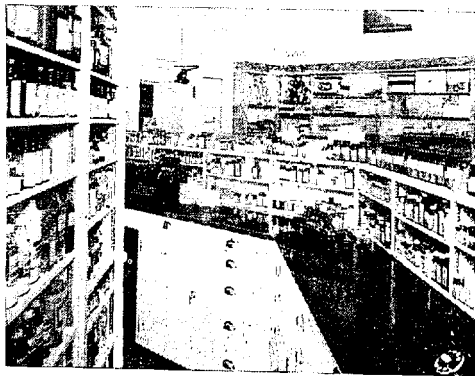


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If an Atomic Bomb Falls?

If an atom bomb should fall on an American city, the population would be faced with the greatest emergency in its history. But, it is by no means true that the entire population would be wiped out, nor is it true that nothing could be done to help the survivors, according to Army Medical Corps officers who are conducting continuous study of the problem.

There is no presently known method of protecting those in the immediate neighborhood of an atomic bomb when it explodes. Nevertheless, since the Los Alamos experiment opened the Atomic Age, a great deal has been learned about mitigating the secondary effects of ionizing radiation and about protecting survivors who have received less than a lethal dose.

Many lives may be saved by widespread knowledge of therapeutic measures among physicians, and many more by a general understanding of preventive measures which can be taken by the general population.

In a talk made at the Pennsylvania University Hospital, Philadelphia, Col. James P. Cooney of the Army Medical Corps stressed the question of civilian morale. "Mr. and Mrs. America have been so frightened by the information they have received to date, that if a bomb were dropped on one of our cities tomorrow, mass hysteria would probably cause the unnecessary loss of many lives," Colonel Cooney said. "Mr. and Mrs. America have always been ready and willing to do what must be done in an emergency, and will, if properly instructed beforehand, do the right thing under this new kind of stress."

The real difference between ordinary high explosives and atom bombs is the enormous amount of radiant energy produced by the latter—energy covering the whole range of wave lengths from heat waves to million-volt gamma waves.

The radiant energy may be divided into two types: ionizing and non-ionizing. The most important type of injury noted in Hiroshima and Nagasaki was, of course, that due to the ionizing component of the radiant energy from the bomb. Four known kinds of penetrating radiation can be expected within the immediate area of the blast. They are:

First, gamma radiation, which is essentially the same as x-ray. In an atom bomb explosion, however,

these are 200,000,000 volt x-rays. They are lethal to anyone within roughly a mile of the blast, do serious damage to those as close as a mile-and-a-half, but their range is limited to approximately two miles. They move with the speed of light and most of them are produced at the instant of explosion.

Second, neutron beams, streams of heavy atomic particles shot out in all directions within a millionth of a second of the explosion. They have slightly less range than gamma rays. Both gamma rays and neutron beams passing through matter such as blood, bone or flesh, produce extensive ionization of the atoms which make up body cells, which results in the breakdown of chemical bonds, causing profound alterations in cellular function. The fact that some kinds of cells, such as certain types of cancer cells, are affected more easily than others is the basis of radiation therapy. Whatever damage is done in this way is instantaneous, although observable symptoms may not appear for some time.

Neutron beams, however, have another effect, new in medical science. Neutrons are captured in elements which are themselves radioactive, and may remain so for a long time.

Third, are beta rays, streams of electrons which rarely penetrate the skin and whose effects will be found chiefly on the surface; and.

Fourth, are alpha particles, the nuclei of helium atoms, which do not get through the cornified, or horny tissue, layer of the skin. Because of their low penetrating power, it is not likely that either the beta rays or the alpha particles resulting directly from the explosion will cause fatal injury.

It must be admitted, Army doctors say, that there is not much even a medical man can do about the immediate radiation from an atom bomb explosion. But in such an eventuality the immediate requirement will be for rescue work on a large scale and treatment for fractures, contusions, lacerations and burns. Here physicians and laymen will be on familiar ground. These kinds of injuries are the same whether produced by an atom bomb or a block buster; they involve no new principles.

Also, some aid may be given to victims of many sorts of secondary radiation dust spread by the explosion, radioactivity caused by neutrons captured by atoms, or radioactive spray if the bomb is dropped in water. Against this secondary radiation,

(Continued on Page Eight)

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various safeguards can be provided, and it is essential that physicians be trained in safety measures. Army, Navy and Atomic Energy Commission scientists, as well as civilians interested in radiation therapy, are hard at work on the problem and substantial progress is being made. One important line of research is in the efficacy of blood transfusions, since it has been established that one of the most serious effects of radiation is damage to the blood-forming elements such as the bone marrow. A person tired over until normal function is resumed may be saved.

A major function of the physician after such a disaster would be to act as public health officer. Most food in the affected area would not be unfit for consumption, but it would all have to be surveyed before it could safely be eaten. All the water in the region would probably contain radio-active isotopes, slow poison to anyone drinking it, but research is in progress on methods of removing radioactive substances. Obviously the usual boiling or chlorination would be useless. There is some indication that filtration and other methods can be developed.

Physicians would have a heavy responsibility in supervising the decontamination of not only food and water but of refugees, by means of complete change of clothing, bathing, etc. This requires familiarity with the use of detecting instruments such as the Geiger counter, and a knowledge of the kinds of persistent radiation to be expected. (People escaping from the area where a bomb has exploded may find their wearing apparel sufficiently radio-active to constitute a menace to others.) This problem has already come up in hospitals where patients are being treated with large amounts of radio-active material.

Armed Forces medical officers face an even greater responsibility than do civilian physicians, since it may be necessary to send troops into a bombed area either for rescue work or on tactical operations. A series of intensive courses on the medical aspects of atomic explosion was instituted last May at the Army Medical Center, Washington, D. C. Nearly 700 doctors and scientists have been trained there in the fundamentals of radiation hazards, diagnosis and treatment. More than 50 medical schools throughout the country have sent representatives, many of whom are now setting up similar courses in their respective institutions.

Following the bombing of Hiroshima and Nagasaki, much was learned of what symptoms to expect, overt and latent, immediate and delayed. All the results will not be in for years, of course. Great publicity has been given to the possibility of gene mutations which might produce a high percentage of abnormal offspring in generations to come. However, Dr. Shields Warren, Assistant Professor of Pathology at the Harvard Medical School, recently told Army doctors attending the current basic science course at the Army Medical Center, Washington, D. C., that aberrations in the genes and ova of mammals produced by irradiation are usually lethal to the developing embryo, and consequently the result of such irradiation would probably be a higher rate of abortion and mis-

carriage rather than production of a race of monsters pictured in sensational prophecies.

Besides flash burns from enveloping hot gases, such as result from any powerful explosion, blisters similar to skin burns and sunburn are likely to appear on the skin of atom bomb victims. In Japan, burns and blisters appear to follow a definite pattern, showing up within five minutes on those close to the explosion. At nearly a mile away, they did not show for several hours, and at greater distances, up to about two miles, the appearance of burns and blisters was even longer delayed.

Of the superficial effects perhaps the most alarming is the falling out of hair. While bound to cause a bad psychological effect, it is due to superficial radiation and is not serious in itself. The hair will return if the patient has not received a lethal dose of radiation.

Immediately after a bomb blast those in the vicinity who escape immediate death from shock, burns or falling debris may appear to have suffered no ill effects at first. But within a few hours, victims seriously affected will feel nauseated and start to vomit. This may pass in a day or so. But at the beginning of about the second week when the hair starts to fall out, the feeling of general malaise, experienced in the first few hours, may return accompanied by fever. There is likely to be bloody diarrhea. Examination will show that the white blood count has fallen to a very low level. Death may come very quickly, or there may be anemia and general debility over a long period with eventual recovery.

Physicians must be prepared to expect such a syndrome and to take nothing for granted about the condition of the patient during the first few days.

There is a parallel in our experience with heavy bombing of cities from the air in World War II. This type of warfare was an innovation, and at first physicians had virtually no information concerning the effect of shock waves of that magnitude on the human body. Scores of people in the neighborhood of bursting bombs died, although they had apparently suffered no injuries. The knowledge of what could be done to save those people was acquired the hard way because medical science had not foreseen such a problem.

The threat of the atom bomb is at least now recognized and we have already a growing body of knowledge which can be mastered while an emergency is still remote.

If the present political squabbling of Congress is an example of democracy at work then we'll take vanilla. All vital issues in Congress seem to be voted on strictly party lines with no regard for the goodness or badness of the legislation involved. They have now adjourned to go home to their beloved constituents and in a short time we can expect to hear emanating from the speakers platforms of county fairs and lodge picnics all over the nation. "Fellow Americans, if I am re-elected . . ."

You drive awhile Gus, and I'll spread.

R. & R., Detroit.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

1948 American Medical Ass'n. Chicago Convention

Many doctors left the June session with mixed feelings on medicine and the future outcome for it. The convention exemplified the bigness of medicine by requiring the Navy pier to house the largest grouping of exhibits in its history. The convention directory also was big, with its thousands of details which informed the visiting medicos of their group activities and meeting places.

The big top, A.M.A. coverage, appeared thin in some of the bulges created by several oversized sectional protrusions. Some of these were very near the popping out stage, and reinforcement patches looked to be necessary at once. Headquarters Associated, however, have proven themselves clever at patching, if and when necessary, and review of the House of Delegate's actions suggest the headquarters group will go into training immediately.

Many doctors left the convention fully uninformed of actions by the House of Delegates, and these actions, as appearing in the minutes of the July 3, 10, and 17 Journal have apparently escaped the eyes of many who did not attend.

The House of Delegates are our fellow practitioners from our home states in action, trying to solve our problems for us, for we elected them to do it for us. To anyone familiar with their job they merit our full support and assistance. We express our complete confidence in the delegates from Washington and in our Oregonian neighbors, whose problems are comparable to ours. Watchfulness is merited also of many delegations whose problems are not comparable to ours.

There is nothing but hard work for delegates at these conventions, for they attempt to settle multitudinous problems with their detailed ramifications during the annual and interim sessions which totals six full days annually. The jobs they do are usually questioned, if not criticized, and their interest in the progress of medicine is sustained alone by the obligation they assume for us.

OFFICERS FOR 1948-1949

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and certainly not the glory or the per diem expense allowed which defrays perhaps one-half of the cost to attend the assemblies.

These policy and procedure makers require the assistance from all of us for the strength of our parent organization, the A.M.A. is solely dependent on the sincerity and support of our delegates who represent us in A.M.A.

Ross D Wright.

Cancer Clinic

The Pierce County Medical Society Cancer Detection Center will hold its Clinic September 8 and 22 from 1 to 4 p. m. at 728 1/2 St. Helens Ave. Appointments should be made by calling Main 3755.

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Retail Memo

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Bulletin

The fifty-ninth annual session of the Washington State Medical Association is scheduled for October 3 through October 6, 1948, Olympic Hotel, Seattle.

Under the provisions of the constitution and by-laws it is necessary for all committees to submit an annual report, resolutions and amendments (if any) to the House of Delegates *30 days in advance of the meeting*.

Reports, resolutions and amendments should be submitted to the Central Office of this Association, 327 Cobb Building, Seattle 1, so that we may, in turn, mimeograph them and mail to officers, trustees, and members of the House of Delegates.

MORE OF THE SAME

I had twelve jugs of hard cider in my cellar and was told by my wife to empty the contents down the sink, or else! So I said I would.

I pulled the cork from the first jug and poured the contents down the sink, with the exception of one glass, which I drank. I pulled the cork from the second jug and did likewise, with the exception of one glass, which I drank. I pulled the cork from the third jug and poured the cider down the sink, with the exception of one glass, which I drank.

I pulled the cork from the fourth sink and poured the jug down the glass, which I drank. I pulled the cork from the next jug and drank all but one sink of it, throwing the rest down the glass. I pulled the sink from the next glass and poured the cork from the jug. Then I corked the sink with the glass, jugged the drink and drank the pour.

When I had everything emptied I steadied the house with one hand, counted the jugs, corks and glasses and sinks with the other, which were twenty-nine, and as the house came by, I counted them again, and finally had all houses in one jug, which I drank.

I am not under alcfluence of incohol as some thinkle peep I am, nor are I so think as they drunk I am, but I fool so feelsh I don't know who is me, and the drunker I stand here the longer I get!—Exchange.



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AXIOMS OF DRINKING

1. The cocktail, America's contribution to the drinking world, deadens the sense of taste, dulls the appreciation of good food and by kindling a false appetite makes one eat too much and get indigestion—or at least deserve indigestion.

2. A gentleman doesn't drink to get drunk.

3. A gentleman doesn't press others to drink after they have once declined.

4. A gentleman will always refuse a drink he does not want.

5. The form of refusal is "No, thank you."

6. If pressed he reduces it to "No."

7. If pressed further he tells the pest to go to hell, kicks him on the shins, and still remains entirely a gentleman—which, in spite of a flurry of current opinion to the contrary, is a good thing to be.—Julian Street in College Humor.

"Oh Fred, the baby has swallowed the matches. What shall we do?"

"Here, use my cigarette lighter."



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The Hospitals . . .

The Washington Minor Hospital

This month the Washington Minor Hospital celebrates its 21st birthday. It took its name from the Washington Building where in 1927 the hospital was first opened by Miss Patterson, R.N., to serve the large number of doctors who at that time officed there and in the Rust, Puget Sound and Fidelity Buildings.

In September, 1929, Henrietta Palmer, R. N., took over the seven-bed hospital—installed entirely new equipment and carried on until the Medical Arts Building was completed. The hospital was moved to this location December 1, 1930, locating on the fifth floor and was enlarged to fourteen beds. Six years ago it added the adjacent space formerly occupied by Dr. Guy E. Griffith, and again enlarged to its present 21-bed capacity and the employment of nine graduate nurses. During these years the hospital has always been maintained at a high state of efficiency and cooperation with the doctors who found its facilities invaluable.

Miss Palmer was married in September, 1943, to R. A. Button, D.V.M., and continued management of the hospital until she retired in May of this year. At that time Miss Marion Thornton, R.N., who has been assistant superintendent for several years, took over the ownership and management of the hospital.

Miss Thornton is qualified in every respect for her added responsibilities and doctors are assured a continuation of adequate facilities and excellent care for their patients.

St. Joseph's Hospital

It gives us a great deal of pleasure at this, our first opportunity, to introduce to the readers of the bulletin the three new interns and their families:

(1) Dr. Norbut, a graduate of the University of Illinois Medical School, is married and has two charming youngsters. During the war he spent six years in the service as a major in command of a field artillery unit overseas. After being wounded and given a certificate of disability discharge he finished his medical school work and chose the Pacific Northwest as the territory in which he wished to spend his internship.

(2) Dr. Regan (no relation to the movie star of the same name), a graduate of the University of Buffalo Medical School, is married and is a cinch to shine in his medical work this year since all his work is checked on by friend wife, who works in the record room. During the war Dr. Regan served with the amphibious forces of the Navy which probably explains his aversion to water in any form.

(3) Dr. Madiera, a graduate of the University of Lisbon in Portugal, is married to a charming lady. It is rumored she speaks seven or eight languages and used to teach in the language department of the University of California at Berkeley where she

obtained her doctor of philosophy degree. We only hope that he can make excuses in seven or eight languages should the occasion arise for self defense at home. During the war Dr. Madiera served with the Portuguese navy.

We are also most fortunate this year to have Dr. Stanley Bervquist remain with the hospital staff as resident in pathology under Dr. McColl.

Dr. McPhee, who finished his internship in July, is now serving a local tenens at Eatonville for one month and then expects to open a practice in Tacoma.

Dr. O'Connell, who also finished interning in July, is now practicing in Tacoma which is a natural move for him since he was born here, attended Bellarmine, College of Puget Sound, and has always had his legal residence here.

On August 1 a capping ceremony was held for the following student nurses: Elizabeth Buckles, Elizabeth O'Toole, Helen Hawthorne and Lavern Larson. Sister Marie Gerald, head of the school of nursing, informs us that a class of thirty student nurses is expected to start on September 15, 1948, and that the doctors of the staff have expressed their interest and cooperation in the nursing school by donating six scholarships of \$300 each. It is also rumored that in the near future a new porch will be added to the nurses' home and a tennis court constructed for the student nurses.

The yearly nurses' picnic was held this year at Redondo Beach. The graduating class went on a cruise in the *Gallant Lady* that ended at Redondo Beach where a large group of doctors and graduate nurses awaited them and a picnic was held in which baseball, volley ball, roller skating, bowling and dancing played a prominent part, not to mention the continuous smorgasbord repast that went on all afternoon and evening. Approximately 150 people in all attended.

Graduate Nurses Misses Delore, Trembly and McNetherney have completed their three years training at St. Joseph's and will leave the hospital to do private duty starting next week.

A new "mechanical brain" type calculator has been added to the business office. Hence if anybody has trouble with their income tax calculations maybe Sister could be persuaded to loan it (on a percentage basis of course).

New construction and improvements are under way for the clinical laboratory and more news will be available about this for the next issue.

The first regular fall staff meeting will be held on the third Monday evening in September. Dinner will be at 6:30 p. m., September 20, 1948. The program will start at 7:30 p. m. and will be on subjects to be presented at the State Medical meeting in October.

Clinical pathological conferences will start on September 22, 1948, at 9:30 a. m. in the doctors' staff room. Case histories will be presented for diagnosis as was done last year. These will be under the direction of Doctors McColl and Bergquist.

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Tacoma General Hospital

Mr Fred Boehm, our ever faithful pharmacist, is enjoying a well earned vacation. He plans to take his family on an extended tour—east to Wisconsin, through the southern states and back home by way of the Grand Canyon.

Margaret Myles, our official name hunter, is planning a long vacation trip to Chicago, Toronto, Ontario, and Victoria, B. C.

Miss Antonson, staff nurse on Ward A, is on her way home from Norway.

We shall expect to hear of many happy experiences when we next see these people.

Seattle is a proud city, and rightly so, because we in Tacoma have sent it some of our best. Now Miss Dorothy E. Glynn, director of nursing and principal of the school has accepted the position of director of nursing service of Harborview Hospital in Seattle. Miss Glynn has been with us since 1945 and saw us through the last war year and the not too smooth post-war readjustment period. Her patience and understanding have made her much appreciated. Her leadership here and throughout the community and state have won her our high esteem. We are sorry to have her leave us. Best wishes for you in your new work, Miss Glynn.

These are busy days for the senior students. Tuesday they boarded the *Gallant Lady II* which took them and many other members of our staff to Quarter Master Harbor where there was a full afternoon of fun and swimming followed by fried chicken and all that goes with it. Mr. Oller provided a hydroplane escort. In the evening there was a long moonlight cruise down through the Narrows. The weatherman did his part to make the day perfect.

Thursday evening brought the senior ball with the Haunted Heart Motif. Sunday, baccalaureate. August 24, the banquet, and Friday, August 27 that long awaited graduation day. The graduation exercises are to be held at the First Methodist Church this year. Judge Homer T. Bone of San Francisco will be the speaker.

September 1, a new member will be added to the nursing education staff. Miss Margaret Kraemer comes to us from the University of Minnesota where she has earned her B. S. degree. She will act as

instructor in surgical nursing. Miss Woodruff, who served so well last year, has gone to Columbia University to study for her master's degree.

September 13 will see the arrival of the new student nurses at Jackson Hall. A record enrollment is expected this year.

Mrs. McIntyre announces that there is a new procedure for welcoming the newborn into the nursery family. Junior Miss or Mister is anointed with sterile mineral oil, then with 15 grams of 5 per cent sulfathiazole ointment. He gets his first bathtub experience when he's half a day old. If by some misfortune one of his neighbors develops a skin lesion, he gets a repeat inunction with the sulfathiazole ointment.

Golf

Golf is a form of work made expensive enough for a man to enjoy it. It is physical and mental exertion made attractive by the fact that you have to dress for it in a \$200,000 clubhouse.

Golf is what letter-carrying, ditch-digging, and carpet-beating would be if those tasks had to be performed on the same hot afternoon in short pants and colored socks by gouty looking gentlemen who required a different implement for every mood.

Golf is the simplest looking game in the world when you decide to take it up, and the toughest looking after you have been at it ten or twelve years.

It is probably the only known game a man can play as long as a quarter of a century and then discover that it was too deep for him in the first place.

The game is played on carefully selected grass with little white balls and as many clubs as a player can afford. These little balls cost from seventy-five cents to \$25.00, and it is possible to support a family of ten people (all adults) for five months on the money represented by the balls lost by some golfers in a single afternoon.

A golf course has eighteen holes, seventeen of which are unnecessary and put in to make the game harder.

A hole is a tin cup in the center of a "green." A "green" is a small parcel of grass costing about \$1.98 a blade and usually located between a brook and a couple of apple trees, or a lot of "unfinished excavation."

The idea is to get the golf ball from a given point into each of the eighteen cups in the fewest strokes and the greatest number of words.

The ball must not be thrown, pushed or carried. It must be propelled by about \$200.00 worth of curious looking implements, especially designed to provoke the owner.

After the final, or eighteenth hole, the golfer adds up his score and stops when he has reached eighty-seven. He then has a swim, a pint of gin, sings "Sweet Adeline" with six or eight other liars and calls it the end of a perfect day.

—Anonymous, from
Green Co. (Mo.) Med. Soc. Bull.

