

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

Vol. XX—No. 5

TACOMA, WASHINGTON

JANUARY - 1950



Pierce County Medical Society

1950

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Program

Medical Arts Auditorium

8:15 p. m.

January 10, 1950

The Important Concepts and Aids Concerned in the Diagnosis of Jaundice

—Howard P. Lewis, M. D.

Dr. Lewis graduated from the University of Oregon Medical School in 1930, interned and serving a residency in Medicine at the Multnomah Hospital from 1930 to 1932; he became an Instructor in Medicine at the University of Oregon Medical School following his residency and later filled the positions of Clinical Instructor in Medicine, Clinical Associate in Medicine and Assistant Clinical Professor of Medicine in the same institution; military service occupied the years from 1942 to 1946; upon his discharge from the Service Dr. Lewis became Associate Professor of Medicine at the University of Oregon Medical School and later Professor of medicine at the same institution, which position he now occupies.



The President's Page . . .

Throughout the past, our local medical society has been able to conduct its affairs with the dignity of a well-regulated family. There have been few quarrels or dissensions which were not satisfactorily settled without adverse publicity. The road has been rough in spots, smooth and enjoyable in stretches, but with the miles to go, no one can predict the pitfalls which may be encountered ahead. Because we have been able to avert the damages of unfavorable publicity, such as some of our neighbors have experienced, we should make every attempt to maintain this enviable record. This entails, however, a sincere effort on each and every member's part to make an honest attempt to acquaint himself with problems and a willingness whole heartedly to enter into round table discussions before making hasty decisions. If personal ambitions, selfish greed and individual importance will be sacrificed for this attainment of unity, Pierce County Medical Society and the medical profession as a whole will reap the fruits of good sound democratic procedure. At a time when the whole nation's attention is focused upon the inroads of Socialism as spear-headed against the medical profession, let us keep our small house in order, our guards up, our differences settled and attack all problems with deliberate intelligence and common sense.

With these thoughts on unity and public relations in mind, I am sure your officers, trustees and committees will work toward that end and 1950 will continue to be a year of progress and achievement.

EDWIN C. YODER.

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
Charles Griffith - - - General Supervision
Jack G. Baty - - - - - Public Relations



INC.

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Editorially Speaking . . .

MORE SPECIALISTS

Many medical bulletin articles have been written regarding the present standing of the General Practitioner, usually as a basis for speculation as to his future status. No one is more interested in this outcome than is the General Practitioner himself and he has reason for concern. The General Practitioner we are considering today is the well trained man of middle age or less, capable of successfully handling the great majority of his professional problems. He enjoys the variety of his work and the privileges inherent in being the family physician and confidant. He appreciates his limitations and honestly admits such when a situation develops which, in his judgment, requires consultation, or treatment beyond his ability. He knows he has been and will continue to be the backbone of American medicine and is undisturbed by the custom of choosing our A.M.A. leaders from the ranks of the Specialists.

The chief cause of his present concern is the recent reversal in percentages of Specialists and General Practitioners entering active practice. A December Bulletin from a southern California county listed twenty-eight applications for membership. Of these twenty-eight men, seven are General Practitioners and twenty-one are Specialists. During the past five years in our own County Society, we have taken in eighty-three men, of whom forty-four are classed as Specialists.

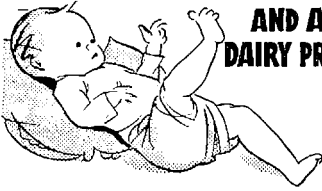
Reasons for this changing situation are many, the great majority being built around the prevailing strong desire for additional professional and living advantages. Just where these trends will lead and what the results will be we would rather not hazard a guess. Two important influences are active at the present time. The A.M.A. is trying in several directions to check the over-production of specialists and at the same time is actively encouraging more men to enter the field of General Practice.

There is no occasion for local alarm, but it is good professional policy for those men doing general practice to continue their present activity in making themselves more capable physicians and to enlarge and strengthen their local and state General Practice organizations.

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MINUTES OF REGULAR MEETING OF DECEMBER 13, 1949

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on December 13, 1949, Dr. H. W. Humiston, President, presiding. Minutes of the previous meeting were read and approved.

The following changes in By-Laws were approved by the membership and will become a part of our new By-Laws:

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

Article V—Delegates and Alternates to the Washington State Medical Association.