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Tacoma

University of Washington School of Medicine

The School of Medicine is pleased to announce as executive officer and professor in the department the appointment of Dr. Robert Hardin Williams of medicine. Dr. Williams joined the staff on July 1, 1948.

Dr. Williams was born in Savannah, Tennessee, is thirty-eight years of age, married and has two children. He received his A. B. degree from Washington and Lee University in 1929 and his M. D. from Johns Hopkins in 1934. Following his graduation from Johns Hopkins, Dr. Williams served as intern in pathology, Mallory Institute of Pathology, Boston City Hospital 1934-35; intern in medicine, Vanderbilt University Hospital, 1935-36; assistant resident in Medicine, Vanderbilt University Hospital, 1936-37; assistant resident in medicine, Johns Hopkins Hospital, 1937-38; resident in medicine, Vanderbilt University Hospital, 1938-39; research fellow in medicine (American College of Physicians), Massachusetts General Hospital, 1939-40.

Teaching appointments began as instructor in medicine at Johns Hopkins University, 1937-38, and were followed by an instructorship in medicine at Vanderbilt University, 1938-39; research fellow in medicine at Harvard Medical School, 1939-40; instructor in medicine, Harvard University, 1940-44; associate in medicine, Harvard Medical School, 1944-46, and since 1946, assistant professor of medicine at Harvard University.

Dr. Williams is a member of the American Society for Clinical Investigators, the American Society for Experimental Pathology, Association for the Study of Internal Secretions, American Federation for Clinical Research, American Association for the Advancement of Science, fellow of the American Medical Association and fellow of the American College of Physicians.

The field of endocrinology has been the chief interest of Dr. Williams in his investigative work. He has been the author of eighty publications, a majority of them dealing with diseases of the thyroid gland. During recent years he has been actively engaged in the study of radio-active isotopes in connection with thyroid problems. At the present time he is completing a Textbook of Endocrinology which is scheduled to be published by W. B. Saunders Company this year.

Dr. Williams has a deep interest in medical students and in the importance of a thoroughly sound basic training in medicine as the key to a successful medical education. His understanding of the relative importance of good teaching and sound investigation in a program such as we are endeavoring to develop gives assurance that we may look forward to a healthy, well balanced program in the department of medicine.

Gal: This is the man I'm going to marry. Maw, I know he loves me for when he takes me in his arms I can hear his heart pounding.

Maw: Be careful, daughter. Your paw fooled me that way for three years with a dollar watch.

Dr. Hawley's Warning

Dr. Paul R. Hawley, head of the Blue Cross-Blue Shield, spoke in no uncertain terms at the recent fourth annual conference of presidents and other officers of State Medical Associations regarding the immediate necessity of extending the scope of present voluntary prepayment medical care plans. A few quotes from his speech:

"Our national leaders seem to be purposefully blind to the social changes that are taking place." . . . Too many physicians regard medical care as their exclusive prerogative." . . . My heart grows heavy as I see the indifference of many physicians to the threat to freedom in medicine that is becoming more menacing each day; and as I encounter the petty, selfish greed of a few physicians who had rather see the entire structure of American medicine wrecked than to concede one small personal advantage in the general interest." . . . "If we get socialized medicine in this country it will be organized medicine that has brought this curse upon us." . . . If the medical profession does not at once assume the leadership, if it does not at once cease its double talk and double dealing with the voluntary non-profit prepayment plans, we are going to have compulsory government health insurance in this country within three years."

A Good Citizen

Are you proud to be an American by birth or adoption and thankful for citizenship in the United States? Tangible proof of such will be the action you take at the forthcoming primary election.

When you have taken the time and interest to become informed regarding the qualifications of candidates and have voted to the best of your judgment, then for that day you can say to yourself: "I am a good citizen." If your intentions were good but you kid yourself into thinking you were too busy to vote, then you must say to yourself: "I am a poor citizen." Good citizens make good physicians.

GOOD WILL AGENT

First salesman: Gee, Bill, I had a marvelous day; made lots of friends for the company.

Second salesman: Me, too, George. I didn't sell anything either.

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Tacoma-Pierce County Blood Bank, Inc.

The Tacoma-Pierce County Blood Bank has passed its second anniversary. During that time we have put out 5,840 transfusions. The increase in the demand for blood has been very pleasing to the Blood Bank and we have been fortunate in supplying the demand up to this point. We have been experiencing a bit of difficulty in satisfactory replacement, and believe this is in part due to doctors not sufficiently explaining to the relatives the importance of replacing blood. It is only in proportion to the amount of replacements made that we will be able to supply your requests in the future. The few minutes you may spend with relatives impressing upon them the replacement procedure may mean the difference between sufficient supply or lack of blood when you request a transfusion for a patient. The Blood Bank has been very happy to serve the medical profession and we welcome any suggestions at all times. Our service will continue to be of high quality.

Abuse of "Stat" orders. Please use the word "Stat" only in its general meaning.

Emergency orders must receive an added charge.

At the present time the entire Blood Bank proceedings are located at 728 1/2 St. Helens Ave. This includes bleeding center and laboratory. Phone numbers are:

Laboratory—BRoadway 8242.

Office—BRoadway 3602.

We do encourage doctors requisitioning blood for office transfusions where indicated. This does save hospital expense for the patient.

Your patient's hospital cost has practically doubled in the past two years. The doctors should be willing to save as much hospital expense for the patient as he can. Plasma is no small item of cost to your patient. A 250cc commercial unit ranges in cost between \$25.00 and \$27.75. Blood Bank plasma for a 250cc unit costs a net of \$7.50. It is easy to see that there is practically a \$20.00 saving.

Question: How do I get plasma for my patients?

Answer: Prescribe on hospital order sheet "Tacoma-Pierce County Blood Bank plasma"; then see that Blood Bank plasma has been given.

All hospitals have a stock supply of Blood Bank plasma ready to be given within minutes.

The patient will appreciate your interest in cutting his hospital cost. The Blood Bank will be benefited in supplying plasma and receiving a blood transfusion unit replacement. The cost to the patient for Blood Bank plasma is \$17.50 with a \$10.00 credit privilege when replacement of a unit of blood is made at the Blood Bank.

N. E. Magnussen, M. D., Director.

A young woman with a positive Friedman went to the drugstore to buy a bottle of Jergens lotion—to take a little chap off her hands.

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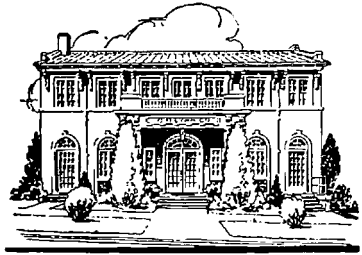
COMMUNICABLE DISEASES

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

Chickenpox	13
Diphtheria	1
Gonorrhea	54
Measles	4
Mumps	31
Poliomyelitis	1
Scarlet Fever	9
Syphilis	12
Tuberculosis	19

At the Hollywood Canteen, an actress was talking to a sailor who had just returned to the States after 27 months in lonely Pacific outposts. "I'll bet that right now there's nothing but pictures of beautiful girls running through your mind," she said.

"Yep," was the response. "they don't dare walk."



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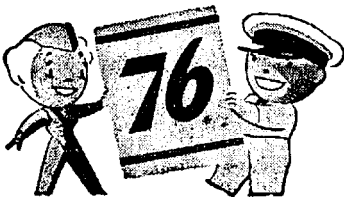
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For thirty-five years we have consistently cooperated with the medical profession of this locality. Advertising during this period of years has always been fully as beneficial to the medical profession as it has been to ourselves.

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

Our store is centrally located and easy to

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

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

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

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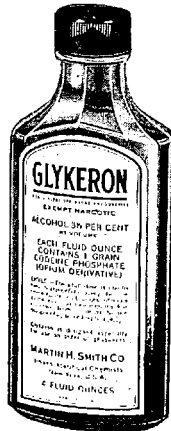
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Literature on request

MARTIN H. SMITH COMPANY · NEW YORK

Doctor Shortage For Armed Services

By COL. W. B. HAMILTON
Military Advisory Committee

Nine Tacomans were named recently to form the Military Advisory Committee for the Tacoma area, which is organized to promote better understanding between this community and the Army. Similar committees are being established in all parts of the country. The Army does not govern this group but rather looks to this body for advise and help in problems of relationship between the military forces and the civilian populace.

Mr. L. T. Murray has been named chairman while others designated are Gen. David L. Stone (ret.), the Rev. Harrison H. Black, Jack Muckey, Robert Marshall, James H. March, Howard R. Goold, Col. Walter J. DeLong and Col. W. B. Hamilton. Various sub-committees are headed by these committee members. The sub-committee dealing with recruiting and manpower has been assigned the writer and in this assignment the matter of medical personnel for the armed services is being given first priority. This is of such vital importance as to require the attention of all in the medical profession and military. Many military publications are currently carrying editorials on the subject of "Doctor Shortage." Under the following appears in *Armed Force* magazine of August 14, 1948:

"The acute shortage of medical officers for the armed services has considerable significance for civilians as well as for the military and naval establishments. Vast numbers of young medical careers were interrupted or aborted by World War II. Recent testimony by experts of the NSRB forecast a shortage of even civilian doctors, which may extend into 1960.

"Faced with the unavoidable necessity of the examination and care of thousands of additional soldiers, sailors and marines, the services are up against a perplexing problem. A suggestion that medical officers be drafted has met with the objection of the American Medical Association, and their opposition is understandable in view of the critical situation which such a draft might impose on the civilian population.

"One possible solution suggests itself. Thousands of Army and Navy doctors in World War II retained their commissions in the reserves at separation. Why would it not be possible to prepare legislation for these doctors to be called in on a contract basis to conduct such things as draft physicals and annual physical examinations where service doctors are not available.

"There would be complex problems of administration and standardization of physicals involved in this procedure, not to mention the possible expense. Yet it might prove the most acceptable solution to what has all the earmarks of an insoluble problem. In some isolated cases, it might even prove economical, inasmuch as the strategic location of these examining physicians conceivably could save a considerable amount in travel funds. At least the idea is worthy of study inasmuch as

at the present moment no more acceptable compromise is in sight."

The Tacoma Military Advisory Committee has, during the past few days, made certain recommendations to the Commanding General, Sixth U. S. Army, following consultation with several leaders in the medical profession, some of which follow:

(a) That medical reserve officers be informed of the need for medical personnel by direct letter.

(b) That periods of active duty be made available to suit the individual officer as much as is possible.

(c) That the medical profession serve where and when needed on a contract basis as civilians.

(d) That full use be made of such medical men during the periods that they are available, and that every effort be made to conserve their time while at the Army installation in order that the greatest results might be obtained.

This committee solicits the further suggestions and recommendations from the medical profession locally, both from medical reserve officers and those without military service, and will appreciate letters or calls addressed to the writer, at 503 Pacific Savings Building, Tacoma, or a phone call to Main 5774 will make a personal contact possible between this committee and any and all doctors interested in this subject.

Washington State Medical Ass'n.

The annual golf tournament for members of the Washington State Medical Association will be held at the Seattle Golf Club on October 4, to be followed that evening by the annual dinner and distribution of prizes. D. H. Houston, president of the Washington State Medical Golf Association announced.

The tournament will be held during the State Medical Association's annual meeting, scheduled for October 3-6, inclusive.

Doctor Houston said because of the congested condition of the Seattle Golf Course on Sundays, the usual Sunday Sweepstakes would not be held this year, but that all doctors attending the convention may play the Seattle course of his choice, in accordance with the rules of that particular club.

The Women's Auxiliary Golf Tournament will take place at the Juanita Golf Club on October 4, starting at 9 a. m. This event will be followed by a luncheon and distribution of prizes, said Mrs. R. L. Zech, who is in charge of arrangements.

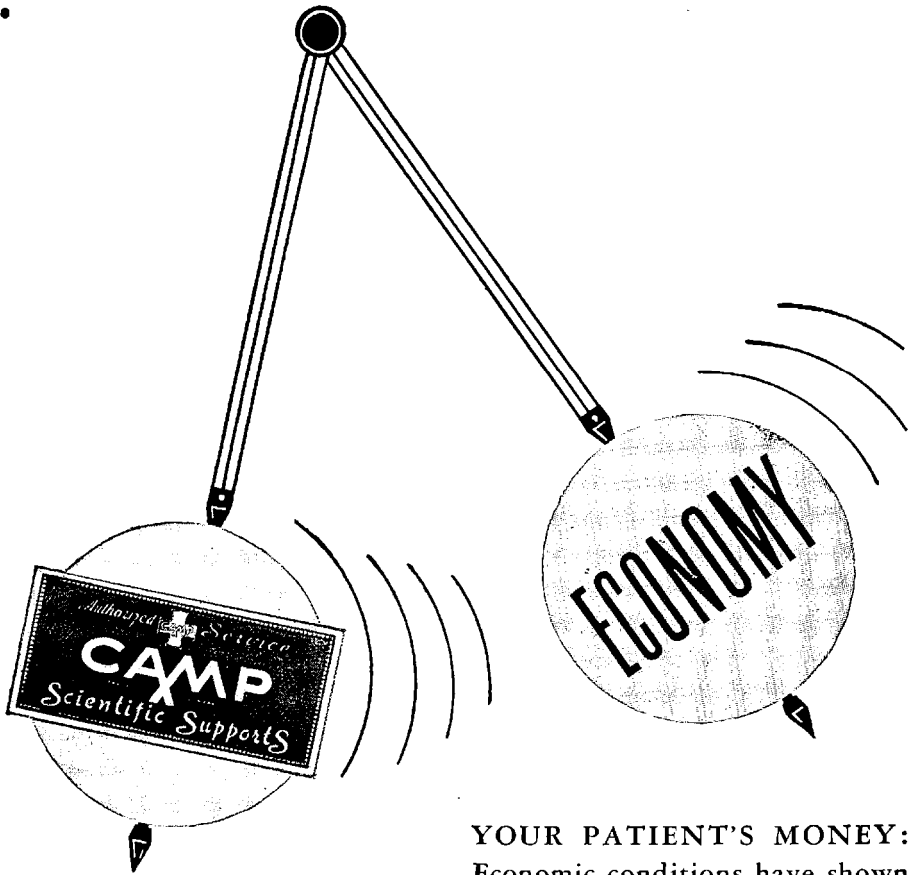
Little Johnny's mother had just presented the family with twins, and the household was in a state of excitement. Father beamed with pride as he took Johnny to one side.

"If you'll tell your teacher about it, I'm sure she will give you a day's holiday," he said.

That afternoon Johnny came home radiant. "I don't have to go to school tomorrow," he announced proudly.

"Did you tell your teacher about the twins?" asked his father.

"No, I just told her I had a baby sister. I'm saving the other for next week."



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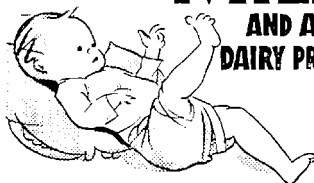
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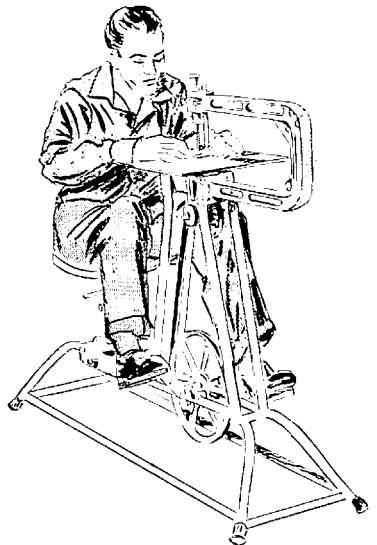
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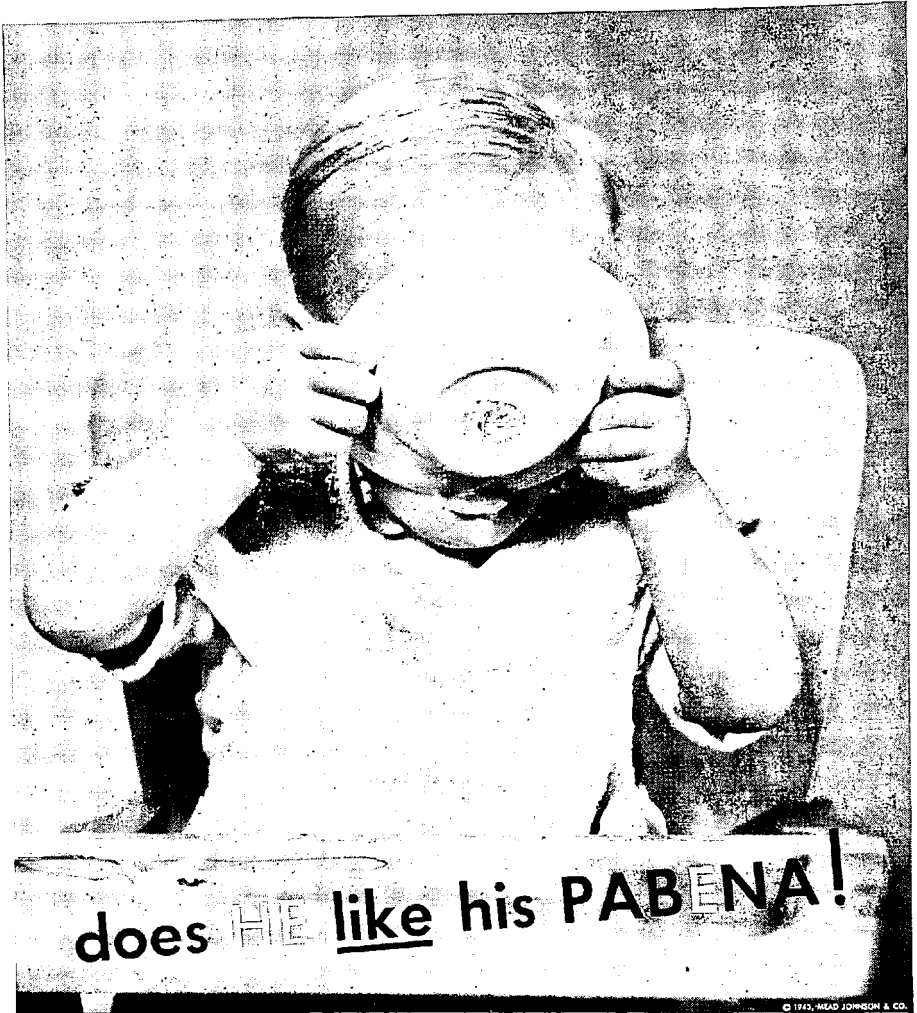
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Members of our staff have been continuously engaged in the research, development and administration of this therapy for over eleven years. These years of experience have proven conclusively that effectiveness of this method of treatment is in the perfection of technique. Our experience also has proven to us that each patient must be individually studied and treated in order to obtain effective results. Consequently, in order to give the individual and personalized care found so essential to each patient, we have purposely limited our bed capacity.

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

A psychological and alcoholic education through trained lay staff members is of vital importance. Also, in many instances, introduction into group therapy, such as Alcoholics Anonymous, is recommended and can be arranged by staff members. A program of rehabilitation is constantly carried on.

No psychiatric treatment is attempted. Should psychiatric examinations be indicated, you may have your choice of physicians.

All routine laboratory work, such as daily urinalysis, blood count, etc., is done in our laboratory. For extensive laboratory studies we use the facilities of the Tacoma Medical Laboratories.

It is our wish to cooperate with the family physician during treatment and to assist him with any follow-up work he considers necessary to insure continued sobriety.

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

Vol. XX—No. 2

TACOMA, WASHINGTON

OCTOBER, 1948



Pierce County Medical Society

1948-1949

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Program

Medical Arts Auditorium

8:15 p. m.

October 11

Backache, Diagnosis and Treatment—

Roger Anderson, M. D., Senior Consultant in Orthopedics at University of Washington School of Medicine, Orthopedic Chief at King County Hospital, Consultant at Marine Hospital.

Tacoma and Pierce County Child Guidance Clinic—

Robert C. Murphy, Jr., M. D., Harvard '38, Cornell University Medical School '42, intern St. Luke's Hospital, New York, U. S. Army 3 years, Menninger Foundation, Topeka, Kansas.

Election of Nominating Committees.



The President's Page . . .

The attention of the membership is again called to the fact that at the October meeting the election of the nominating committees occurs. The election of members for the nominating committees can be compared with primary elections and it is most important. It is hoped that a large percentage of the membership will attend this meeting and exercise their franchise.

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Editorially Speaking . . .

THE \$25.00 ASSESSMENT

We understand notices will soon be sent to all Medical Society members who have not paid the \$25.00 assessment asked for by the A.M.A., to implement our National Education Program.

This is necessary because according to recent figures about 20 per cent of the medical men in the State, and about 40 per cent in Pierce County have neglected to send in their checks. This payment should be regarded as a definite personal responsibility, and should receive the unanimous cooperation of our medical profession, as we know of no local practitioner for whom the payment of \$25.00 during the year would constitute a financial burden.

Early this year the Washington State Medical Association voted that this payment must be made by December 31, 1949. The ruling means exactly what it says, and applies to every active member, with no exceptions.

It could be called a professional edict, the importance of which should be appreciated by any physician to whom it might apply. Should a member's assessment not be paid by the end of this year, he automatically loses his membership in his county, state, and national medical societies. His hospital staff privileges are withdrawn, and in this county his association with the Medical Bureau ceases. His present medical liability coverage will be cancelled, as will any local health, accident, or hospital insurance dependent upon medical society membership. His wife will no longer be a member of her County and State Medical Auxiliary. At this time we can think of no other direct penalties to be imposed, but the above mentioned are very ample.

Some men are concerned with the possible repercussions should enforcement of such a policy be carried out, and we venture to question the ultimate wisdom of such a course, regardless of the merits of the cause, and the valued uses to which the assessment money is now being, and will be used. For our medical society to insist that each member contribute or else suffer professional ostracism can scarcely be expected to improve our field of public relations, which is the purpose of this levy. Our state is the only state that has made payment of the assessment compulsory.

We believe there are available methods for collecting this small amount without the threat of such extreme penalties, and we detest the idea of imposing that obnoxious word, "compulsory," in a situation of this sort upon any of our own members.

No doctor can say our present professional dues are excessive. In fact, they are not sufficient to cover our enlarging society activities, and we will venture again and suggest increasing our local and state dues, and inaugurate regular national dues. If that is adequately done, future assessments should become unnecessary.

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VIRUS AND RICKETTSIAL DIAGNOSTIC LABORATORY

The purpose of this report is to announce the opening of a laboratory for diagnostic work in the field of viral and rickettsial diseases by the Department of Public Health and Preventive Medicine of the University of Washington School of Medicine, with the active cooperation of the Washington State Department of Health. This laboratory, which is operated as a service to the medical profession of Washington state, is now prepared to accept suitable clinical specimens for investigation. Reports will be made as promptly as possible to the attending physician. A pamphlet of information listing the diseases for which diagnostic procedures are available, the type of specimens required, and the significance of positive and negative reports, has been prepared by the virus laboratory. Copies of this booklet have been mailed to every registered clinical laboratory in the state, and to all county, district and city health departments. Suitable containers for specimens are available through local health departments. Physicians having diagnostic material to submit to the virus laboratory are urged to consult their local health departments, hospital laboratory or private clinical laboratories for information on the proper specimens to obtain.

The isolation and identification of a virus or rickettsia is an expensive and time-consuming procedure which can be carried out only under suitable conditions and where successful results can be expected to yield useful data. On the other hand, serological tests for diagnosis of many virus and rickettsial diseases have now been perfected to the point where highly specific and sensitive methods are available. In many cases, the information obtained may be only of retrospective diagnostic value, but the data will nevertheless serve to supply the clinician with definite findings and will likewise serve to establish the presence of the disease agent in the community.

In most cases two serum specimens are required from the patient—the first to be obtained as early as possible in the acute stage, and the second during convalescence two or three weeks later. A positive report can only be made when the second

specimen shows a suitable increase in titer over the first.

The serological tests which will be most frequently run by the virus laboratory are the complement fixation test, using specific purified antigens prepared from tissues infected with the virus or rickettsia in question, and the neutralization test performed by combining the patient's serum with the specific living virus and inoculating the mixture into suitable test animals to determine the extent to which the virus has been inactivated.

To get down to specific details, we are now prepared to offer diagnostic aids in the following diseases: the virus encephalidites, which include St. Louis encephalitis and western equine encephalomyelitis; influenza; lymphocytic choriomeningitis; lymphogranuloma venereum; mumps; primary atypical pneumonia, psittacosis; toxoplasmosis; smallpox; and the rickettsial diseases including Rocky Mountain spotted fever, rickettsialpox and Q fever. In some cases, such as typical mumps, laboratory assistance is obviously not needed but with the increasing recognition of infections with this virus in the absence of parotitis, the laboratory can furnish valuable assistance in the case of encephalitis, pancreatitis or orchitis of uncertain etiology. In other cases, such as influenza, laboratory aids will be of no value to the patient himself, but can be of great assistance in regard to recommendation for vaccine administration to individuals in the same area.

Little is known of the distribution of the specific virus and rickettsial agents in the northwest. We are now presented with an opportunity to not only obtain valuable diagnostic assistance, but to collect information that will aid the entire area. We do not visualize this laboratory as a research project—it is a service unit, functioning for the benefit of the medical profession. The extent to which assistance can be given is dependent entirely on the direct cooperation of you, as physicians.

It should be emphasized once more that in cases of suspected virus or rickettsial infections, blood should be taken as early as possible and the serum sent to the virus laboratory. The second specimen should be taken after the appropriate interval. The maximum service can be rendered if these simple procedures are followed.

BLAME IT ON THE PROOFREADER

"The physician felt the patient's purse and decided that there was no hope."

"Dr. S., one of our most eligible bachelors, is retiring from practice. Hale and hearty at 65, the doctor says all he wants is a little peach and quiet."

"Dr. P. returned from Baltimore yesterday and will take up his duties at the hospital."

"Mr. and Mrs. R. left Wednesday for Rochester, Minn., where Mr. R. expects to have a garter removed by the Mayo brothers."

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RISING BIRTH RATE

Before the war we were worried by a birth rate that had steadily declined from 1915 to 1936. By 1947 nearly all the ground lost in the preceding twenty years had been regained. If this upward trend continues the population will increase by over 45 per cent in a generation. But will it continue?

Though it is impossible to predict what the birth rate will be ten, twenty or thirty years hence, it is possible at least to ascertain why the reversal occurred. This task Dr. T. J. Woofter undertakes in the *American Sociological Review*. It turns out from his analysis that there are many reasons why birth rates rise and fall. Economic distress and prosperity are still generally regarded as the major influences, though it is hard to explain why the poorly paid are more prolific than the prosperous. The wider knowledge and application of birth control is another factor. What is called "planned parenthood" is spreading, which means that a large proportion of the population is adapting family size to income. Reproduction has also been favorably influenced by a decline in deaths. Because the male death rate has declined there are fewer young widows.

All this amounts to saying that the reasons why birth rates decline are more firmly established than the reasons why birth rates rise. The alarms that were sounded ten and more years ago may have been premature, and the picture of a population

that would soon remain at a plateau for a period and then decline may have been too gloomy. An entirely new field of statistical research remains to be explored. We do not yet know what the medical, psychiatric and social factors are that sustain the birth rate.

New York Times, July 17.

COMMUNICABLE DISEASES

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

Brucellosis	1
Chickenpox	13
Gonorrhoea	31
Impetigo	10
Infectious Mononucleosis	2
Measles	14
Mumps	14
Pink Eye	2
Poliomyelitis	11
Ringworm	1
Scabies	5
Scarlet Fever	12
Syphilis	14
Tularemia	1
Tuberculosis	11
Whooping Cough	5

C. R. Fargher, M. D., Director of Health.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

"When the frost is on the punkin and the fodder's in the shock" . . . We don't know about the fodder, but the frost is right around the corner. James Whitcomb Riley goes on to say in his poem about autumn . . . "Oh, it's then's the times a feller is a-feelin' at his best." There's certainly something to that observation for this nippy fall weather seems to fire even the most lethargic with ambition. It seems to have a special effect on committee chairmen—at least from the moans and groans being voiced by committee members as all of the city's civic and social organizations begin their year's activities. Everyone is up to her ears in some kind of committee work . . . and the Medical Auxiliary is by no means an exception. One of our busiest committees this year is the Public Relations Committee, headed by Jean Judd. This committee has sent out letters to all presidents of Tacoma women's clubs during the past summer, informing them that a speakers' bureau on socialized medicine has been organized by the Medical Auxiliary, and that we would provide speakers on the subject. Response from these letters has been gratifying and to date speakers have been arranged for the following organizations: The Junior League, The Annie Buscko Orthopedic Guild, The Tacoma Garden Club, The President's Council and the Practical Nurses' Association. Apparently people are interested in the subject!

While we are on the subject of busy people let's take a look at what some of our members are doing outside of the Auxiliary. Mrs. Frank Plum is Service Chairman for the Red Cross and Special Events Chairman for the President's Council. Ruth Light is Legislative Chairman for the President's Council and Kay Wright is second Vice President for the Council . . . also Mary McNerthey is Health Chairman for the President's Council. We'd say the "doctors' wives" are well represented on the President's Council. Two of our other members, Mrs. Buis and Mrs. MacLean, have been doing outstanding work with the Cancer Detection Center.

Well, the State Convention found the Auxiliary bigger and better organized than any previous time (as far as we have been able to find out) with one thousand members in the state and twenty-five at large. All counties are now organized, the last three being organized during the past year. They now have nineteen nurses' scholarships, making a total of seventeen hundred and fifty dollars in scholarships. Washington also won second place in national Hygeia subscriptions. Our convention reporter found all of the business meetings and social functions very well attended. The new state president is Mrs. Raymond Zech of Seattle with our own Kay Wright as first vice president. In-

OFFICERS FOR 1949-1950

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identally, there's a state Auxiliary newspaper called "New Med News" which is edited by Mrs. Hunter McKay of Seattle. This was all of the talk during the convention, so if any of you are interested in securing a copy or subscribing for same you might call Kay Wright—she has all of the dope.

We've decided golfing is a pretty lucrative sport after viewing the lovely silver bonbon dish that Marcy Peterson won in the convention tournament. Dottie Reed also won a silver dish and Joan Anderson won a lovely silver coffee server. Kay Anderson, Irene Allison and Kay Willard enjoyed the game! Golf, however, wasn't the only sport that proved to be profitable—Jeannie Schwind took the silver at the Salmon Derby. She won a twenty-four inch silver tray and a gold fish trophy (not a goldfish, but a Gold Fish Trophy) . . . made the same mistake myself. We might add that Jeannie had to be at the boat house at 3:30 a. m. to participate in this event.

That just about takes care of the convention for another year. Don't forget our first meeting at 1 p. m. on Friday, October 11th at Maxine Rosenblatt's home, 3 Rosemont Way. Also don't forget to send your dues (\$5.00) to Mrs. John W. Gullikson, treasurer, Tacoma Country Club. We now have eighty-five paid up members. Kay Wright says, "Let's make it one hundred percent!"—How about it? May we suggest, if you haven't already done so, that you read Mary Bard's book "The Doctor Wears Three Faces"—she's to be our guest at the November meeting.

INTER NOS

Patricia James got her wish . . . she had a baby girl in St. Joe's last week. The baby's name, we understand, is Berenice Jean. Congratulations, Pat!

* * *

If we had a vote in the "Mother of the Year" contest we'd cast our vote for Charlotte Larkin.

(Continued on Page 14)



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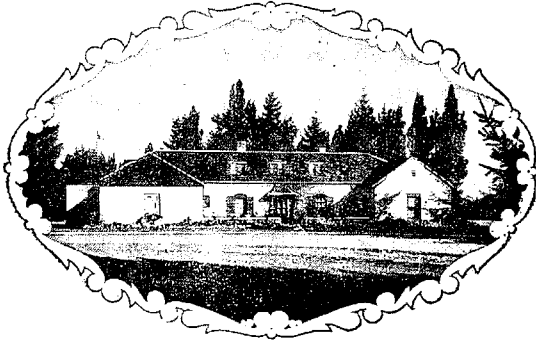


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Worthwhile Medical Economics at Grand Rapids, Mich.

The series of discussions covering various phases of Medical Economics, such as: Choice of Location to Practice, Initial Financing of a Practice, How to Establish Proper Fees, Setting up of Office Book-keeping System, Collection of Accounts, Estate Planning, etc., will be given again this year for Residents, Interns and Staff members of the Blodgett, Butterworth and St. Mary's Hospitals at 12:30.

The discussions will be held twice monthly, starting in October and ending the second week of June. It is planned that a picnic will again be held the latter part of June for all of those participating.

The subjects will be handled by competent Attorneys, Accountants, Physicians, Estate Planners, Insurance Men, and Associates of Professional Management and are as follows:

- Choice of Location to Start Practicing
 - Setting Up of Private Practice.
 - Purchase of Equipment.
 - How to Establish Proper Fees.
 - Types of Necessary Insurance
 - (a) Liability
 - (b) Casualty
 - (c) Malpractice.
 - Estate Planning.
 - Taxes as They Relate to the Medical Man's Income and Estate.
 - Disability Income Coverage.
 - Ethics With Your Colleagues.
 - Initial Financing of a Private Practice.
 - Conduct in Professional Testimony.
 - Your Responsibility to Insurance Companies.
 - (a) Filling out Insurance Forms.
 - (b) As Examiners.
 - Malpractice.
 - Setting up of Office Books
 - (a) Accounts Receivable
 - (b) Methods of Collection.
 - Practice as—
 - (a) Partnerships
 - (b) Associateships
 - (c) Clinic Practice
 - (d) Private Practice
 - Your Public Relations.
 - Annual Picnic.
- It is hoped that all Residents and Interns will avail themselves of the opportunity to attend these discussion groups as there will be much to be learned from the experiences of men who have preceded you in the medical profession and business world. The series of discussions presented this past spring were popular and well attended. We are confident the topics and speakers under consideration for this coming year will prove to be interesting and valuable to you.

Grand Rapids Bulletin.

Applications For Membership

John R. Cranor, Jr., Johns Hopkins University School of Medicine, 1941; formerly staff member at Lahey Clinic, Boston and Veterans' Administration Hospital, Topeka, Kansas. Applying through transfer from the Providence Medical Association and the Rhode Island Medical Society.

Ernest E. Banfield, University of Oregon Medical School, 1943; formerly assistant in plastic surgery University of Maryland Medical School, Baltimore. Applying through transfer from the Baltimore City Medical Society.

Myron Kass, Louisiana State University School of Medicine, 1944; formerly on staff of Veterans' Hospital, Palo Alto, California, Langley Porter Clinic, University of California School of Medicine and Touou Infirmary, New Orleans; also served in the U. S. Navy.

Charles M. Gable, University of Tennessee College of Medicine, 1941; formerly on staff of the Veterans' Administration Office, Seattle and United States Naval Reserve, DeQueen, Arkansas. Now on staff at Western State Hospital.

Medical Care on The Hill

In the July issue of Medical Economics under the title of "Sees Medical Pampering on Capital Hill," is an article quoting Drew Pearson as suggesting our Congressmen were accepting state medicine while in Washington. They and their staffs are treated by government paid Dr. George W. Calver, who has been giving such official service for the past twenty-one years. The article also states that the doctor's office handles approximately 60,000 patients each year. This means an average of 5,000 a month, twelve months of each year. Working Sundays and an eight hour day his daily average would be about 200. That speeds him up to twenty-five per hour, or two minutes and thirty seconds per patient.

Dr. Calver is only 62 years old and is a captain in the United States Navy, which facts should be considered before drawing a hasty or unfair conclusion. We have consulted several medics who saw service in the last war, and they are unanimous in two opinions. First, such performance indicates more speed and endurance than any medical officer they ever saw in action in either the Army or the Navy, and second, there is no such, Drew Pearson to the contrary notwithstanding.

Pathologist—The medical scientist who has the upper hand. The fruits of his toil are in the past tense. When armed with an indisputable microscopic section of the corpus delicti he can make the rest of us squirm. His favorite means of torture is the clinical pathological conference where with high hopes we all assemble to bat it out. With his last-minute revelations we sink out of the room with deflated egos because of our failures in scientific deduction and logical reasoning causing us to overlook the obvious and correct diagnosis for an abstruse and wrong one. Mercifully for us, the treatment for the patient would usually have been the same!

Hospitals are places to which doctors were once encouraged to take their patients, but now are urged to avoid doing so unless the patient can wait on himself.

DOCTOR, you are cordially invited to inspect our completely new and modern Sanitarium, conveniently located at Sixth Avenue and Anderson, Tacoma, Washington. The Technical Staff at Griffith Sanitarium has been engaged exclusively in the treatment of alcoholism, using the Conditioned Reflex method for many years. Where indicated a program of rehabilitation is followed after completion of hospital treatment. Hospital personnel trained in this important work help the patient with any problems that have developed in his employment or in the home. It is our wish and desire that the family Doctor call on our staff for escort service, or to assist him in any way in bringing the patient to the Hospital for treatment.

J. Robert Brooke, M. D. - - - Medical Director
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The Hospitals . . .

WASHINGTON MINOR

Among the recent visitors to our Hospital and also a former employee, was Miss Jean Connelly from Provident Hospital, Anchorage, Alaska. In her honor a picnic was planned and held at the home of Mrs. Louise Anderson of Lake Louise. An afternoon and evening of swimming and boating was enjoyed by the hospital staff. There was plenty of good food on hand.

Mrs. Helen Banfield, surgery nurse, formerly of Baltimore, Maryland, is a recent addition to the surgery staff of the Washington Minor Hospital. She is a graduate of Union Memorial Hospital, of Baltimore, class of 1945.

Dr. and Mrs. Button have completed their around the world trip and at the present time are visiting relatives on the east coast. Dr. and Mrs. Button are slowly wending their way westward and expect to be in San Francisco by October 1, and then back to Tacoma before the Christmas holidays.

ST. JOSEPH'S

It is with a great deal of pleasure that we introduce to you our resident doctors, internes and families for the ensuing year:

Pathology resident, Dr. Rankin Leonard Carefoot of the University of Toronto and charming wife, Beverly Joan Carefoot.

Interne, Dr. Joseph Merle Ribar of the University of Oregon Medical School and Mrs. Dorothy Ribar, both local Tacoma people who like Tacoma so well they are interning here in deference to our excellent year 'round climate.

Interne, Dr. Dulce Marie Perez of the University of Cuba, a long way from home and striving valiantly to become Americanized.

Due to a shortage of internes this year it has been necessary to request the staff doctors to send in a history and physical record with the patient when requesting admission to the hospital except in the case of true emergencies when it is requested that the records be put on the charts in twenty-four hours after admission. History and physical record sheets are available for the Staff Doctors at the admitting desk twenty-four hours a day.

The St. Josephs' Hospital Staff Meeting was held September 19, 1949, and consisted of a symposium on recent advances in Obstetrical Anesthesia and Analgesia with case reports to illustrate; as given by Doctor Schultz who reported on nine hundred cases of low spinal anesthetics that he now has in his series; Dr. Fay Nace on Perineal and Pudendal nerve block; Dr. Scott Jones on Demerol Scopalamine combined with various inhalation anesthetics; Dr. Hartsuck, head of the Anesthetic Department at St. Joseph's Hospital with a general discussion of the above techniques and a statement that the anaesthesia department was now ready to give any form of O.B. anesthetic requested

by the attending doctor except the Dick Reed method. Dr. Hartsuck observed this being used at New Haven but does not feel that this falls in the anesthetic department but in the hands of the obstetrician. Following the papers and discussion a film was shown on the use of Sodium Pentothal in Obstetrical Anesthesia. The film was presented by courtesy of the Abbott Laboratories.

The new state law regarding fee-splitting, etc., as it affects the hospitals was a major subject of discussion at the meeting of the Board of Governors and steps are being taken with the aid of legal council to comply with the law. These changes will be presented to the general staff at the next Staff meeting for discussion and approval.

Dr. Larkin's wife no sooner got home from St. Joseph's Hospital after having a new baby, Hugh Larkin, than it was necessary to bring son, Thomas Peter, in for surgery but we are glad to report that all are recovering nicely.

Dr. and Mrs. F. H. James took their new daughter, Bonita Jean James, home from St. Joseph's last Sunday.

Dr. Will Mc Nerthney has been a recent hospital patient and his many friends on the staff are glad to hear that he is improving.

Dr. S. L. Blair was also a hospital patient for a short time this month.

Dr. Rademaker's son, Charles, was in Pediatrics for a short stay.

TACOMA GENERAL

A meeting of the Tacoma General Hospital Medical Staff was held in Jackson Hall on Tuesday, September 6th. The matter of history-taking by interns was discussed. It was suggested that the attending physician contact the intern and stimulate interest in the case, so that history writing might be facilitated. Routine histories are the responsibility of the attending physicians. The medical aspect of the meeting was opened by Dr. Joers and reports by Drs. Bowen and Huff were presented.

Twenty-two students of the Tacoma General Hospital School of Nursing received their diplomas at Commencement Exercises held at the First Methodist Church on September 16th. First award for scholarship went to Miss Thelma Wood, of Wichita, Kansas. Miss Wood served as a Wave, working in a Naval hospital during the war. She is now employed as a Delivery Room nurse at Tacoma General. Miss Florence Hauge of Tacoma, a graduate of Pacific Lutheran College, won the second award. Before entering our school of nursing she was a teacher in the Tacoma Public Schools.

There are fifty-two members in the pre-clinical class. They entered the school of nursing on September 12th. Also among the newcomers are three transfer students—a junior and two seniors.

(Continued on Page 14)

Dr. William P. Hauser, an intern at Tacoma General Hospital in 1944, has recently returned to Tacoma and has an office in the Medical Center with Dr. Joseph Hansen and Dr. Robert Bond. Dr. Hauser comes to us from Dayton, Ohio, where he was specializing in internal medicine.

Miss Robertson, Acting Director of Nursing Service, is returning to work on October 3, after several weeks of illness.

Mrs. Schluss, Mrs. Peterson and Miss Fousberg spent a week in Seattle attending classes at the Diabetic Clinic at the Virginia Mason Hospital. They are interested in setting up a definite program of instruction for the diabetic patients with regular classes for out-patients as well as house patients.

WOMAN'S AUXILIARY

(Continued from Page 9)

Charlotte, a charming person, who can look as smart in a housedress as any glamour girl in an Adrian, just had baby No. 6. That's right—Hugh Anthony, Jr., born about two weeks ago, makes two girls and four boys for the Larkins.