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

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

Chapter I—Membership. Section 3. Dues and Special Assessments. 1. the annual dues of this society are due January 1 annually from each member excepting those specifically exempted. The annual dues shall be \$65.00.

To become Chapter I, Section 3, Paragraph 4b the following is proposed:

Chapter I—Section 3, Paragraph 4b. Any member of this society who is a salaried employee of any governmental agency and not engaged in the private practice of medicine shall pay maximum annual dues of \$50.00.

Dr. Hopkins announced that the doctors were responding quite well for their pictures for the Bulletin and urged that everyone have a picture taken as soon as possible.

The following applications for membership were given their first reading and these were referred to the Board of Trustees for consideration: Drs. A. V. Mills, Myron Kass, J. D. Lambing, C. M. Gable, G. S. Kittredge, A. L. Cooper, J. R. Cranor, E. E. Banfield and R. C. Murphy, Jr.

The President announced that a communication from Dr. Morgan, of the Veterans' Hospital, stated that members of the society were invited to attend a series of lectures to be given at the Veterans' Hospital December 28 and 29 by Dr. Walter Bromberg, of Reno, Nevada, the subject being The Constitutional Psychopath.

Announcement was made that a communication had been received from the Civilian Personnel Division of the Army requesting that application for civilian medical officers of the occupational

forces overseas be posted on the bulletin board so that any interested could see it there.

A communication from the Washington State Heart Association was read, in which members of the society were invited to attend its first annual session on heart disease, to be held at the University of Washington School of Medicine auditorium on January 13 and 14, 1950.

A communication from H. E. Henderson, Executive Secretary of the Washington State Pharmaceutical Association was read, in which Mr. Henderson pointed out the recent Federal Grand Jury of Detroit findings regarding the telephoning of narcotic prescriptions to druggists. He urged that this practice be dispensed with before any action is taken by the Narcotic Division.

Dr. Ross Wright made a brief report on the House of Delegates meeting of the American Medical Association.

Dr. J. W. Bowen made an announcement regarding patients being hospitalized under the 172 program. He stated that in an attempt to cut down unnecessary hospitalization a Hospital Consultant should be appointed, who would have the power of going over all cases hospitalized and if he felt the case was remaining in the hospital for too long a period he could request that the attending physician discharge the patient.

The President appointed Drs. Grenley, Smith and Baskin to act as tellers for the election of officers for the year 1950. The tellers distributed the ballots and proceeded with the election. The results of the election were as follows:

President-Elect—J. F. Steele.

Vice President—C. P. Larson.

Secretary-Treasurer—C. C. Reynolds.

Trustees—G. G. McBride, B. D. Harrington, L. A. Hopkins, J. W. Read.

Delegates—F. R. Maddison, F. M. Nace, W. H. Goering, J. W. Bowen, W. J. Rosenblatt.

Alternates—C. G. Trimble, G. C. Kohl, M. L. Johnson, L. M. Rosenblatt, F. J. Rigos.

In response to a question from the President, the members indicated by a show of hands that they would prefer a mail ballot, so that all members could vote without the necessity of being present at the annual meeting.

The President introduced Dr. Lester Palmer, of the Virginia Mason Hospital, Seattle, who gave a talk on Diabetes, its Detection and Management. In discussing the detection of diabetes, Dr. Palmer stated that gradually the number of known diabetics has risen from about a quarter million to a present number of approximately one million. He mentioned that there are a large number of people who have diabetes and do not know it. In discussing how to find these unknown diabetics Dr. Palmer mentioned that some were found in a doctor's office in routine examinations, some were found in life insurance examinations, in employment examinations and that the Selective Service

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discovered approximately 35,000 people with diabetes. In a study made in Oxford, Massachusetts 75 per cent of the total population submitted urine samples for examination. In the final tabulations it was noted that for every four known diabetics three new ones were found. He also mentioned that in Dayton, Ohio, a city of 200,000 population, 64,000 urine samples were examined and 131 new cases of diabetes were discovered, 18 of whom were children.

Dr. Palmer stressed that diabetes is a family disease and that the offspring must inherit diabetic potentialities.

Dr. Palmer stated that there were several organizations interested in diabetes detection. Of these the American Diabetic Association is a national group and in this state the Washington Diabetic Association is working to discover unknown diabetics and to keep the public and doctors abreast of advancements in diabetes. They also have a trust fund for a summer camp for diabetic children. He stated that there are various government agencies which are ready to take over the work of diabetic education but that he felt that this work was a responsibility of the medical profession and should be carried out by them.