Pearle Baskin is temporarily a "New Yorker" while Dr. Baskin attends a course in Orthopedic Surgery at Columbia University. First news we had of Pearle was from Miami, Florida, where Dr. Baskin planned to take his work at Tulane, but the heat was so terrific that they moved north . . . they are too used to Puget Sound weather.

Recent medical visitors to Tacoma were Dr. and Mrs. G. F. Dillon (Billie Dillon) who are now living in Big Springs, Texas, where Dr. Dillon is connected with the Mallon & Hogan Clinic. Also Dr. and Mrs. Hadfield (Dale and Jo). The Hadfields are living in Elko, Nevada, where he is doing general practice. Dr. Hadfield interned at Tacoma General.

Here are a few vacation briefs . . .

The Louis P. Hoyers spent their vacation relaxing on the sunny beaches of the Atlantic . . . specifically at Stone Harbor, New Jersey, the summer home of Dr. Hoyer's parents. Gypsy came back with a lush looking tan. The kiddies, Mary Elizabeth and Peter, enjoyed every minute of their trip—even the airplane ride. Gypsy spent some time with friends and relatives in Montreal and Saranac Lake. She also spent some time after their return home helping father build an eight-foot swimming pool for the youngsters. It's a professional-looking job too!

The Ray Bennetts spent their vacation motoring to some of the nation's loveliest spots—Yosemite National Park, Reno, Lake Tahoe and San Francisco.

Sylvan Campbell was hostess on the Campbell cruiser to Dr. and Mrs. G. F. Dillon during a several weeks' cruise through British Columbia

waters. They made stops at several islands including Ladysmith, Nanaimo and Victoria. Beautiful weather prevailed during the entire voyage. Sylvan, incidentally, is not only nautical, but she flies too, being the proud holder of a private pilot's license.

A twentieth class reunion at Dr. Gearing's Alma Mater in Iowa City was one thing that took the Goerings back to Iowa this past spring. Also a visit with Clara's mother in Ottumwa, Iowa. Tony, 8, and Susan, 6, thoroughly enjoyed their long auto ride. Clara and family drove back via the Black Hills.

Lorraine Kunz tried her luck as a fisherman during their vacation at Neah Bay. The Kunzs made two fishing trips on a commercial fishing boat at Neah Bay—the first time alone, when Lorraine was so seasick she didn't care—and the second time with the Louis P. Hoyers, when someone else became seasick, but we're pledged to secrecy. Anyway they caught a lot of fish.

This was the summer for family travels . . . the Edward R. Andersons with Edward, Jr., and little Jane Elizabeth traveled back to Minneapolis and Chicago via the Northern Pacific. Kay said it wasn't bad at all with the junior travelers.

The Wendell Petersons attended a family reunion and wedding in southern California during the summer, driving back through some of scenic spots that California is noted for.

Lorry Norton is one gal we know that says she enjoyed a medical banquet, including speeches 'n everything. This was during the recent Northwest Pediatricians' Convention at the Vancouver Hotel in Vancouver . . . the food and speeches were tastefully served. Dr. and Mrs. David Hellyer and Dr. and Mrs. Charles Kemp also attended the convention.

The Vadheim family spent an energetic week at Shore Lodge near McCall, Idaho, water skiing. Young Jimmy and Gretchen can vouch for their mother and father—they are quite accomplished at the sport. Shore Lodge is on Payette Lake—the location used for the movie "Northwest Passage." A rest was needed after all of the strenuous exercise so they motored to Lake Louise and Banff for a more leisurely week.

The Sunny M Ranch in eastern Washington must be just what the Don Willards want in a vacation spot—this is their third year to vacation there. Many others seem to have the same idea about it.

Florence Duerfeldt tok a brief respite from her very busy life and with her family spent several days cruising near Hoods Canal.

Dr. and Mrs. G. R. Kunz have just returned from a three-week trip, which included Minneapolis, North Dakota, Lake Louise and Banff.

(Continued on Page 15)

WOMAN'S AUXILIARY

(Continued from Page 14)

Now for some anticipated trips . . .

Florence Gullikson is preparing for a visit to Minnesota where she and Dr. Gullikson will participate in the celebration of the forty-ninth wedding anniversary of Florence's mother and father. Also the eighty-third birthday anniversary of Dr. Gullikson's mother. Dr. Gullikson will also attend the American College of Surgeons' Convention in Chicago. Florence doesn't have to worry about baby-sitters for both of her boys are at Washington State College. John S. is a senior pre-med . . . and Thomas Lewis is a freshman and plans to major in journalism and radio. They are both Theta Chi's.

Dr. and Mrs. Sidney MacLean, along with Dr. and Mrs. W. B. Penney are leaving soon for New York. Dr. and Mrs. MacLean will spend a leisurely trip back, touring down the eastern coast.

Dr. and Mrs. John Robson are spending some time in Rochester, Minnesota, where Dr. Robson will visit the Mayo Clinic. They plan to drive back via the Santa Fe and Grand Canyon.

Jean Judd is going to be another medical convention vacationer . . . she and Dr. Judd will leave soon for San Francisco where Dr. Judd will attend a Heart Convention. High points on their trip will include attending the heavyweight boxing match, which Joe Louis will referee and watching the Dons, San Francisco professional team, in action.

Well, that's all we know for now except that Russia has an atom bomb and Britain has devaluated the pound sterling.

Out-Hoover's the Hoover Report

What is intended to be the *most comprehensive survey* of medical and hospital care *ever conducted* in this country has been quietly launched by the Brookings Institution within the past two weeks. Brookings is the most widely accepted *impartial*, professional fact-finding organization in the land. Hired in 1947 by the pro-compulsory U. S. Senate Health Committee, they embarrassed their employers with a 271-page document to support the arguments *against* compulsion! This new study will take two years; will out-Hoover the Hoover report with 50 per cent of the study text composed of specific recommendations on how to improve what we have—not destroy it!

Santa Clara County Medical Bulletin.

WORLD'S NEED FOR DOCTORS

The major part of the world's population needs nearly twelve times more doctors than are available, according to the World Health Organization.

"What we have inherited we must earn in order to possess, for he alone deserves freedom who daily conquers it anew."
Goethe.

The Pierce County Academy of General Practice

The Pierce County Academy of General Practice resumed its regular meetings after the summer months on September 27, 1949, at 8:15 p. m. in the Medical Arts Auditorium at which Doctor Ernest E. Bamfield spoke on the Treatment of Burns and Skin Grafting.

The Pierce County Academy of General Practice, organized in the fall of 1948 has completed a most successful and profitable year and programs for the coming season are certain to be of great interest. This organization has for its purpose the promotion and maintenance of high standards of general practice of medicine and surgery, the encouragement and assistance of young men and women in preparing and establishing themselves in general practice, the promotion of postgraduate training programs for general practitioners and the advancement of science and of public and private health. Its membership is open to all men doing general practice; however, the meetings which are held bimonthly are of scientific interest and members of the various specialties are welcome and urged to attend.

In the past year many such scientific meetings were held at which problems in diagnosis and therapy of special interest to the general practitioner were discussed and at which various specialists gave stimulating papers. A social meeting was held in May at which the members and their wives enjoyed dinner and dancing.

In addition, a weekly breakfast seminar held on Friday morning at the New Yorker Cafe at 7:15 has been an additional interesting feature with presentation of interesting cases, reviews of current literature and short papers presented by specialists in each field. The breakfast club meetings will be resumed on October 7, 1949, and here again all physicians whether they be general practitioners or not are cordially invited to attend.

Information relative to membership in the Pierce County Academy can be obtained from any of the officers who, for the ensuing year will be Drs. Hillis Grilbin, President; Herman Judd, President-elect; Paul Bondo, Secretary-treasurer; C. G. Trimble, Fred Schwind, Joseph Hansen and Hillis Grilbin, trustees.

PREMATURE

Young Bride: "That baby tonic you advertised—," she began, "does it really make babies bigger and stronger?"

Druggist: "We sell lots of it, and we've never had a complaint."

"Well, I'll take a bottle."

In five minutes she was back. "I forgot to ask about this baby tonic, who takes it—me or my husband?"

HE CALLED A GARAGE

"My car's out of gas. What'l I do now?"

"How should I know? I've never been out with you before."

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SURGERY IN THE AMA

(Reprinted from *New York Herald Tribune*,
June 8, 1949)

The trustees of the American Medical Association have decided, apparently, that surgery was in order.

By a sudden and somewhat drastic operation, they have removed Dr. Morris Fishbein, editor of the AMA Journal for thirty-seven years, as the organization's spokesman. The editor will henceforth make no speeches, give no interviews, on any but scientific matters. Editorials on controversial subjects must be approved by the executive committee, and Doctor Fishbein's own column will appear no more. Doctor Fishbein is now limited to training his successor, pending his own retirement.

The trustees' operation is sound—if, that is, the surgery was clean-cut, eliminating reactionary policies as well as the external manifestation thereof. Doctor Fishbein was not an asset. His leadership has set the medical profession back many years. Generations of doctors nurtured on his assured and sharp strictures were ill-conditioned to entertain ideas about adapting medical practice to changes in both the medical and social order. Consequently the growing popular demand of the last few years for better distribution of medical care found the doctors' top organization with no program and virtually no ideas with which to respond. It has so long set its face against change that concessions to such logical developments as medical cooperatives and voluntary prepayment plans came only when forced by public opinion or by court decision. The warnings of the enlightened men of the profession on these matters got little heed from Doctor Fishbein's Journal.

The imminent possibility of national compulsory health insurance has now jarred most doctors from complacency. They believe government medicine will endanger the advance of medical science and research, undermine high standards of medical care. Yet, even with the issue joined, it has taken time to convince the rank and file that the Fishbein methods—negative opposition and vituperative propaganda—were ill suited to combat the lure of government paternalism. Most accepted the \$25 assessment levied to exploit those methods, but skepticism as to their efficacy spread until even Doctor Fishbein was constrained to support at least a *pro forma* health-improvement program sponsored by doctors.

The dramatic muzzling of Doctor Fishbein leads the public to expect changes in the reactionary policies he epitomized. And we believe that is the correct interpretation of the trustees' action. For if, as some doctors are charging, Doctor Fishbein is merely a scapegoat sacrificed to counter criticism while the policies which merited criticism remain unchanged, the public's disillusion might well do more harm to the doctors' cause than could Doctor Fishbein.

**BIRTHDAY GREETINGS
TO OUR OCTOBER BABIES**

	October
Helen Price Smith	2
L. S. Baskin	3
M. R. Hosie	3
E. R. Anderson	4
S. R. Sleep	4
A. J. Herrmann	4
J. R. Brooke	5
G. C. Cole	5
D. M. Dayton	6
A. C. Leslie	6
W. D. Read	6
R. I. Rich	7
J. W. Read	9
A. G. Nace	9
D. M. Nevitt	10
W. B. Penney	13
F. H. James	14
R. G. Bond	14
W. H. Ludwig	16
M. L. Johnson	16
C. B. Ritchie	17
D. T. Hellyer	19
D. S. Staatz	20
R. A. Morse	21
H. A. Anderson	23
C. M. McGill	25

Sound Sleep Cometh of Moderate Eating

Eat, as it becometh a man, those things which are set before thee; and devour not, lest thou be hated.

Leave off first for manners' sake; and be not unsatiable, lest thou offend.

When thou sittest among many, reach not thine hand first of all.

A very little is sufficient for a man well nurtured, and he fetcheth not his wind short upon his bed.

Sound sleep cometh of moderate eating; he riseth early, and his wits are with him; but the pain of watching, and choler, and pangs of the belly, are with an unsatiable man.

And if thou hast been forced to eat, arise, go forth, vomit, and thou shall have rest. Eccles xxxi. 16-21.

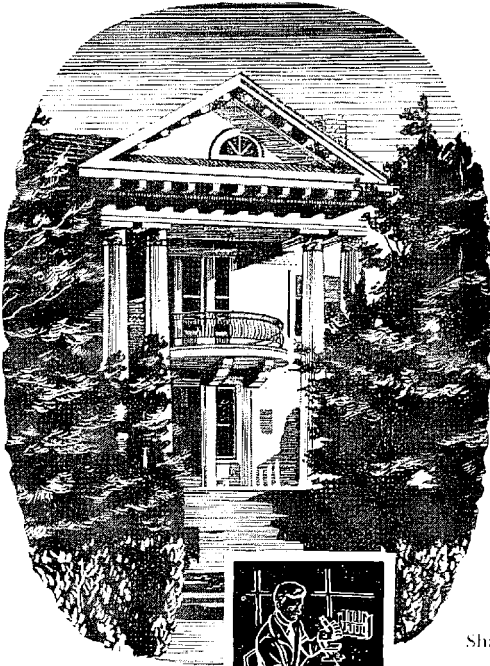
Submitted by Leo H. Pollock, M. M., Jackson County Medical Bulletin.

"I want to get some grapes for my sick husband. Do you know if any poison has been sprayed on them?"

"No, ma'am. You'll have to get that at the druggist's."

"What is executive ability, Father?" asked the serious lad.

"Executive ability, my boy, is the art of getting the credit for all the hard work that somebody else does."



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On Toying With the Press

"In the life of every successful physician there comes the temptation to toy with the Delilah of the press—daily and otherwise. There are times when she may be courted with satisfaction, but beware! sooner or later she is sure to play the harlot, and has left many a man shorn of his strength, viz., the confidence of his professional brethren. Not altogether with justice have some notable members of our profession labored under the accusation of pandering too much to the public. When a man reaches the climacteric, and has long passed beyond the professional stage of his reputation, we who are still 'in the ring' must exercise a good deal of charity, and discount largely the on dits which indiscreet friends circulate. It cannot be denied that in dealings with the public just a little touch of humbug is immensely effective, but it is not necessary. In a large city there were three eminent consultants of world-wide reputation; one was said to be a good physician but no humbug, the second was no physician but a great humbug, the third was a great physician and a great humbug. The first achieved the greatest success, professional and social, possibly not financial."

William Osler.

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Contracts Between Doctors

During the past few months there have been a number of cases of misunderstanding and bitter disputes between physicians on broken leases, *locum tenens*, partnerships, office-sharing agreements, and the like. Some are ending in the courts. In nearly every case, both parties to the agreement are fair, honest, ethical physicians who have earned the respect of their colleagues, and deserve the respect of each other.

It is significant that in none of the cases that have come to the attention of the ACMA Headquarters has there been a written agreement.

It is not evidence of suspicion or distrust to request that any proposed business arrangement, between physicians, as between business men, be reduced to writing. On the contrary, it is the best evidence of good faith to volunteer to confirm by contract all of the conditions of a desired business or professional association or relationship. The Code of Ethics of the AMA are in writing. The rules of conduct governing a particular relationship between physicians should also be in writing. They should be fully and completely detailed, so that it is clearly understood not only how the relationship shall be conducted for the period of its duration, but also the manner and conditions under which it may be terminated, fairly, without misunderstanding, and, therefore, without anger and without action through the courts.

This writer would recommend consultation with an attorney on such matters. Like the medical profession, the greatest values the legal profession has to offer are in its preventive work. Lawyers can do a great deal (and do) to prevent broken relations and misunderstandings between doctors, because lawyers are trained to anticipate and prevent the causes of misunderstanding by bringing every possible eventuality into the clear, exact, understandable language of a contract. The best time to settle a dispute is prior to the consummation of the relationship, not after it is broken.

It is recommended that written agreements, written contracts and legal advice in all business relations of consequence between physicians be the rule rather than the exception. It is accepted practice with many; it should be with all.

The Bulletin of the Alameda
County Medical Association.

A Message to the Medical Profession

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

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I Think So, Too

When Calvin Coolidge was President his wife had a portrait painted of him as a surprise. When it was finished she had it hung in his study. The President was studying it when a senator entered. Coolidge indicated the portrait and the senator gazed at it too. Neither said a word for 15 minutes. Then Coolidge said: "I think so, too."

A young hill-billy bought his first ice cream cone, walked outside to eat it, then carried the empty cone back to the soda fountain. Handing it to the soda jerk, he said, "Much obliged for the use of the vase."

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"Science has become the victim of its technologists."

"Hiroshima was as far from the intention of the pure scientist as the Inquisition was from the Sermon on the Mount."

"If his civilization is to continue, modern man must direct the material power of his science by the spiritual truths of his God."

"Our atomic bombs return from Japan to haunt us, and in our science we foresee our doom."

"The tragedy of scientific man is that he has found no way to guide his own discoveries to a constructive end."

"We cannot escape the fact that our civilization was built, and still depends, upon the quality rather than the equality of men."

"The quality of a civilization depends on a balance of body, mind, and spirit in its people, measured on a scale less human than divine."

From "Of Flight and Life" by Charles Lindbergh, Charles Scribner's Sons, 1948.

A Hospital Elevator is a lift that lets you down. It's always going the wrong way. An automatic elevator does this without human assistance. The operator is usually a little fellow in a white coat, surreptitiously smoking a cigarette.

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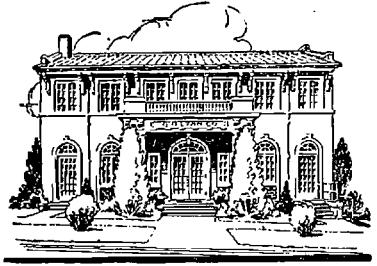
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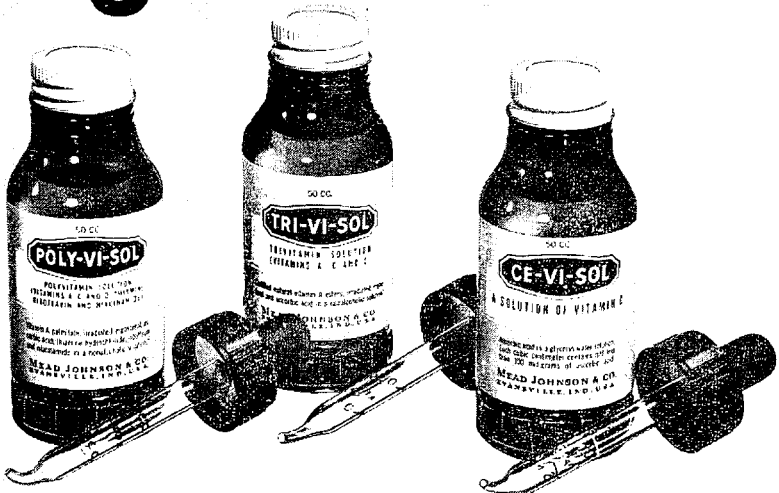


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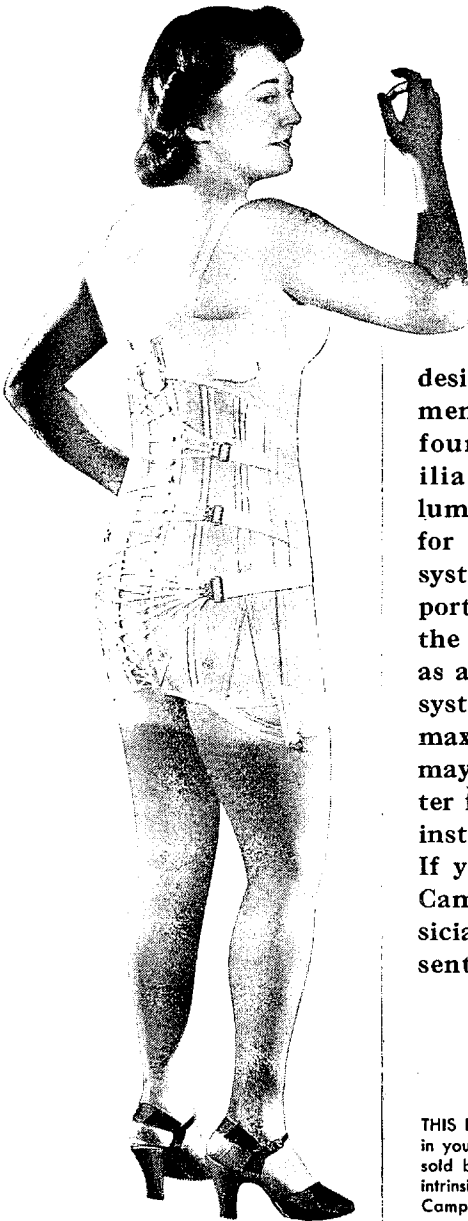
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Literature on request

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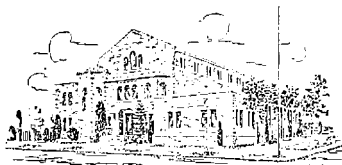
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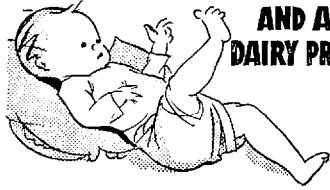
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

Vol. XIX—No. 3

TACOMA, WASHINGTON

NOVEMBER, 1948



Pierce County Medical Society

1948-1949

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Programs

Medical Arts Auditorium

8:15 p. m.

November 9, 1948

The Modern Concept of Treatment in Acute and Chronic Liver Disease

Daniel H. Labby, M. D.

University of Oregon Medical School

* * *

Biography

M. D., University Oregon Medical School,
1939.

Internship Johns Hopkins Hospital, 1939-
1940.