In discussing the diagnosis of diabetes Dr. Palmer mentioned that if you find a trace of reducing substance in the urine you should be suspicious that this patient is a diabetic, and

that the diagnostic criteria were examination of the urine and the blood; that both a fasting blood sugar and a blood sugar following a meal should be examined in a case of suspected diabetes. However, if the fasting sugar is over 130 the patient is almost surely a diabetic. He felt that the glucose tolerance test was unnecessary if the patient had a blood sugar of over 250 following an ordinary meal and that if the patient were a questionable diabetic then the glucose tolerance test was used.

Dr. Palmer stated that he felt that since diabetes is a prevalent disease that everyone should have a urine examination for sugar at least once a year and that since it is a familial disease that members of a diabetic family should have their urine examined at least every six months.

He stated that in the treatment of diabetes a diet that would give the patient adequate nutrition should be established and that after arriving at the energy value necessary for this patient that if the patient could handle this diet without passing sugar, insulin was not needed but if the patient passed sugar or had an abnormally high blood sugar then insulin was necessary. Dr. Palmer mentioned that the insulins now in use consist of the regular and crystalline, the quick and short acting group and the protamine zinc, the slow and long acting insulin. He said that mixtures of these insulins were being used and that the most common mixture was a 2 to 1 mixture such as 20 units of quick-acting to 10 units of protamine zinc. He stated that they are now testing new mixtures which will act similar to the 2 to 1 mixture but may be purchased already mixed from the druggist. He thought that in a comparatively short time these new mixtures would be on the market.

In closing Dr. Palmer urged that all physicians test urines in an attempt to find unknown diabetics.

The paper was discussed with questions from Dr. H. E. Anderson and Dr. Hauser.

At the conclusion of the scientific paper Dr. Humiston called Dr. Yoder, the incoming President, to the platform and turned the meeting over to Dr. Yoder.

Dr. Hopkins then moved that the society give a rising vote of thanks to the retiring President, Dr. Humiston. This was unanimously joined in by all the members present.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

The 1947 Medical Auxiliary year was under the guidance of our very capable Mrs. Lester (Pearle) Baskin. During her year as president the membership worked on two major projects—the blood bank (the first year for this project) and a meeting open to the public on sex education in the school. At this meeting Mrs. Dorothea Massey, supervisor of physical and health education for the state of Oregon, was secured as guest speaker with representatives of the school, home, church and medical profession participating in a forum discussion. Mrs. Massey brought with her for this meeting the widely-discussed film "Human Growth." We might add that as a direct, or indirect result, of this meeting the Tacoma public schools purchased a similar film.

Pearle is a native of Indiana and attended Rockford College in Rockford, Illinois. She was graduated from the University of Illinois as a Spanish major. Her first teaching experience was in Chicago schools where she taught Americanization to Spanish children. After her marriage to Dr. Lester Baskin the young couple moved to Tacoma, where Dr. Baskin interned at Tacoma General Hospital. During her first year as a young doctor's wife she kept herself busy teaching at the Sherman school, doing social service work, and taking graduate work at the University of Washington. She is now being kept busy with young Michael, 13, and Nancy, who is 10. The Baskins have been residents of Tacoma since 1933, with the exception of three years of traveling with the U. S. Armed Forces.

* * *

A bevy of youthful beauties plus the unique program offered by the Verse Speaking Choir from the College of Puget Sound provided a fitting atmosphere for the holiday season at the Auxiliary's Christmas Tea December 9th. The spirit of youth and infectious gaiety sent the weary Christmas shoppers home with renewed enthusiasm for the approaching holidays—or at least this one!

Mrs. Paul Smith, Kay Anderson and her entire social committee deserve a hearty round of applause for their efforts in making the tea such a success. We're sure the nurses enjoyed it as well as the members. To use a youthful expression—the sandwiches and tea cakes were "out of this world."