Fellow in Medicine (Syphilis) The New
York Hospital, 1940-1941.

U. S. Army, 1941-1943.

Assistant resident and resident in Medi-
cine, The New York Hospital and
Cornell Medical Center, 1943-1945.

Instructor in Medicine Cornell University
Medical College, 1944-1945.

Assistant The Rockefeller Institute Medical
Research and assistant physician The
Hospital of The Rockefeller Institute,
1945-1947.

Acting Chief, Department of Metabolism
The Rockefeller Institute, 1946-1947.

Head of the Liver Clinic, The New York
Hospital, 1945-1947.

Department of Medicine University Ore-
gon Medical School at present.

The President's Page . . .

There is pressure both from within and without the profession for physicians to use whatever means are available to assure patients that care they are receiving is of high quality. Through their largest national organization, the A. M. A., the physicians have made many efforts to implement this objective. The American College of Surgeons and other national societies have performed some parallel and supplementary services. The specialty boards have endeavored to examine and certify as to the qualifications of individual practitioners. The various states contribute something in the way of selection with their examination and licensing of physicians.

It is doubtful that all of the above can operate efficiently at the physician-patient level to furnish very much assurance to the patient regarding quality of medical care.

The qualifications of no two physicians are identical. By and large, medical men conscientiously apply knowledge of their own ability daily, charges by lay press to the contrary notwithstanding. However, we in the profession do realize that even rare exceptions pose a problem. Furthermore, only physicians can legitimately pass judgment as to the quality of medical care. Thus we propose to examine the mechanics by which such a function of the medical profession at large can be reasonably implemented.

In order to pursue this theme further, certain stipulations will be made. Anyone disagreeing with the stipulations may easily disapprove of any conclusions drawn. The writer assumes responsibility for both and anticipates some lack of general acceptance.

We shall first of all generalize by stating that no physician should be restrained from performing any services that he is competent to render. Secondly, as members of the medical profession, we should promote any effective means available to restrain a physician from attempting to perform services when he is not competent. In the third place, we shall stipulate that in all fairness to individual physicians and patients, this can only be done within the community.

No mechanism is needed to implement the first point. Coercive restraint is required for the second. If coercive restraint is to be applied, some variety of inspection of medical care as performed by individuals is necessary in order to arrive at just conclusions.

We care for patients in three places: office, home and hospital. Only in the hospital can a physician's services be inspected. We can give little credence to the wild tales that patients can relate of what their doctor told them in the office. In the hospital, the quality of medical care can be evaluated because it can be inspected. Also, in the hospital, coercive restraint can be applied.

Before drawing conclusions, some pitfalls should be enumerated. Because it has occurred in other communities, pitfall number one will be mentioned. That is: Certain physicians should not be restrained solely to increase the economic advantage of others. Another pitfall is the placing of too much faith in national evaluation of a physician's special talents. A certificate of proficiency issued by one of the American Boards is excellent presumptive evidence of knowledge and ability at the time it is awarded. Its reliability decreases with age. The non-ownership of one of these certificates does not guarantee universal incompetence. Only in the community can the excellence of an individual's efforts be continuously evaluated.

In conclusion, it is believed that the profession should continuously evaluate the services of their peers through the mechanism of hospital staffs and encourage such restraints as are indicated in the public interest.

HOMER W. HUMISTON.



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Editorially Speaking . . .

During the present days no one should be classed as mentally below par when he admits that he does not appreciate the significance of many current events. Neither is it an expression of weakness to ask for and in large measure to depend on the leadership of others. The present national election is our democratic example of asking for and choosing such leadership, and we should not be discouraged because too often we pull down voting booth levers and register a choice, based usually on insufficient information and too often with entire ignorance of candidate or measure. Because these "by guess and by gosh" decisions are so general, we can all be thankful that proposals regarding medical economics are not left to the decision of a popular vote.

During the past twenty years there have been recurring threats of "government medicine," because of which there has developed a great increase in interest and activity by the entire medical profession to develop satisfactory types of prepaid medical care. To care for a combined membership of many millions the local medical care plans have wide variations in structure and methods of operation. As we go to press there is a most important conference taking place at French Lick Springs, Indiana. General Hawley is the chief spokesman of the proposed merger of Blue Cross and Blue Shield plans into a National Health Service Corporation. As the name implies, this would create a nation-wide organization providing prepaid medical and hospital care. The proponents of the plan insist that such an organization is necessary right now to meet labor's demands and to prevent government medicine, while a directly opposite view is held by a majority of county and state medical bureaus. There are many angles to the controversy but the conclusion is inescapable that national lay control of medical care is on the march.

Oregon is being plagued by a Federal suit charging the State Medical Society, Medical Bureau and various county societies and individual doctors with illegal restraint of trade and medical care monopoly. We understand similar action will soon be taken in California. Both Oregon and California have shown a high degree of progressive medical care activity which should be substantially appreciated by our Washington State Society.

The above are but two examples of the functioning of our medical leaders and whether the field be nationwide, state or county we should look to those leaders for guidance and give them our honest support.

LEWIS HOPKINS

Notes From the State Meeting

Dr. Ross Wright was elected delegate to the American Medical Association. He joins Dr. R. L. Zech of Seattle and Dr. D. G. Corbett of Spokane. The added delegate was made possible because the total membership now exceeds 2,000—one delegate per one thousand being permitted.

Dr. H. E. Nichols was installed as president of the State Association and Dr. D. G. Corbett of Spokane was named president-elect.

Dr. B. D. Harrington was re-elected to the board of trustees as a representative of the Western District.

An amendment by Dr. A. O. Adams of Spokane, permitting six trustees at large was introduced before the house of delegates and passed. The six new trustees were voted upon and will serve for a period of one year.

Dr. Roscoe L. Sensenich, president of the American Medical Association, was a guest speaker. This was the first time in the history of the State Association that the president of the American Medical Association was present at the annual meeting.

Other guest speakers were Dr. John Rock of Boston, resident fellow in obstetrics at Harvard Medical School, and Dr. John W. Gline of San Francisco, clinical professor of Stanford University Medical School and former president of the California Medical Association.

Army Medical Personnel

That the Medical Department of the Army is currently greatly agitated over its lack of medical personnel under the Selective Service Act as approved this year by Congress is emphasized by the following from the New York Times of August 12: "In addition to the 3,900 young medical doctors, the Army needs 1,300 interns and resident physicians, or a total of 5,200 medical graduates. For the proper care of 1,360,000 troops, the Army Medical Department has set its sights at 6,900 doctors. It now has 3,000 including interns.

"There was no official announcement of the Army's determination to seek change in the Selective Service Law, but officials cognizant of the problems of young doctors, believed they should be on notice, however informally, of the inevitability of inducting large numbers of them." (End of quote—underlines ours.)

When it is remembered that the Selective Service Act of 1948 states, "No person shall be inducted until adequate provision shall have been made for medical care and hospital accommodations for such person," the great appeal to public opinion and the next Congress for a Draft law covering medical personnel becomes apparent.

The salaries of medical officers have been increased by \$1200 a year. Army interns receive \$380 a month for their year and are then Commissioned first lieutenants.



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PERSONALS . . .

Dr. David T. Hellyer has opened offices at 722 South K Street, Tacoma, for the practice of pediatrics, where he will be associated with Dr. Everett Nelson and Dr. Charles Kemp.

Dr. Hellyer was born in Kobe, Japan, his father being in the tea business in that country. He attended Yale University, graduating in 1936 and attended the University of Chicago School of Medicine. He interned at Harborview Hospital in Seattle, and after a year in the Navy in the South Pacific he returned to the University of Chicago Clinics where he served a two-year residency in the department of pediatrics.

Dr. Hellyer has a home on Chambers Creek which he designed and built himself and where he and his wife and three daughters are enjoying rural life.

Dr. Nelson, Dr. Kemp and Dr. Hellyer are not in partnership but are each practicing independently while enjoying the common facilities of the building on K Street.

* * *

Quite a few of the society members attended the State meeting in Seattle. Among those attending were Fargher, B. Brown, McGill, Murphy, Gullikson, Harrington, J. Mattson, Humiston, Rich, Yoder, Wright, Heaton, Moosey, Willard, Peterson, Magnussen and Schaeffer. Many of the hardy ones struggled through the rain on the golf course and Harrington, Yoder, Allison and Herrmann won trophies. Even "straight seven" Horace Anderson won some sort of a prize.

* * *

Dr. Hillis fell and sustained a bimalleolar fracture while playing golf. Superman that he is, he insisted on attending the banquet, complaining of a sprained ankle and limping slightly. The next day an x-ray revealed the fractures and now he sports a shining cast.

* * *

Campbell, Murphy and Rigos participated in the Salmon Derby at 4:00 o'clock Monday morning. Campbell and Rigos had a pleasant time bouncing around on the waves while Tom caught a salmon and second prize.

* * *

Non-scientific sessions Mattson and Murphy taught some of the Seattle crowd a few minor refinements in 4,5,6.

* * *

Dr. Kenneth Hitch spoke recently before the Pierce County Society for Mental Hygiene on the topic "Mental Health of the Brain-injured Child."

* * *

As far as we know the following men attended the American College of Surgeons meeting in Los Angeles: Doctors B. Brown, Vadheim, Willard and Wright.

* * *

At the display booths more doctors seemed to be interested in the Coca-Cola and Camel displays than in most of the others. Perhaps the free samples had something to do with this or maybe the quality of their merchandise is more easily

evaluated. Possibly some added their non-irritating endorsements.

* * *

Grenley is to be congratulated on another addition to his family—also Mrs. Grenley.

* * *

G. F. Dillon is now doing Urology with the Malone and Hogan Clinic-Hospital in Big Springs, Texas.

* * *

Dumont Staatz is well under way on his Residency in Orthopedic Surgery at the University of Michigan Hospital at Ann Arbor. The high standing of that institution guarantees a highly efficient D. Staatz when his two year stretch is finished.

* * *

Combining graduate study with service in the U. S. Navy and then making use of his G.I. help, along with some dollars from Dad plus a constant addition of hard work and application, Fay Nace is now prepared to begin work in his home town. Beginning in 1944 he had 15 months' work in O.B. and Gyn. under American Board Diplomate Supervision at U.S.N. hospital at Farragut and Hawaii, followed by six months at University of Maryland and four months at Hopkins. He then had short intensive courses at Columbia, Massachusetts General and University of Tennessee. Prior to his return to Tacoma he was Senior Resident in O.B. and Gyn. at the University of Nebraska Hospital at Omaha.

* * *

Drs. Leon and Max Thomas have finally succeeded in moving into their recently completed offices in the Medical Center. They had a long wait but are now happy.

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In Memoriam

J. ALLEN LOCKE, M. D.
 1886-1948

The passing of Doctor Locke was a shock to his many friends who have always seen him in apparent good health. His death occurred in a patient's home while making a professional call.

He was born in Ontario, Canada, and received his medical education at McGill University. During World War I he served in the Medical Corps of the Canadian Army and following his discharge he started his medical practice in Tacoma and shortly thereafter became a naturalized citizen.

For the past 30 years J. Allen has been a busy, useful physician, well remembered by a large number of friends and physician associates.

Minutes of Regular Meeting October 12, 1948

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on October 12, 1948, Dr. Homer Humiston presiding. Minutes of the previous meeting were read and approved.

Dr. Humiston gave a resume of the proceedings of the trustees' meeting preceding this regular meeting.

Dr. Humiston urged that all physicians reply to the Community Chest letter requesting contributions to that fund. He stated that to date only 62 replies had been received and mentioned that if we were unable to enclose a check with the reply to fill in a pledge card and mail it in so that the Chest would have a record as to who intended to give.

In the absence of Mr. Ralph Neill, executive secretary of the Washington State Medical Association, a general discussion of our legislative problems was given by Dr. Humiston, Dr. Ross Wright and Dr. Govnor Teats.

Dr. Arnold Herrmann introduced Dr. Madlyn Wuang, medical graduate from China, who is now interning at Tacoma General Hospital.

Dr. Humiston introduced Dr. J. L. Bollman, of the Mayo Clinic, who gave a talk on "Recent Studies of Liver Function."

Dr. Bollman stated that recent research had led them into three main fields of study. First, in an attempt to understand the fat metabolism of the liver it was found that a fatty liver could be produced by a choline-free diet, by removing the pancreas, by a diet deficient in proteins and by certain types of excess fat feeding.

He mentioned that with the finding of a phospholipid with a fat-soluble molecule on one end and a water-soluble molecule on the other, the chemist felt that he would have a good tool for investigating liver function and with the use of radioactive phosphorus he was able to trace the rate of formation of the phospholipids of the liver.

In the rat it was found that 5 per cent of the phospholipids were renewed every hour, that thyroxin tended to increase this rate and thiouracil tended to decrease it. It was found that in diets which tended to produce a fatty liver the rate of phospholipid remained the same. It was also found that in rats in which a partial hepatectomy had been done the rate was also the same. It was concluded that although the phospholipids were important they were not the sole determining factor of fat oxidation.

Dr. Bollman stated that in the second group of experiments the effect of a change in pressure in the portal veins was studied in dogs. These studies were carried out by gradual occlusion of the vena cava above and below the liver and by gradual occlusion of the portal vein. He stated that the normal portal vein pressure was approximately 10 cm of water, that in straining this could be

increased to 60 to 70 cm of water and with sudden occlusion of the portal vein this could be increased to 125 to 130 cm of water and unless released death would result in approximately 24 hours.

He stated that gradual occlusion of the vena cava below the liver gave no symptoms and the dog would live indefinitely but in a sudden occlusion of the vena cava above the liver the dog would die within a few minutes. If the occlusion of the vena cava above the liver was gradual collateral circulation would be developed but the dog would develop tremendous ascites, there would be congestion of the liver and fall in the plasma proteins and marked liver damage would be found. In both of these conditions of ligating above and below the liver the pressure in the portal veins remains the same.

Dr. Bollman stated that in all their experiments they were unable to produce esophageal varices.

In their experiments in which the portal vein was ligated and the vena cava and portal veins were anastomosed it was found that the pressure in the portal vein was reduced about 3 cm of water but the animals did not do well. They went down hill, developed liver atrophy, symptoms of intoxication and anemia and died within six months to two years. The cause of death has not been determined. However, in dogs in which the vena cava was ligated and an anastomosis was made to the portal vein below the ligation the dogs developed collateral circulation and remained perfectly normal and also in these dogs if after several weeks the portal vein was also ligated they remained normal due to the development of collateral circulation. It was found that if the vena cava was ligated below the anastomosis of the vena cava and portal vein the dogs would all die.

Dr. Bollman stated that the third group of studies concerned lymph flow. He said that by cannulating and draining off the liver lymph it was found that a 25 to 30 pound dog would produce about 25 cc of liver lymph per hour but that dogs in which cirrhosis of the liver had been produced by carbon tetrachloride poisoning lymph production was increased to 250 cc per hour. He felt that the fluids go through the liver faster to the lymphatics but do not get back to the blood vessels. There is no increase in the lymph from the rest of the portal area but only in the liver lymph.

He mentioned that the total protein in the blood plasma amounted to about 6%, whereas in the lymph this was about 5%. In cirrhotic dogs the total protein of the plasma is about 5% and the lymph about 4%. He said that intestinal lymph contained only about one fourth as much total protein as blood plasma, that muscle lymph contained only about one tenth of total protein as blood plasma, that the liver capillaries let through everything but the red blood cells, that in a study with rats a 200 gm. rat would produce about 200 cc. of thoracic duct lymph in approximately two weeks time and that if saline was given the rats

(Continued on Page Nine)

WOMAN'S AUXILIARY

To The Pierce County Medical Society

The November meeting will be held on Friday, November 12. There will be group luncheons at one o'clock.

The group interested in nurse recruiting will meet at the home of Mrs. William McNerthney. The luncheon hostess will be Mrs. J. Mattson.

The group studying mental health problems will meet at the home of Mrs. W. H. Goering. The luncheon hostess will be Mrs. E. P. Nelson and Mrs. T. Duerfeldt will conduct the program.

The Cancer Control group will have their meeting at the home of Mrs. G. C. Kohl. with Mrs. H. Judd as luncheon hostess and Mrs. Buis in charge of the program.

The group studying sex education will have their meeting at the home of Mrs. John Campbell, who will also have charge of the program.

There will be a very important board meeting on Tuesday, November 16, at 10:30 at Medical Arts Auditorium. Committee reports will be given and the year's plans made in accordance. Members as well as board are urged to attend.

At the October meeting, Mrs. Cunningham, the new state president of Auxiliary, outlined the plans for the coming year and Mrs. Schulte gave a most interesting talk on legislation. Keep informed by attending all meetings.

Attending the luncheon at the Sunset Club during the state convention were Mrs. S. Herrmann, Mrs. G. Delaney, Mrs. C. G. Trimble, Mrs. J. W. Gullikson, Mrs. R. C. Schaeffer, Mrs. S. S. Jones, Mrs. J. B. Robertson and Mrs. R. D. Wright.

Have you donated your half day at the Blood Bank? Volunteer workers for September were Mrs. G. Vandenberg, Mrs. Max Thomas, Mrs. F. Schwind, Mrs. S. F. Herrmann twice and Mrs. Edward Wolf three times.

Charles Lee is the name of the new son in the Haskell Maier household.

Dr. and Mrs. Ehrlich and daughters Joyce and Joan are vacationing in Kansas.

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(Continued from Page Eight)

instead of water the rate of lymph flow was increased about five times. If the rats were fed free cholesterol and then it was drained off from the intestinal lymph ducts it was found that the cholesterol was already combined.

Dr. Bollman stated that much of their findings had not been understood as yet and that further work was being done on liver function.

Questions and discussion were entered into by Drs. Sturdevant, Hoyer, Hosie, Drucker, H. A. Anderson, Dille and Humiston.

Dr. S. F. Herrmann made an announcement regarding the bond issue for tidellat improvements and the new civic center. He also asked that we favorably consider the proposed millage levy for building and maintenance of schools.

There being no further business, the meeting was adjourned.

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Anti-Polio Centers Will Be Organized in 11 Areas

At a recent meeting of the State Medical Advisory Committee on Poliomyelitis, a plan was approved for organization of communities for the comprehensive management of local outbreaks of poliomyelitis.

The committee, representing the various medical, hospital, nursing and similar associations of this state and serving in an advisory capacity to the State Department of Health and the National Foundation for Infantile Paralysis, will develop and promote this plan, according to the announcement of Dr. Arthur L. Ringle, director of the department, and Mr. Wade Spalding, state representative of the Foundation.

The plan calls for the development of "Polio Centers" in eleven cities within the state. These centers are to have one or more hospitals equipped with special facilities and trained personnel to take care of polio patients. Many other groups will be called upon to cooperate in the plan, such as the American Red Cross, local medical societies, school districts, local health departments, etc.

The institution of this plan should provide the best type of service for polio patients available today in each of the geographical areas served by the proposed polio centers. The Tacoma Center will serve Lewis, Pierce and Thurston counties.—Washington State Dept. of Health Commentator.

Criticism Can Be Helpful

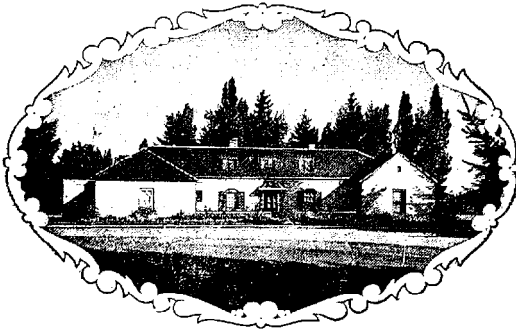
How do you behave under criticism? Can you take it? The arrows of criticism strike every person, every institution, on earth. The king on his throne, the head of the church, the industrialist whose genius gives work to thousands, the general who leads an army and the admiral who sails with a fleet, down to the very humblest of us, are stung by criticism. How do you take it?

Your answer will indicate what manner of man you are. Do you sulk, like the offended child who takes her doll rags and goes home? Do you glare and shout "you're another!" like the small boy who can think of no adequate reply? Do you dismiss it from your mind and go on as before? Or do you examine your conduct and learn wherein the criticism is merited, and set yourself to correcting whatever fault brought it on?

This last is the only way to reap the good of criticism—for criticism is good for us if we do not let it go to waste. Try to get the point of view of your critic, and nine times in ten you will find that he has some reason for his attitude. Then you are on the way to improvement.

Listen to the critic, and make of his criticism an asset. It may hurt him, but it can help you—*Selected.*

Chiropractor: "I'm the guy that straightened out Oliver twist."



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"I haven't time to dislike anybody" was said many years ago by one of Oklahoma's most noted and well beloved sons. To the hour of his untimely and tragic death he lived that slogan abundantly. He moved with ease among all classes of people and shared equally the confidence of all. Prince and pauper loved him and honored him for his buoyantly happy life. His keen wit could make

one personally criticize himself in such a way that the effect would be uplifting rather than discouraging . . . Will Rogers, the author of the above slogan, was so busy living a full life of service to his fellowman, and so anxious to spread a beam of cheer into the hearts of everyone that he completely crowded out all forms of hate, prejudice and selfishness. In return nations as well as individuals find him a living spirit rather than a dead soldier and his sayings will live in the hearts and reverberate from the lips of generations yet unborn . . . Have we time to dislike anyone?—No, neither the time—nor the desire.—*Rotary Buzz-Saw.*

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— assure better sleep!



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cleaning?

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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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SUPERIOR SERVICE *Laundry* SUPREME CLEANERS

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The Hospitals . . .

St. Joseph's Hospital

The monthly staff meeting was held Monday, October 18, at which time the following members of the Hospital Board of Governors for the ensuing year were elected: President, Arthur O'Leary; vice president, Robert Brooke; secretary, Frank James; treasurer, George Moosey. These officers plus Drs. Larkin, Murray Johnson, Carl Scheyer, Murray, and Sister Superior will constitute the Board of Governors.

The various heads of departments and committees will be announced in a letter to all staff members before the November meeting.

The scientific program was given by Dr. Joseph Small speaking on "A Case Report of Active Tuberculosis and Cancer in the Same Patient." Dr. Dille spoke on the "Effects of Various Drugs on the Cerebro-Spinal Circulation," illustrated with a film and lantern slides.

The scientific program for the November 15th staff meeting will be given by Dr. Robson, presenting a survey of cases with brain and c.n.s. involvement seen during the past year.

The clinical pathological conference held October 20th at 9:30 a. m. was well attended to the gratification of Drs. McColl and Berquist.

Work on the new clinical laboratory on the first floor is progressing nicely and should be finished sometime in November.

Weekly seminar courses are being arranged for the internes by the new board of governors and the various department heads.

Sister Marie Gerald, head of the nursing school, wishes to express her appreciation for the scholarships for nurses provided by the staff doctors and to state that both Sister Superior and she are working hard on ways and means to build a new combined nursing school and nurses home.

Tacoma General Hospital

Recent additions to the medical and nursing staffs include Dr. Madeline Huang, interne, and Miss Margaret Kraemer, surgical clinical instructor.

Miss Kraemer, of Greenwald, Minnesota, is a graduate of the School of Nursing of Grant Hospital, in Chicago. As a member of the Army Nurse Corps she spent two years on New Guinea. Her main assignment there was in orthopedic nursing. After leaving the army, Miss Kraemer attended the University of Minnesota for two years. There she earned a degree of bachelor of science in nursing education.

Dr. Huang was born in Shanghai, and later went with her family to Hunan province where her father is a government official. She attended the Hsiang Ya Medical College in Hunan. This school later was established temporarily in Chungking because of the war. Moving the school during the war was no easy task. Many of the students walked

the entire distance pushing their belongings in wheelbarrows. Dr. Huang received her degree of medicine in July, 1948. She has a younger sister who is now in her second year at Hsiang Ya Medical College. After a year's internship here, Dr. Huang hopes to spend a year in Canada before returning to her home in China.

Student nurses at Tacoma General have planned an interesting calendar of social events for 1948-49. The next big affair will be the annual All-School Carnival, to be held in Jackson Hall on Friday, November 12.

An open meeting of the Washington State Nurses' Association will be held in Jackson Hall on Tuesday evening, November 16, to honor the birthday of Linda Richards, the first graduate nurse in the United States. This meeting will climax the celebration of the diamond jubilee of the American Nurses' Association. A splendid program with interesting speakers and musical numbers by student nurses is being planned for the occasion. Refreshments will be served. Plan to attend.

Dr. George Kunz, Jr., was in Chicago from September 12 to October 12, attending classes in the graduate school at Cook County Hospital. The courses he studied were surgery and surgical techniques, and pre- and post-operative. Among the lectures in these classes were Doctors Max and Phil Thorek and Karl Myer.

The program for the November meeting of the medical staff of Tacoma General Hospital, to be held on November 2, will include a talk by Dr. Robson on Hydrocephalus, with a discussion of modern therapy for the Hydrocephalic; and a talk by Dr. Deming on recent advances in the treatment of Amoebic Dysentery, especially in connection with recurrent cases.

Washington Minor Hospital

Elsie A. Palmer, floor supervisor of the Washington Minor Hospital, is taking a vacation the first two weeks in November.

In the latter part of September a picnic was given by the Hospital for the staff and their families at the beautiful summer home of Mrs. George Anderson, 208 Lake Louise Drive. There was Italian spaghetti in great abundance. Everyone reported an excellent time.

Miss Marion Thornton, director and Superintendent of the Hospital returned from the Hospital National Convention at Atlantic City and reported an educational as well as an enjoyable trip.

Caller: "Is the doctor at home?"

Doctor's little daughter: "No. He's at the hospital, doing an appendectomy."

Caller: "My, that's a big word for a little girl like you. Do you know what it means?"

D.L.D. "Sure—\$125.00."

A. M. A. Membership and Fellowship

"Every member in good standing in the constituent medical association of the state in which he is engaged in practice whose name is officially reported to the Secretary of the American Medical Association for enrollment becomes automatically a Member of the American Medical Association and is not called on, as such, to pay any dues or to contribute financially to the Association.

To qualify as a Fellow, a Member in good standing is required to make formal application for Fellowship, to pay Fellowship dues and to subscribe for *The Journal*. Applications must be approved by the Judicial Council. Fellowship dues and subscription to *The Journal* are both included in the one annual payment of \$12.00, which is the cost of *The Journal* to subscribers who are not Fellows.

Only those Members who qualify as Fellows are eligible for election as officers, may serve as members of the House of Delegates, may register at the annual sessions of the Association or may participate in the work of its scientific sections.

Members of constituent state medical associations pay dues to those bodies, but as Members they pay nothing to the American Medical Association. Fellows pay dues and subscription to *The Journal* in the sum of \$12.00 a year, which has nothing to do with county or state dues.

According to an amendment to the By-Laws of the American Medical Association, no physician may be officially recorded as a Member of the American Medical Association except on the basis of membership in one constituent state medical association and that one the association of the state in which the physician concerned maintains legal residence and engages in the practice of medicine."

Tonsilectomy vs. Polio

Although opinion may differ as to whether tonsilectomy increases the chances of a child having poliomyelitis during periods of greater incidence of this disease in the community, there seems to be very definite evidence that bulbar paralysis is more frequently encountered among polio victims who have recently undergone tonsilectomy than among others. It is therefore advocated that elective tonsilectomy not be undertaken when poliomyelitis is prevalent in the vicinity.

Professor: "Where is the glottis?"

Medical student: "I don't know, sir. I think you put it on the shelf in the dissecting room, with the rest of the surgical instruments."

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For love or money.
A joke that's clean
And also funny.

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Court Limits GP Sphere

On August 3, 1948, the District Court in the State of California handed down a decision on a malpractice case which has far-reaching implications in the general practice of medicine. In effect, a general practitioner in a locality where there are medical specialists is legally liable if he, lacking the skill and learning of the specialist, undertakes a specialized procedure.

Whether this decision will be appealed, and if, on appeal to the State Supreme Court, it should be reversed, remains to be seen. Generally, the Supreme Court upholds the opinions of the District Court.

A physician in Lodi engaged in the general practice of medicine undertook the treatment of a 62 year old male who had been injured in an accident in which he sustained a double comminuted fracture of the lower left leg, one of the fractures being compounded. The injured man was taken to a hospital in Lodi and upon his request the defendant physician was called to attend him. X-ray pictures were taken showing the bones to be in alignment and the leg was placed in a plaster cast. After the application of the cast, x-rays were again taken, which showed that although the leg was in satisfactory position there had been a slight change in the alignment. During the hospitalization, additional x-rays were made showing the alignment to be progressively changing. The physician decided against the use of any traction on the leg and none was ever used.

The patient sued the physician for malpractice. At the time of trial the upper fracture had an angulation of approximately 30 degrees, and the lower fracture of approximately 5 degrees in the opposite direction; the leg being shortened 1¼ inches. There was atrophy of the muscles of the leg and arthritis. The patient testified that because of the extreme pain caused by this condition, he could not place his weight upon the leg and needed a cane. The attending physician testified that the deformity thus produced was permanent and that at the outset of the treatment he had anticipated permanent disability of the degree and in accordance with the results obtained.

A Dr. Morrison was called as plaintiff's expert witness. The qualifying examination of the witness

showed that with one exception he knew no doctors in Lodi, although he knew of the facilities of the hospital there and that he had practiced in the areas surrounding the neighboring communities of Oakdale, Modesto and Turlock, located in Stanislaus County and Escalon in San Joaquin County. He maintained his office in Oakdale, about 40 miles from Lodi.

The defense contended that Dr. Morrison was not qualified to testify as an expert on the standard of care required and the treatment of a patient at Lodi on the theory that a doctor practicing in a city contiguous to a metropolitan area may testify to the standard of care in a city likewise contiguous to the same area, but that where the issue is the standard of care in a rural community a doctor may testify only if he has knowledge of the standard of care in the particular rural community involved.

The court refused to adopt this contention and held that while at one time that might have been a proper distinction, there was no longer a basis for such a rule because of rapid transportation and communication, and there appeared to be no reason why enlightened medicine with its improved practices and facilities should not be available to all.

Dr. Morrison testified that the standard practice with regard to fractures is uniform throughout the state; that the defendant physician did not follow standard practice; that he failed to use any form of traction which was indicated by the x-rays, and that he removed the cast prematurely. (The decision does not state how long the cast had been applied).

The decision further holds that "if the general practitioner undertakes a specialized service and if in his locality there are specialists then it is his duty to possess that degree of learning and skill ordinarily possessed by those who specialize in such practice in that locality."

The court comments that the record shows that a general practitioner was confronted with a very unusual situation and there was no emergency and he undertook to treat a very complicated, difficult and unusual fracture. The court holds that in such a case a general practitioner would be negligent if he undertook the treatment, except in an emergency when no more highly skilled physician was available or unless he disclosed the need of such ability and his lack of it to his patient and the patient nevertheless insisted upon his proceeding. It is stated that the general practitioner, and not his patient, is in a better position to know when the specialist is needed.

It is interesting to note that no orthopedic specialists were available in Lodi, but there were two available in Stockton about 12 miles away and several in Sacramento about 30 miles away.

The decision reads:

"This is a day of specialists. A condition unquestionably brought about by the rapid and highly technical advancements in the entire field

"Glasses as your eye
physician prescribes them"

Contact Lenses — Artificial Eyes

Columbian Optical Co.

Ground Floor, Medical Arts Bldg.
Phone MAin 8212

(Continued on Page Twenty-one)

In Memoriam

JAMES A. LAGASA
1883-1948

With the death of Dr. LaGasa Tacoma has lost one of its best known and respected "native sons."

His medical work was begun at the California College of Physicians and Surgeons but was interrupted by the great fire of 1906. He completed his studies at Jefferson Medical College where he graduated in 1908. He was in private practice here from 1909 to 1937 when poor health forced him to retire from active work.

During the past ten years he has traveled considerably and while in Tacoma has always enjoyed a wide circle of friends. Those doctors fortunate enough to have known Dr. LaGasa during his active years will never forget his friendly, kindly disposition and his broad-minded liberality.

Little old lady: "That was a lovely prayer you made, pastor, but next Sunday I wish you would pray for my floating kidney."

Pastor: "Pray for your floating kidney. Why, I don't know what you mean."

L.O.L: "Why, I thought if you could pray for loose livers you could certainly pray for floating kidneys."

Doctor: "And now, before I examine you, may I ask what you drink?"

Patient: "Thank you, doctor. A small whiskey and soda for me."

"Where did the car hit him?" asked the coroner.

"At the junction of the dorsal and cervical vertebrae," replied the medical witness.

The jury foreman rose to his feet. "Man and boy, I've lived in these here parts for fifty years," he protested, "and I ain't never heard of the place."

Karen Rynning

PHYSIOTHERAPY

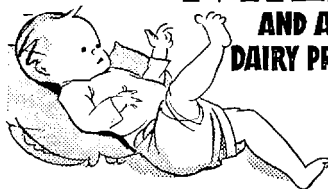
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Item of Interest

One out of every eight Americans received hospital care in 1948. In addition to the 16,000,000 in-patients admitted to general hospitals in 1947, says the American Hospital Directory, 40,000,000 hospital visits were made by out-patients for special tests or treatments not requiring bed care. The average cost of caring for a patient for one day in a general hospital rose from \$9.39 to \$11.09; while the average income per patient per day was only \$9.71.

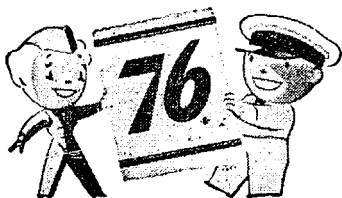
WASHINGTON, D. C.—Respiratory failure resulting from overdoses of barbiturates may be counteracted by applying a tourniquet around the chest, according to Physicians W. L. Howell of Georgetown University here, writing in a recent issue of Science.

Doctor (opening door of waiting room): "Who has been waiting the longest?"

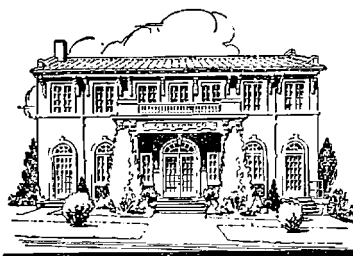
Little man near door: "I have. It's nearly three years since I made that suit for you."

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Four Types of Surgery Absorb Major Part of Blue Shield Dollar

Appendectomies, tonsillectomies, obstetrical and gynecological procedures account for approximately sixty cents out of every dollar paid to physicians by Blue Shield Plans for surgical services.

Beyond these major cost items, according to preliminary studies made by the Blue Shield national office in Chicago, approximately 70 surgical procedures will absorb 85 per cent of all payments to physicians for benefits provided under the average surgical type of subscriber contract.

Standard reporting forms are being completed by the Blue Shield national office, with the exception that complete actuarial data for 1948 will be reported and tabulated by the middle of 1949, thus fulfilling one of the major functions assigned to Associated Medical Care Plans at the time of its incorporation in 1946.

Payments for radiology and anaesthesiology services appear to be on the increase. Current explanations for this trend point toward the increasing number of physician specialists in these two fields of practice. Also, the incidence of these particular services seems to increase in direct ratio to the aging of a contract, or the Plan itself, during which time both the subscriber and physician become more aware of the benefits provided in the subscriber's contract and submit claims accordingly.

Female subscribers cost Blue Shield Plans approximately three times as much for surgical benefits as do male subscribers, while female dependents are only slightly less costly by comparison. Obstetrical and gynecological costs account for most of this difference.

Peculiarly, the female subscriber and female minor dependent have a high rate of utilization for appendectomies, while the female spouse has a lower than average utilization for the same service.

Female costs in the field of general surgery are above average, due principally to breast tumors.

Male dependents, chiefly minors, are more costly than female dependents of the same age, because of services such as heniotomies, circumcisions, fractures and dislocations. Boys seem to suffer exactly twice the number of broken bones as do girls.

Sick Children

Sick children present a two-fold problem in respect to growth and maintenance of body tissue: (1) repair of the damage wrought by disease, and (2) provision of the nitrogen needed for the growth processes, which persist in their demands during periods of illness. Hence, the physician may wish to prescribe large amounts of protein. Protenum is a highly palatable high protein food—low in fat. In the form of a beverage or in various recipes, Protenum will increase the protein intake without adding appreciable bulk to the diet.

For literature and professional samples of Protenum, write Mead Johnson & Co., Evansville 21, Indiana.

John Q's Paying Record

According to the United States Department of Commerce, people vary in their account paying from cab drivers, who pay only 28.8 per cent of what they owe, to railroad employees, who pay 90.8 per cent of their bills. The following list is based on percentage of accounts paid:

Railroad Employees	90.8
Office Clerks	88.2
Nurses	87.5
Accountants	85.8
Teachers	85.2
Municipal Firemen	84.1
Municipal Street Railway Employees	84.0
Mail Carriers	81.0
Municipal Policemen	80.5
Skilled Male Factory Workers.....	79.6
Retail Grocers	79.1
Retail Butchers	78.9
Retail Bakers	77.1
Plumbers	75.2
Clergymen	74.6
Retail Store Salesmen.....	71.5
Unskilled Female Factory Help.....	68.8
Unskilled Male Factory Workers.....	68.8
Farmers	67.8
Bricklayers and Masons	65.4
Auto Mechanics	64.0
Carpenters	60.2
Domestic Servants	55.2
Hotel Help	54.1
Lawyers	53.9
Barbers	53.6
Miscellaneous Workers	53.4
College Students	42.4
Painters and Decorators	40.7
Restaurant Help	34.8
Artists	32.2
Entertainers	29.3
Cab Drivers	28.8

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5. Scotch Oatmeal Bread
6. Potato Bread

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5 Retail Stores

Where Mr. Warren Stands

The medical profession of this country has looked askance at the type of medical care system proposed by Governor Warren for the State of California. The profession of that State fought vigorously to defeat some of the early measures submitted to the legislature by the Governor. In the June 22, 1948, issue of *Look* magazine, Warren outlines his present plan, limited of course to his own state, and gives reasons for his stand.

The plan which he recommends requires that all employees who are now covered by unemployment insurance and all public employees pay one per cent of their salary or wages up to \$3,000 a year into a Health Service Fund. The employee's contributions would be matched by the employer. Provisions are made to include others who may wish to join the system. The governor hopes that eventually all families of moderate income can participate.

All members of the Fund, and their dependents, would be assured payment in full of the cost of hospital and laboratory services, with certain reasonable restrictions, and the cost of medical care in hospital cases. The plan would not provide for sickness involving only home visits or office visits.

The governor is emphatic about maintaining the important relationship between doctor and patient in the home and in the physician's office. He says that his plan does not call for any change in the traditional relationship between the doctor, patient and the hospital. He says that his belief in the virtue of these traditional relationships is so deep that the plan expressly provides they are not to be changed. Patients are free to choose their own doctor and hospital just as they do now. Doctors and hospitals are left free to select the patients they want to care for. Furthermore, employees are not compelled to use the benefits of the system if they prefer not to.

The plan also provides that no system shall be created for dispensing medical or hospital care by the state through doctors employed by the state. The plan, says Warren, expressly prohibits state medicine. He claims that the plan supports the highest standards and ethics of the medical profession in a practical way. He hopes that, in the event of a surplus, scholarships for post-graduate medical study will be made available.

Bulletin of the Ovandago County Medical Society, Syracuse, N. Y.

Court Limits GP Sphere—(Continued)

of medicine, advancements so complex and involved as to make it impossible for one to keep abreast of them all. Therefore under conditions and circumstances such as are disclosed herein it necessarily would seem to follow that the general rule must be that, 'as a part of the requirements which the law exacts of general practitioners of medicine and surgery, or other schools of healing, if, in the

exercise of the care and skill demanded by those requirements, such a practitioner discover, or should know or discover, that the patient's ailment is beyond his knowledge or technical skill, or ability or capacity to treat with a likelihood of reasonable success, he is under a duty to disclose the situation to his patient, or advise him of the necessity of other or different treatment.'

The verdict of the jury of \$17,500 for the plaintiff was upheld.

Joseph F. Rankin, Legal Counsel,
ACMA Malpractice Insurance.
Alameda County Medical Bulletin.

COMMUNICABLE DISEASES

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

Chickenpox	30
German Measles	1
Gonorrhoea	32
Measles	6
Mumps	44
Poliomyelitis	9
Scarlet Fever	4
Syphilis	9
Tuberculosis	14

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SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS?

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.

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

MEAD'S Oleum Percomorphum furnishes 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10- and 50-cc. bottles and bottles of 50 and 250 capsules. Ethically marketed.

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DEAR DOCTOR:

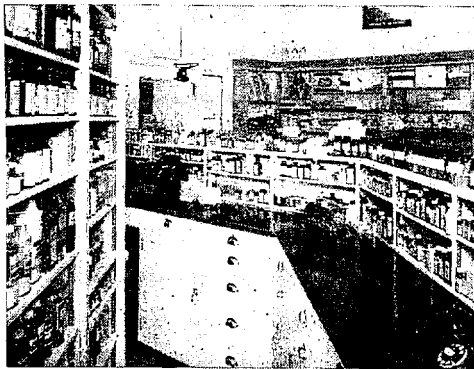
We welcome you to our new, modern prescription department. Our prescription service commands the most prominent spot in the center of our new large store. We believe prescriptions are the most important part of our business.

(Signed) HAROLD W. MEYER

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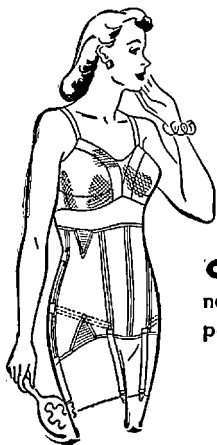
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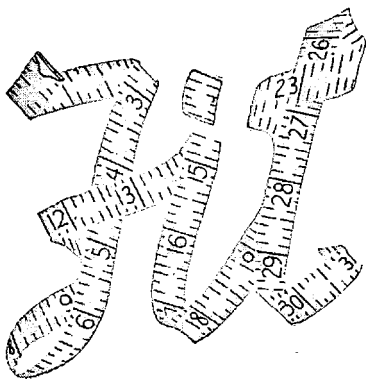
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In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

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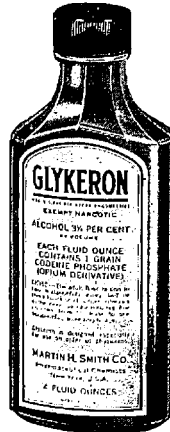
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No psychiatric treatment is attempted. Should psychiatric examinations be indicated, you may have your choice of physicians.