Our next meeting, January 13th at the home of Mrs. G. C. Kohl, 602 North Tacoma Ave., should be most interesting. Dr. John D. Regester, from the College of Puget Sound, will speak on the life and work of Dr. Albert Schweitzer. Dr. Schweitzer is a famous organist and noted scholar who became a doctor of medicine in order to devote his life to missionary work in equatorial

OFFICERS FOR 1949-1950

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President-Elect.....	Mrs. John Campbell
First Vice President.....	Mrs. Herman Judd
Second Vice President.....	Mrs. Robert Lantieri
Corresponding Secretary.....	Mrs. C. B. Ritchie
Recording Secretary.....	Mrs. Edward Wolf
Treasurer.....	Mrs. John Gullikson

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Program.....	Mrs. Raymond Bennett
Legislative.....	Mrs. George Delaney
Telephone.....	Mrs. A. P. O'Leary
Social.....	Mrs. Edward R. Anderson
Publicity.....	Mrs. Arnold Herrmann
Hygeia.....	Mrs. Thomas Smeall
Public Relations.....	Mrs. Herman Judd
Blood Bank.....	Mrs. John Campbell



MRS. LESTER (PEARLE) BASKIN

Africa. Mrs. E. W. Wahlberg will be chairman for the luncheon assisted by Mesdames George Kunz, C. P. Larson, J. O. Lasby, W. E. Lewis, S. E. Light, Charles McGill, Wm. Mc Nerthney, Frank Maddi-

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WOMAN'S AUXILIARY

(Continued from Page 9)

son. Norman Magnussen, Haskel Maier, R. W. Monaghan, George Moosey and Charles May. Try and be there, won't you?

* * *

INTER NOS

After talking to Pearle Baskin we think there should be some sort of law which requires all doctors to go to New York once a year for graduate work . . . and take their wives! Pearle has been home about a month now from her three-month stay in New York and Boston . . . and she is still reminiscing. To give you just an idea of what she has to reminisce about here are some of the highlights of her brief stay in the East . . . Sadler-Wells Ballet, which Pearle says is even more wonderful than Time magazine wrote about . . . and so was Margot Fonteyn . . . "South Pacific" . . . the Lunts in "I Know My Love." . . . Ray Bolger in "Where's Charlie" . . . Jane Pickens in "Regina" . . . "Streetcar Named Desire" . . . a trip to Yale . . . a session at the United Nations in Lake Success, which Pearle relates as being probably the most interesting experience of any during her trip, and last but certainly not least a world's series game and a trip to the Statue of Liberty. In Boston she was lucky enough to get a seat for one of the Boston Symphony concerts conducted by Charles Munch . . . and what a

seat—four rows behind the podium. The Baskins spent all of their leisure time seeing the points of interest in the two great cities. An evening that Pearle cherishes most highly was one they spent at the Repertory Playhouse, right off the Harvard campus, where they saw Louise Rainer in Chekhov's "Sea Gull."

* * *

The John Bonica family have just returned from a trip to New York where they spent Christmas with their families. Haven't had a chance to talk to Emma about their trip so will have more on that next month.

* * *

Bess Hopkins is proudly announcing the arrival of a new granddaughter, Mary, born in San Francisco. The happy parents are Mr. and Mrs. G. E. Link. Mrs. Link is the former Blayne Hopkins. The Links have two other children, Barbara, 7, and 15-year-old Johnathan.

* * *

The Ralph Huff family spent their Christmas in Victoria at the Empress Hotel where they participated in the festivities of the traditional British Yuletide. This must have been quite an experience for young Bobbie and Suel!

* * *

Dr. and Mrs. J. B. Robertson journeyed to California for the holidays to attend the wedding of Dr. Robertson's niece. We'll have more about the wedding next month.

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A happy holiday reunion was the Dayton family in Minneapolis, Minnesota, where Dr. and Mrs. Dayton spent Christmas with Mr. and Mrs. Norman Willard. Mrs. Willard is the former Darcia Dayton. The Daytons are expected home around New Year's.

* * *

The Ray Bennetts plan to welcome the New Year in Vancouver. They will be one of the guests at the annual New Year's Eve party at the beautiful Vancouver Hotel.

* * *

Joan Anderson finally got her car back. She had to travel to Kelso, Washington, to identify it and then bring it back. The youthful thieves have been placed in the city jail to ponder their misdeed.

* * *

We have had several members and members' families reported on the sick list . . . Edith Link and her young son were both confined with throat infections. Kay Anderson had been in bed with an acute attack of flu . . . while young Tirrell Hellyer and Mike Baskin had appendectomies. We understand they have all recovered and are now in fine health.