All routine laboratory work, such as daily urinalysis, blood count, etc., is done in our laboratory. For extensive laboratory studies we use the facilities of the Tacoma Medical Laboratories.

It is our wish to cooperate with the family physician during treatment and to assist him with any follow-up work he considers necessary to insure continued sobriety.

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

CHARLES GRIFFITH, *Supervisor*

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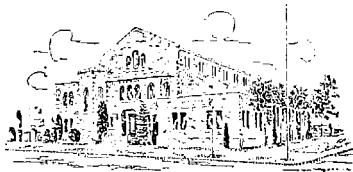
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

Vol. XIX—No. 4

TACOMA, WASHINGTON

DECEMBER, 1948



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1948-1949

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Programs

Medical Arts Auditorium

8:15 p. m.

December 14, 1948

"A Consideration of Some of the Basic Facts in the Treatment of Pylonephritis"

Robert H. Williams, M. D.
 Professor of Medicine,
 University of Washington
 School of Medicine

* * *

Biography

Education: Washington Lee University,
 A. B.; John Hopkins Medical School,
 M. D.

Additional Training: Five years training as
 house officer at the Boston City Hos-
 pital, Vanderbilt, and Johns Hopkins.

Positions: Member of full-time staff of
 Harvard Medical School from 1940-
 48, holding the title of Assistant Pro-
 fessor of Medicine at the time of
 departure.

Present position, Executive Officer
 and Professor of the Department of
 Medicine, University of Washington.

Fellow: American College of Physicians.

Publications: Author of approximately 80
 scientific papers dealing chiefly with
 investigations of metabolic diseases.

The President's Page . . .

Were one of us to discover important defects in one home such as a leaky roof, a defective oil burner, and a couple of broken windows, we can have two grossly different approaches to our problem. We may have these specific matters taken care of, and retain without major modifications the living accommodations which were otherwise essentially satisfactory. On the other hand, we might destroy the entire building and erect on the same site a new one from plans drawn by experts in family relations, sociologists, dietitians, economists, artists, and other exponents of a finer life for all, but notably without consultation with architects, carpenters, plumbers or roofers.

It is alleged that there are defects in the distribution of medical care in this country. No one disputes this. No one believes that they should not be remedied as rapidly and as thoroughly as possible. It is just as true that large segments of the population now receive excellent medical care by a distribution system that functions quite well. The point of this piece is to make a plea for repairing the roof and replacing the broken windows without dynamiting the foundation.

The recent election results have given support to the exponents of universal compulsory federal tax-supported medicine. Most physicians, including myself, honestly doubt that such a system is best for the public at large. We also know that public pressure has more than once in the past led elected representatives to establish over-all plans that were not the wisest. Nevertheless, popular opinion may force Congress to give us such legislation. If they do, it may not be good, but it will be so.

Not all, but most of the legislative effort expended in drawing and examining proposals to correct defects in the distribution of medical care has gone into "whole hog or none" proposals, such as the Wagner, Murray, Dingell bill. The opposition of the majority of the medical profession to this type of legislation is well known. Much less well known is the fact that some less spectacular proposals to correct specific defects in the distribution of medical care have received the whole-hearted endorsement of the medical profession.

It is hardly to be conceived that the establishment of national compulsory medicine could possibly be set up at one fell swoop without administrative confusion bordering on chaos for some time to come. However, if the public demands it, they will get it, chaos and all.

Maybe it is not too late for the medical profession to help avert this chaos by positive action. Popularly, we are known chiefly for opposition to these "whole hog or none" plans. Could we not publicly continue to oppose these over-all schemes, but just as vigorously and in the public press and eye, admit specific defects and recommend loudly their correction? If this could be accomplished, we might move gradually and in orderly fashion toward more comprehensive medical legislation if that is what the public wants.

HOMER W. HUMISTON.



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the conditioned reflex and adjuvant methods of treatment for chronic alcoholism. Shadel Sanitarium lays the groundwork for recovery through intensive, individualized therapy. Rehabilitation must follow, with the family doctor supervising the patient's physical rejuvenation, and the sanitarium's Field Rehabilitation staff assisting with his alcoholic problems. Our object is . . . Cooperation with the family physician in mapping out a path toward recovery.

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Editorially Speaking . . .

The November election has come and gone and for the medical profession an old advertising slogan for Spearmint Gum may be apropos: "The flavor lasts."

Speculation and apprehension are equally prevalent regarding our future national situation but our judgment may be more realistic by not giving too free rein to fears of possibilities and probabilities in a national care program. We should make every effort to inform ourselves; discuss the subject when opportunity presents; and make use of every means which in our judgment will be of national benefit.

In our own state and county, after January first, we will be responsible for the carrying out of a medical program that will draw heavily on all the good attributes assigned to the medical profession.

A Senior Citizen Security Act, usually referred to as Initiative Measure No. 172 was passed November 2 by a majority vote. Those persons who neglected to make the effort to vote should not be classed as citizens. We should be interested to know that in Pierce County nearly 13,000 persons, including about 8,000 Senior Citizens, will come under its provisions. Section 15 of the Act, which concerns medical, dental and hospital care, is introduced by the statement "In addition to Senior Citizen Grants each recipient who is in need of medical and dental and other care to restore his health shall receive." Obviously each one has medical or dental needs but their restoration to health offers obstacles no legal measures can surmount. Continuing, "each recipient shall receive medical and dental care by a practitioner of any of the healing arts licensed by the State of Washington of recipient's own choice." In this county we have nearly 275 licensed practitioners of one sort or another, with about 120 dentists, and as the law says "must," rather than "may," an adequate range of doctors and therapy should be assured. To continue—"he shall receive nursing care in applicant's home and hospital care as prescribed by applicant's doctor and ambulance service." This provision should make much heavier demands on our nursing profession, already understaffed both in registered and practical personnel. At the present time only our County Hospital is available for relief cases but with free choice many Senior Citizens will crave care elsewhere. This will pose many problems for our hospitals. Finally the bill states: "Medicine, drugs, optical supplies, glasses, medical and pharmaceutical supplies, artificial limbs, hearing aids, and other appliances supplied as necessary."

There you have what the law says must be provided. To finance the above, it is the responsibility of the state to augment Federal funds as may be necessary. Objectionable as some of the "musts" may prove there should be no unsolvable problems in the program if there is honest cooperation between state and county agencies and practitioners of the healing arts.

LEWIS HOPKINS.

Dr. Parran To Head New School Of Public Health

Tacoma, Washington,
November 12, 1948.

A new graduate school of public health is being set up at the University of Pittsburgh through a \$13,600,000 grant from the A. W. Mellon Educational and Charitable Trust. The first dean of the new school will be Dr. Thomas Parran, former Surgeon General of the United States. The school will emphasize occupational and industrial health and hygiene and do basic research in all phases of public health. It is expected that the school will begin operation by the fall of 1949. An initial \$4,000,000 will enable the university to obtain an adequate faculty and facilities for teaching, and \$1,600,000 will be given during the first five years for operating and equipment expenses and for development. A \$5,000,000 building to house the school will be erected as soon as the school is accredited and the university is able to integrate its medical schools and hospitals in the medical center. The final \$3,000,000 will be paid within five years, when the school has developed "into a successful undertaking." Dr. Parran is a graduate of Georgetown University School of Medicine, Washington, D. C. He joined the public health service in 1917 and 1936 began the first of three terms as Surgeon General. From 1930 to 1936 he was commissioner of health for New York State. Since early in 1948 he has served as chief of a mission to the Far East for the United Nations International Childrens Emergency Fund. His most recent assignment was chairman of the U. S. delegation to the first World Health Organization meeting in Geneva, Switzerland, June-July, 1948.—*Journal A.M.A., October 9, 1948.*

Blood Bank Plasma

All of the hospitals in Tacoma and Pierce County are adequately stocked with liquid plasma. Each hospital holds emergency units which may be set up for use within minutes. The question asked by many doctors is "How do I prescribe Blood Bank Plasma?" The answer is "You must write on the order sheet "**Plasma from the Blood Bank,**" for the reason that most hospitals hold a supply of commercial plasma and that is usually given if not specified otherwise. All plasma, commercial and Blood Bank plasma, is the pooled plasma.

Cost to your patient should be important, and there is a saving of approximately \$18 to \$20 if Blood Bank plasma is requested, for the reason that a patient has an opportunity to reduce the actual cost by a replacement of blood, and further, this replacement gives Blood Bank one more unit of blood for transfusion services. By ordering Blood Bank plasma you will help your patient and also help the Blood Bank so that we may have an adequate supply of blood when you request a transfusion for your patient.

Specify on your order sheet "**Blood Bank Plasma.**"

Dr. Hopkins, Editor of the Pierce County Medical Magazine

Dear Sir:

I was told to write to you about an article I read in a magazine in a doctor's office. It was about operating doctors and the magazine was called Medical Economics. I copied these figures so I wouldn't make any mistake. The first one on the list had take home pay of \$67,000 a year, he took in \$94,000. That was in a town of 40,000 and it must of had lots of people needing cutting for one doctor to get that much. It said that every day he took care of 50 people in his office, 30 people in the hospital and 5 people in their houses. That must have kept him pretty busy every day and when did he have time to eat? But last week I read in our newspaper about a doctor who said he didn't have time to figure out his income tax because he took care of 125 people in a day. He must have been real busy. Well Mr. Editor, I am just a so called working stiff and don't make \$94,000 in a year or in 20 years but I don't have to see so much trouble or be arrested for trying to beat the government. We have a good doctor for our house but I'm satisfied if I never get my name in the newspaper and can pay my bills.

Yours truly,

Ed.: I too wonder how that doctor found time to eat.

Not "Organized Medicine"

A point that requires constant emphasis is the prevalent use of the term "organized medicine" by members of the medical profession. It continues to crop us in speeches and articles and in the ordinary conversations of physicians.

There can be no doubt that the term is meant to convey the idea of medical men acting as a group, associated together for their mutual welfare and the advancement of science. There has, however, arisen in the mind of the general public an unfortunate connotation over the word "organized." Recent experiences have shown too often that some organized groups tend toward a narrow self-interestedness that is inimical to the general welfare. It is no wonder that the public's attitude toward them has become one of increasing coldness.

The medical profession has too much at stake to allow the public to become alienated. The use of the term "medical profession" instead of "organized medicine" will help to minimize needless misunderstanding.— *N. Y. Medical Society.*

Progress in Nursing Profession Emphasized

The American Nurses' Association and many distinguished people throughout the United States sponsored the Diamond Jubilee of Nursing, which was officially inaugurated as "Nursing Progress Week," November 14-20, 1948.

The memory of Linda Richards, America's first professional nurse, was especially honored during the Jubilee, which signaled both the 75th anniversary of professional nursing in the United States and the graduation of Miss Richards from nursing school.

Three nursing training schools based on the Florence Nightingale system of improved and sanitary nursing care were established in the United States in 1873 in New York City, Boston, Massachusetts and New Haven, Connecticut. Before the time of Florence Nightingale and the result of her nursing work in the Crimean War, nursing was not a profession. As a matter of fact, it was a job no "nice" girl was allowed to do.

Gradually with the development of techniques in infection, sterilization and cleanliness in hospital procedure, the medical profession recognized the importance of nursing as a necessary adjunct in the field of curative and preventive medicine.

In keeping with the present strides in the nursing professions it has been recommended by the Association of Collegiate Schools of Nursing that every effort be directed to building basic schools of nursing in universities and colleges, comparable in number to existing medical schools, that are sound in organizational and financial structure, adequate in facilities and faculty and well distributed to meet the needs of the entire country.¹

With the increased need for nurses in the various fields a concerted effort of different organizations to stimulate recruitment of student nurses is being made. The Committee on Nursing Problems of the American Medical Association reported at the January session of the Association that it had met last November with representatives of the American Hospital Association and the American College of Surgeons and that a study of the problem is developing along three lines—immediate relief, future training courses and economic conditions. The challenge is here and it is good to know that steps are being taken to meet it.

At the present time we have one hundred and eighty-eight nurses enrolled in our local schools of nursing at St. Joseph's Hospital and Tacoma General.

¹Nursing for the Future: A report prepared for the National Nursing Council, Esther L. Brown, PhD, Russell Sage Foundation.

The coroner's jury was pretty thoroughly baffled as to the cause of death in a certain case. Unable to come to any conclusion, they at last officially termed the case, "An act of God under very suspicious circumstances."

Notice

The Cancer Detection Center, operated by the Pierce County Medical Society, has moved to The Health Center, 24th and Pacific Avenue, 2nd and 4th Tuesday, 1 to 4 p. m.

Appointments should be made at the American Cancer Society office, 505 Perkins Building or by calling Main 3755.

Sydney MacLean, M.D., Director.

B. C. Blue Cross Plans Bows To Government

For those who contend that government controlled compulsory insurance will not interfere with voluntary plans the following article, appearing with banner lines on the first page of a recent issue of the Vancouver (B. C.) Sun, tells a pertinent story.

Blue Cross Hospital Service will go out of business December 31.

The society has 160,000 members.

"It's not possible for the Blue Cross to meet the government requirements under their new compulsory hospital plan, W. G. Welsford, executive director, said.

Government benefits are broader than Blue Cross can offer, Mr. Welsford said.

Government hospitalization is unlimited. Blue Cross allows 30 days in hospital.

Government provides immediate hospitalization for maternity cases. Blue Cross requires a 12-month waiting period.

Government accepts anyone dependent on the wage-earner, such as children up to 16 years of age and relatives. Blue Cross provides for no relative and provides for children up to 19.

Compulsory government rates are \$30 for a man and family, \$24 for a man and one dependent; and \$15 for a single person. Blue Cross collects \$33 for a family and \$15 for a single person.

Blue Cross will pay all hospital bills for its members until December 31, 1948. Mr. Welsford said in making the announcement following a meeting of directors.

After that date, the government's compulsory hospital plan will go into effect.

Refunds will be made of all premiums paid to Blue Cross for services beyond next December 31.

Since Blue Cross started operating in February, 1944, \$3,000,000 has been paid in hospital bills, Mr. Welsford said.—*The Bulletin, Los Angeles County Medical Association.*

A rich old aunt was paying her nephew's college expenses and her visitor asked her if it was expensive.

"Well," said the aunt, "some of the languages run pretty high. My check this month covered \$10 for Chemistry, \$20 for Latin, and \$250 for Scotch."

WOMAN'S AUXILIARY

To The Pierce County Medical Society

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Hygeia.....	Mrs. Ross Wright
Public Relations.....	Mrs. James Mattson

The December meeting of the Woman's Auxiliary to the Pierce County Medical Society will be a Christmas tea at the nurses' home of Tacoma General Hospital on Thursday, December 16th from 2:30 to 5.

All members are urged to be present as they will be the hostesses to the student nurses of Tacoma General and St. Joseph's Hospitals.

Mrs. James Mattson will be the general chairman for the tea and Mrs. James Vadheim, chairman of the social committee, will have charge of refreshments.

* * *

Plans are being made to raise money during the month of February for two scholarships for nurses. Please be prepared to cooperate with this committee as this is our special project for this year.

* * *

Our thanks go to Mrs. Will McNerthney, Mrs. G. C. Kohl and Mrs. W. H. Goering for graciously opening their homes for luncheons on November 12th.

* * *

Mrs. Beryl Gridley of Seattle, assistant director of mental health for the State of Washington, was guest speaker for the Mental Health group.

* * *

Mrs. George A. Delaney is the new chairman for Legislation, replacing Mrs. Lester Baskin.

* * *

The October volunteers at the Blood Bank were Mrs. G. C. Kohl, Mrs. T. Smeall, Mrs. F. Schwind, Mrs. N. Magnussen and Mrs. E. Wolf, who worked twice. There is a need for more volunteers. Our day has been changed from Saturday to Monday, so anyone having a few spare hours on Monday please call Elsie Wolf, Skyline 1186.

* * *

Dr. and Alberta Deming and sons are rejoicing over the arrival of Suzanne on October 31st.

* * *

Jane Elizabeth is the name of the daughter born October 8th to Dr. and Kay Anderson.

* * *

Kay Wright would greatly appreciate a few more subscriptions to Hygeia. Let's help her reach her goal.

* * *

Dr. and Leona Yoder have been vacationing for the past month. Los Angeles, New Orleans and Miami are among the places they have visited.

* * *

Dr. S. F. Herrmann and Merle have just returned from a visit with their daughter, Evelyn (Mrs. Osborne), at Pierre, South Dakota. The Herrmanns also spent a few days in Minneapolis.

* * *

Have you given Kay Wright a subscription to Hygeia?

* * *

If you have not paid your dues, now is the time. Amount is five dollars. Please send your check to our treasurer, Mrs. R. W. Florence, 4810 Five View Road.

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Medical Officers Needed by Army

The problem of leadership will be one of the Army's biggest headaches in the expansion that will start with the first draft inductions on September 22. The Army expects to need 105,000 officers, warrant officers and nurses, including doctors and dentists, by July 1, 1949. It now has some 70,000. It expects to lose, however, due to deaths, separations from the service and expirations of tours of duty more than 12,000 officers during the year. The Army will require, therefore, at least 47,000 new officers, warrant officers and nurses; one official figure estimates the officer need at 49,300, or more than 70 per cent of the present officer strength.

The problem of medical and dental officers is even more severe than the problem of line officers. The draft made no provision for drafting doctors or dentists beyond 26 years of age, which means that very few doctors can be drafted. Yet the draft law also requires that no men can be drafted until adequate medical, dental, and health care is available and until sanitation and living standards are satisfactory.

The medical problem is complicated by the separation from the Army during the 1948 fiscal year of some 2,100 doctors—the last of the "medicos" trained under the wartime Army's Special Training Program who will have completed their obligations to the government.

In the circumstances all sorts of expedients to fill out the Army's Medical Corps have been de-

bated. Contract medicine, or the provision of medical service to Army installations by civilian physicians resident in nearby towns, is one possibility. But many Army camps are situated near small towns where there are few doctors; such a solution could be at best only partial. The Army has thought of inducing reserve medical and dental officers to return for brief periods—perhaps three months—to active duty service.

At the moment, however, the American Medical Association, which with other organizations opposed the drafting of doctors beyond 26 years of age, is assuming the lead in helping the Army to find the 3,900 doctors it will need between now and July 1, 1949.—*Excerpts from special article by Hanson W. Baldwin, New York Times, Thursday, July 15, 1948.*

Father (facetiously): "Don't you think our son gets his intelligence from me?"

Mother (likewise): "He must. I've still got mine."

Speaking of wheat crops in Kansas, a Kansas farmer remarked:

"I don't know just how many bushels we raised, but my men stacked all they could out-of-doors, and then stored the rest of the crop in the barn."

Kitty: "I've always had a presentiment that I'd die young."

Katy: But you didn't, darling, did you?



... to relieve the strain of CHRONIC IRREGULARITY

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

For such cases (as in amenorrhea, dysmenorrhea, menorrhagia and metrorrhagia), many physicians rely on Ergoapiol (Smith) with Savin as the product of choice. By its unique inclusion of all the alkaloids of ergot (prepared by hydroalcoholic extraction), and the presence of apiol and oil of savin—Ergoapiol (Smith) with Savin provides a balanced and sustained tonic action on the uterus, affording welcome relief in many functional catamenial disturbances. It produces a desirable hyperemia of the pelvic organs, stimulates smooth, rhythmic uterine contractions, and also serves as an efficient hemostatic and oxytocic agent. General dosage: 1 to 2 capsules 3 to 4 times daily.

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Communicable Diseases

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

Chickenpox	14
Diphtheria	2
German Measles	1
Gonorrhea	25
Measles	7
Mumps	104
Poliomyelitis	2
Scarlet Fever	17
Syphilis	35
Tuberculosis	12
Whooping Cough	1

He: "I'm dining with the upper set tonight."

She: "The steak may be tough, you had better take your lowers too."

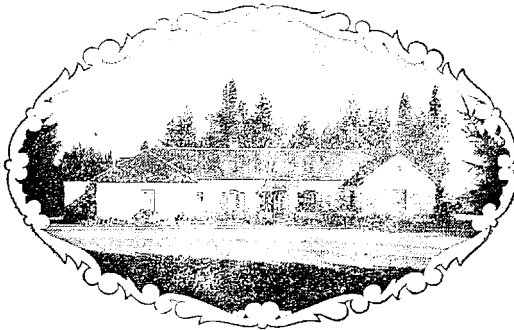
Patient: "The other doctors don't make the same diagnosis of my case as you do."

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

Think It Over

If I were growing up again I would cultivate modesty . . . not because the Bible preaches it is a virtue, but because conceited people are invariably the world's most crashing bores. I would learn to save money . . . not for the good it would do me, but for the fun I would get out of giving it to those less fortunate than myself. I would learn telling a story to whittle it to an absolute minimum . . . there is no greater pest than a long story teller. Whatever my profession I would learn, purely for my own pleasure, to do something with my hands . . . bind books, carpenter, paint, and so on. I would study as seriously as possible, but as a side issue, one of the arts, music, art, dancing, sculpture. I would always keep one of the world's great books at hand. I would commit twenty good poems to memory. Finally I would be fussy about my grammar, improve my speaking voice, dress neatly, and if Providence only gave me strength, learn to mind my own business.—
Exchange.

A little flattery now and then makes husbands out of single men.



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We see in the papers where a farmer who claimed a cure for cancer was accused by his Government of creating "public mischief." It seems his simple therapy consisted of intravenous injections of alum: a real scientist and public benefactor. It is our thought that he could have been more down-to-earth and more in his element by using a strong infusion of Vigoro, the theory being that this would make normal cells grow rapidly,

malignant tissue would be crowded out.

On the next page of the same newspaper was the sad, sad tale of an obstetrician who "starved to death" practicing in the Virgin Islands.

And while we are on this particular subject, a glamorous movie actress once was asked to name the man with whom she would most prefer being stranded on a desert island. The answer came back, succinctly, "a darned good obstetrician!"



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The Hospitals . . .

St. Joseph's Hospital

Doings were marked the past month by the annual dinner for the staff doctors. This dinner is given annually by the Sisters in appreciation of the support rendered the hospital by the members of the staff. It was all in a social vein with no speeches or presentations. Refreshments preceded a delicious turkey and ham dinner, followed in some circles by a few games of chance in the interns' dining room. Drs. Moosey, McColl, et al, once again proved to be past masters in the post cibum entertainment field.

The regular monthly staff dinner and meeting was held Monday, November 15th. Dr. John Robson discussed management of head injuries and surgical treatment of hydrocephalus. It proved to be an excellent presentation and Dr. Robson is to be congratulated for his fine paper. Two medical films filled out the remainder of the program that was called by many as one of the most interesting meetings of the past year.

The student nurses choir took part in the program at Tacoma General Hospital last week in commemoration of the nurses' week here in Tacoma. Apparently the flu bug has hit the nurses' home the past few days as evidenced by the large numbers responding to "sick call" each morning.

The usual hustle and bustle prevails at St. Joseph's these days in anticipation of the annual Formal Dance given by the St. Joseph's Nurses' Alumni Association. The theme for this year's dance on December 4th is "Holiday Hop." The girls are striving to outdo previous years which will prove very difficult as the nurses' formal has always proven to be an outstanding event.

The clinical pathological conferences have drawn a great deal of comment these past few weeks. The more recent meetings have proven exceptionally informative and Dr. McColl is to be commended for his excellent handling of these scientific gatherings.

Puyallup General Hospital

The Puyallup General has a houseful of patients and a happy and interested nursing staff. The doctors in Puyallup and the surrounding country who come to the hospital have formed a Medical Staff and are holding meetings once a month. These meetings are very interesting and well attended.

New equipment is purchased from time to time and recently the Puyallup Women's Service Club has presented a Castle Incubator to the hospital, which will be installed in the obstetrical department the first of the year.

Ruthene Haaland has accepted a position at the Puyallup Clinic and will be greatly missed in the surgery at Puyallup General.

Dr. Denzler and Dr. Clarke, of Sumner, have

recently returned from extended trips to the East. Dr. C. H. Ayleen, long associated with Puyallup General, recently retired after returning from England. He is now located at La Jolla, California, the land of sunshine and golf. Dr. Blizard has moved from his former offices and is now associated with the Puyallup Clinic.

Welcome visitors from Tacoma during the last year are Drs. Magill, Mattson, Brown, Nelson, Hoyer, Goering, Murray Johnson, Smith and Robson.

Mrs. Genevieve Houston, Superintendent, finishes her second year of service at the hospital this month.

Tacoma General Hospital

Dr. Larson and Mr. Ollar flew in Dr. Larson's plane to San Francisco on Wednesday, November 17th, and returned to Tacoma on the following Sunday. They managed to make the trip during calm periods between the storms that lasted almost a week. Dr. Larson attended a meeting of pathologists in the California city.

The Diamond Jubilee of Nursing in the United States was celebrated as "Nurse Progress Week" from November 14 to 20. A large gathering of nurses and civic leaders met in Jackson Hall on November 16th to honor Linda Richards, the first graduate nurse in this country. Among the speakers were Dr. Arnold Herrmann and Mayor V. Fawcett.

A highlight in the evening's program was the presentation by Mayor Fawcett of a sheaf of American Beauty roses to Miss Hallie Holliday, the oldest graduate nurse in Pierce County.

A meeting of the Western Branch of the Washington State League of Nursing Education was held in Jackson Hall on Friday afternoon, November 19th.

The student nurses of Tacoma General are grateful to the doctors who helped them with their carnival. This event is held each year to raise money for the student year book, the White Cap. The show in the auditorium was directed by Miss Jeannette Smith, with Dr. George Kunz acting as M. C. Miss Evelyn Bayes had charge of the booths in the recreation room. She was ably assisted by several doctors and faculty members.

The regular meeting of the Medical Staff will be held on Tuesday evening, December 7th.

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.

Minutes of Regular Meeting of November 9, 1948

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on November 9, 1948. Dr. Homer Humiston presiding. Minutes of the previous meeting were read and approved.

Second reading of the applications for membership of Drs. B. A. Bader and Joseph P. Jarvis was given and they were elected to membership in the balloting which followed.

First reading was given to the application of Dr. Gordon M. Parrott, at present associated with the County Health Department.

A telephone communication of Mr. Jensen, of McChord Field, was announced to the membership, in which Mr. Jensen stated that they had a vacancy for civilian doctor to work at the outpatient dispensary at McChord and for a civilian dentist to work in the dental clinic. The annual pay for the doctor is \$5,200 and for the dentist \$4,500.

Announcement was made reminding the members of the interim session of the A. M. A. to be held in St. Louis on November 30 to December 3, and it was suggested that any members interested in attending make their reservations immediately.

Dr. Humiston reported on the proceedings of the trustees' meeting which had preceded the general meeting.

At a request from the floor Dr. Humiston stated that the doctors' quota for the Community Chest had been pledged 100 per cent.

Dr. Magnusson announced that plasma is available at the blood bank and that doctors desiring the use of this plasma for their patients should specify blood bank plasma when ordering same at the hospitals.

Dr. Humiston introduced Dr. Daniel H. Labbe, of the University of Oregon Medical School, who talked on "The Modern Concept of Acute and Chronic Liver Disease."

Dr. Labbe mentioned that acute infectious hepatitis was the chief cause of illness in the Mediterranean theatre and ranked only second to malaria in the Pacific theatre during World War II. Thus, the Army and Navy were very much interested in the treatment of this disease.

He stated that modern methods of determining liver function give a better idea of therapy as to what the patient is doing. He stated that to his mind the three most useful tests were the plasma bromsulphalein test, which becomes positive early in the disease; second, the serum bilirubin or icteric index and third, the thymol turbidity test, which becomes positive a little later in the course of the disease but is the last to fall and should be used as a criterion of the activity of the patient late in the disease.

Dr. Labbe showed a number of slides to show that patients with acute infectious hepatitis do not get well until they are put to bed, but regardless

of the time they are put to bed it takes about one month for their liver function test to return to normal.

In discussing diet Dr. Labbe mentioned that diets with low fat content are usually not very palatable and since these patients have considerable anorexia they do not eat well, that experiments show that patients on a low fat diet lost weight in the beginning of the disease and subsequently gained very slowly, that patients placed on a high fat diet, especially if this fat was dairy fat, such as cream, cheese, ice cream and butter, the patients eat better, gain weight and in most cases had a weight higher than they entered the hospital and although their stools were rather greasy it did not seem to give them any trouble.

In considering drugs, he has not found any benefit from any of the drugs so long as the patient eats a normal diet. If the patient is not eating then drugs containing the cholines should be administered. He showed a slide outlining the course of the disease and finally the end result of cirrhosis which may occur. One course is that the patient may develop acute yellow atrophy of the liver and die; the second course is that the patient has his acute hepatitis, proceeds to get well and has no further trouble; the third course is that the patient has an acute hepatitis and may have more recurrences and finally end up with cirrhosis; the fourth course is that we see a patient with cirrhosis and are unable to elicit any evidence of previous liver disease.

Dr. Labbe showed colored slides illustrating the difference between the irregular nodular cirrhosis following infectious hepatitis and the smaller regular nodules of Laennec's cirrhosis.

In discussing therapy for cirrhosis of the liver Dr. Labbe pointed out that if you can keep the patient alive for the first two years of his disease he has a good chance of going on for four or five years, illustrating that the greatest mortality is in the first two years of the disease.

He mentioned the use of intravenous liver extract if the patient is unable to eat. This is given in 30 to 50 cc doses twice weekly, diluted with saline.

Washington Minor Hospital

Arvid V. Dunkin, brother of Miss Ardis Dunkin, surgery nurse of the Washington Minor Hospital, announces the coming marriage of Miss Dunkin to Mr. Frederick F. Longabaugh of Tacoma, to be held at Bethany Methodist Church, December 4, 1948.

Mrs. Helen Edwards is again a part of the staff of the Washington Minor Hospital. She is a former employee of a few years past. Many doctors will remember her as Miss Helen Pryor.

Mrs. Ruth Clinton, floor nurse for almost two years at the Washington Minor Hospital, is moving to Spokane, where her husband is being transferred. Mrs. Clinton plans to continue her nursing career there.

History of Alpha Omega Alpha

The oldest scholarship society in the United States was organized at the college of William and Mary at Williamsburg, Virginia, in December, 1776. It is the society known as Phi Beta Kappa. Membership in this society is limited to students of high scholastic standing in liberal arts. This Society at first was secret providing a ritual and oath of fidelity and other features.

Between the years of 1825 and 1835 a critical period in the United States was marked by the sporadic outgrowth of anti-Masonic feeling. This feeling was exceptionally violent in New England and extended to all secret organizations and seemed to single out Phi Beta Kappa as a moral detriment to college youth because of its secrecy. Public opinion forced college officials to demand that this society "give up its secrets." The students protested, but finally divulged their secrets which proved to be harmless and trivial.

With the establishment of engineering and technological schools in the United States there arose a place for a second type of honor society. Phi Beta Kappa, being essentially a philosophical and literary society, did not seem to be appropriate for a school of technology. As a result there was established at Cornell University in 1886 an honor society named Sigma Xi, membership in which designated accomplishment in the physical and natural science.

As late as 1886 there seemed to be very little need for honor societies in medical schools because at that time they were devoted entirely to teaching the art of medicine and very little of medical science appeared in the schools.

By 1900 the character of medical education had so greatly changed that the medical sciences constituted a considerable part of the curriculum in the more progressive schools, and a few schools had adopted higher entrance requirements.

All this developed beginnings of scholarship among medical students and the time had come when definite recognition of accomplishment by medical students was appropriate.

It was to meet this need that in the College of Physicians and Surgeons of Chicago, the Medical Department of the University of Illinois, in the

summer of 1902, a small group of students organized a medical society. Following the familiar method of designation by Greek initial letters it was called Alpha Omega Alpha.

In the later months of 1902 a second chapter was organized at Rush Medical College which was then affiliated with the University of Chicago. Early in 1903 a chapter was organized at the Medical School of Northwestern University. For a while these three chapters constituted the entire Society. Late in 1903, the late Dr. Burchard H. Roark of Rush Medical College made a trip east which resulted in the establishment of chapters at Western Reserve University, at Jefferson Medical College, and at the University of Pennsylvania.

The number of Alpha Omega Alpha chapters spread fairly rapidly, and by the end of 1910 there were fifteen chapters. On the whole, however, the increase of chapters was slow as compared with social fraternities. This was because of the high ideals expressed by, and practiced by its founders. It declined to establish chapters except in the better schools where equipment, personnel, facilities, and research were sufficient to stimulate scholarship.

At its origin, election to Alpha Omega Alpha was primarily evidence of success in the medical school, and was based almost entirely upon grades attained in courses. Gradually it has come to be recognized that scholarship involves more than mere ability to do well the tasks set and done under the intimate oversight of teachers. Scholarship involves initiative, independence, and the ability and will to carry on scholarly activities without oversight. Therefore, the conception has come that election to this society is not only a recognition of accomplishment as a student, but also an insignia of both promise and expectancy of leadership in some phase of medicine after graduation.

It might be of interest to note that at the end of the year 1920 there were in existence, twenty-six chapters, and as of January 1, 1948, forty-seven chapters, in the United States and Canada.

Alpha Omega Alpha has already rendered service to the progress of American medicine and in the future years should, and probably will, increase this service, if, in the selection of members, not only accomplishment as a student is recognized, but also careful consideration is given to promise of future leadership based upon all the personal and intellectual characteristics that has shown will usually lead to high attainment.

Linn County, Iowa, Medical Bulletin

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"Pull over, mister," said the traffic officer. "You haven't got any tail light."

The Rotarian got out for a look and was speechless with dismay.

"Oh, it isn't that bad," said the officer.

And the motorist quavered. "It isn't the tail light that bothers me, but what became of my trailer?"

School of Specialists

Although no formal announcement has been made to date, the Bulletin is informed from reliable sources that a new professional venture will be started after January first. Suitable quarters are being prepared and will be ready by the time school opens.

Credit for the plan goes to Dick Link. Following his successful organization of the Pierce County Chapter of the American Academy of General Practice which was preceded by a wide and successful building experience, came the idea of gathering together a group of physicians who were proven specialists in fields of allied interests vital to the medical profession. The qualifications of these men have been carefully screened and their standing vouched for both by the J. Parnell Thomas Committee and by Clyde Magill's Ethics Committee. A partial roster of the teaching staff is as follows:

Dick Link—Director, general manager, secretary and treasurer.

Tom Murphy—Department of political prognosis with an intensive course on national election outcomes.

Note: Of course in the course of time this course alone may or may not be worth the entire cost of the course.

Sig Herrmann—Department of jurisprudence including legal techniques for successful cross examination, jury appeal, court room manner, etc.

Lewis Hopkins—Department of public morals including motion picture censorship and how to see the movies free.

Note: This really saves you money.

Arnold Herrmann—Department of radio broadcasting and campaign technique, with Young Men's Business advising.

Archie Howe—Department of ancient and mystic ritual and regalia. Very valuable for chairmen.

Bob Brook—Department of inebriation and allied sciences with social side lights.

We hope to keep our members informed on future developments and details of this worthy undertaking.

Karen Rynning

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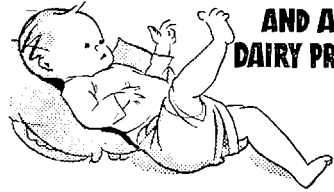
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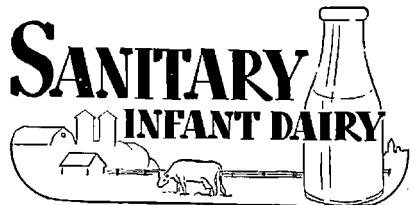


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General Practitioners Week

The first regular meeting of the Pierce County Chapter of the American Academy of General Practice was held November 23 in the Medical Building auditorium.

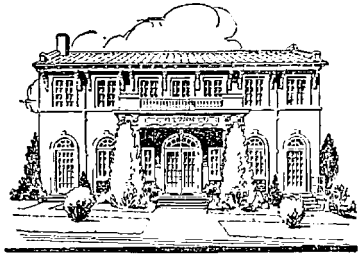
This group now has 32 members. Their local charter has been received and several members are taking an active part in the state organization.

The scientific program was given by Dr. Fay M. Nace, who spoke on "A Practical Method for the Diagnosis and Management of Dystocia."

The following officers for 1949 were elected:

President, Richard Link; vice president, Lewis Hopkins; secretary-treasurer, Herman Judd; trustees, two-year term, Joseph Hansen and Robert Lantiere; one-year term, Hillis Griffin and Albert Ehrlich.

Future meetings will be held every two months with the next meeting January 25th.



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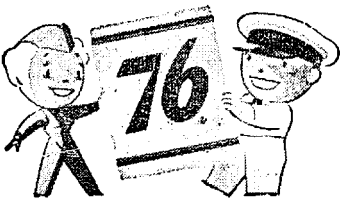
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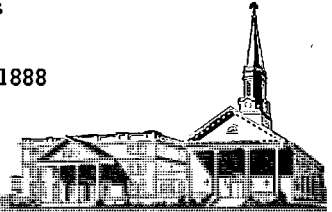
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Eighteen Millions in Hospitals In 1947

Almost eighteen million Americans were admitted into the 6,173 hospitals of the United States in 1947, according to the 1948 American Hospital Directory compiled and published by the American Hospital Association. This represents an average of one of every eight Americans receiving hospital care.

Approximately sixteen million patients, two million more than in 1946, were admitted to general hospitals during the year, the Directory reports. In addition, forty million hospital visits were made by outpatients.

The average cost of caring for a patient for one day in a general hospital rose from \$9.39 to \$11.09 in the year 1946-1947, according to the directory, yet the average income from patients was \$9.71, leaving a daily deficit of \$1.38 per patient to be made up through voluntary contributions and gifts from the public.

Part of the \$2,354,344,000 expended by hospitals in 1947 was for the salaries of the seventy-nine full-time employees serving every 100 patients in all types of hospitals. General hospitals had approximately 151 employees for every 100 patients to maintain prevailing standards of patient care. Hospitals spent about 400 million dollars more in 1946, because of higher wages, higher prices, and expanded services.

The average patient going to a general hospital in 1947 stayed for only eight days, as compared with 9.1 days in 1946, the figures show.

Hospitals in 1947 had total assets of approximately six billion dollars, which is more than \$42 for every man, woman and child in the United States.

"Ten years ago, in 1937, 9,221,517 patients were admitted to hospitals," George Bugbee, executive director of the American Hospital Association reported. "During this ten-year span, hospital admissions have increased almost 100 per cent."—*The Bulletin, Los Angeles County.*

Everybody knows of Webster's dictionary, but few people know that its publishers, the Merriam Company of Springfield, Massachusetts, have employed the same printing company, the Riverside Press of Cambridge, to print the great bulk of its books ever since 1861. And what is more significant, always without formal contracts or bids; never anything except gentlemen's agreements.

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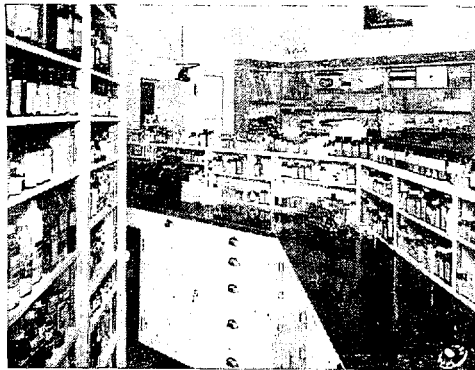
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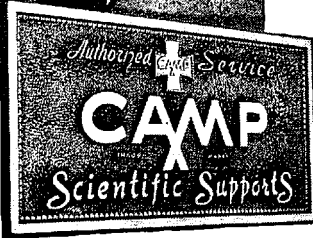
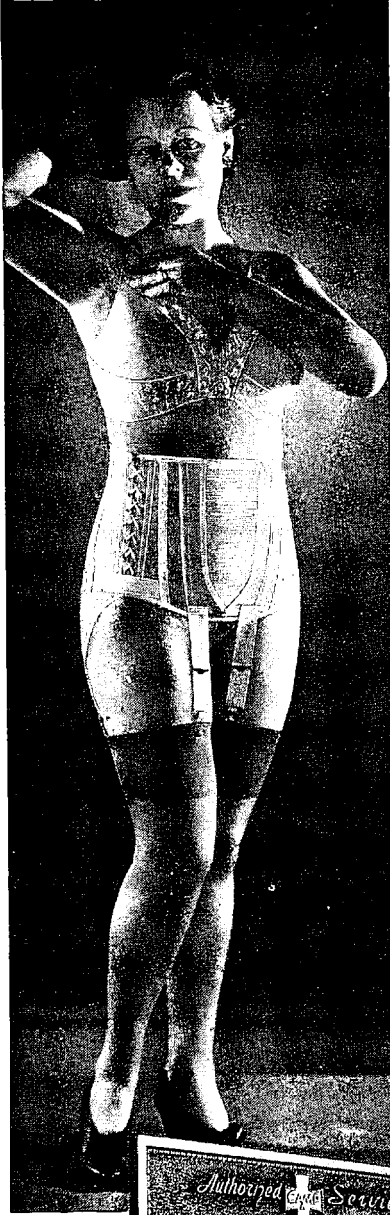
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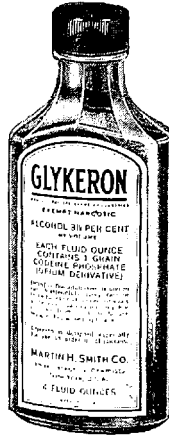
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Members of our staff have been continuously engaged in the research, development and administration of this therapy for over eleven years. These years of experience have proven conclusively that effectiveness of this method of treatment is in the perfection of technique. Our experience also has proven to us that each patient must be individually studied and treated in order to obtain effective results. Consequently, in order to give the individual and personalized care found so essential to each patient, we have purposely limited our bed capacity.

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

A psychological and alcoholic education through trained lay staff members is of vital importance. Also, in many instances, introduction into group therapy, such as Alcoholics Anonymous, is recommended and can be arranged by staff members. A program of rehabilitation is constantly carried on.

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It is our wish to cooperate with the family physician during treatment and to assist him with any follow-up work he considers necessary to insure continued sobriety.

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

CHARLES GRIFFITH, *Supervisor*

1415 North 5th Street

MAin 5302

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