* * *

This is an exciting season for students home from universities and colleges and there are quite a few among the doctors' families . . .

Edwin A. Yoder has just been graduated from the National Radio and Television School in Los Angeles and is spending a brief vacation with his parents before resuming his schooling . . .

Clare Duerfeldt, a senior at the University, is spending the holidays with her family . . .

Johnna Steel, also from the University, is enjoying a holiday reunion. She is in her second year . . .

Another student from the University home for the holidays is Joan Kohl, a junior. Her sister, Barbara, is home from her first year at Stephens College . . .

Other students holiday vacationing are:

Patricia Maddison, a senior, from the University of Oregon . . . Paul Smith from Stanford . . . Harriet Herrmann from Stanford . . . Joseph R. Turner III, from Stanford where he is doing graduate work; Mary Niethammer from Stanford; Marjorie Schultz from Stephens; Walter C. Cameron, Jr., from Stanford; Dagnar Quevli from the University of Washington, and Joan Vandenburg, a junior from Oregon State College.

* * *

Sylvan Campbell presented her family with a bouncing baby boy December 28th. Welcoming the new son and heir are sisters Janie, Joyce and Sylvia.

* * *

Our recipe of the month was contributed by Jeanne Vadheim and it has been a favorite of the Vadheim family for a long time . . .

* * *

BOEAF STROGANOFF

One pound of round steak cut into thin strips 2 inches long and 1 inch wide.

Brown in fat in a hot skillet until lightly brown then transfer to a covered baking dish.

One large onion cut into thin slices.

Brown onion in same fat until brown and place in baking dish on top of meat.

Add two cups of hot water to the drippings in skillet and season with one teaspoon salt, 1/4 teaspoon pepper, pinch thyme, few grains dill seed, 1 bay leaf, 1 teaspoon sugar and 1 tablespoon vinegar.

Pour this liquid in baking dish and bake in a slow oven (300 to 325 degrees) for one and one-half hours.

One half hour before serving add 1 teaspoon ground mustard and 1 cup of sweet or sour cream. Ten minutes before serving thicken the gravy with a flour mixture.

Jeanne suggests for serving with the meat dish: Corkscrew noodles seasoned with salt, pepper, lots of butter and poppy seeds.

Try it on the family this evening!

JANUARY BABIES

Good wishes to our members who have January birthdays.

January

George Kunz, Jr.	1
B. A. Brown	2
H. F. Griffin	2
R. H. Huff.....	3
W. W. Mattson	3
B. N. Ootkin	5
G. A. Race.....	7
R. C. Schaeffer	7
Carlisle Dietrich	9
William Burroughs	10
R. D. MacRae	10
Christen Quevli	10
J. R. Turner	10
R. H. Gibson	16
L. F. Sulkosky	16
R. A. Norton	18
R. S. Cunningham	21
F. A. Plum	21
T. K. Bowles.....	23
J. M. Havlina	27
R. E. Rothe	28

A candidate for sheriff called on a minister to ask him for support at the coming election.

"Before I decide to give you my support," said the minister, "I would like to ask you a question."

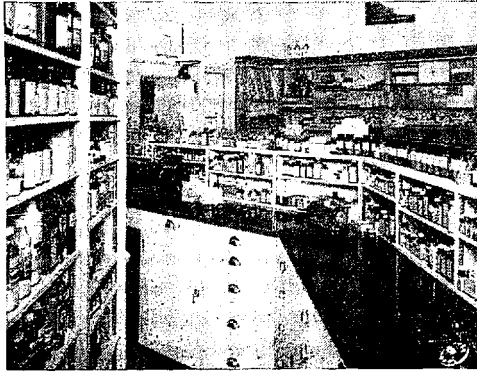
"Shoot," said the candidate.

"Do you partake of intoxicating beverages?"

"Before I reply, I would like to ask a single question," said the candidate cautiously, "Is that an inquiry or an invitation?"

Boy: "I'm not feeling myself tonight."

Girl: "You're telling me?"



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The Hospitals . . .

ST. JOSEPH'S

The regular monthly staff meeting was held November 21 following the usual excellent staff dinner.

Dr. Meyer presented a report of the recent official A.M.A. hospital inspection.

Dr. Meyer, who is chairman of the record room committee, outlined his plans for improving facilities in the record room and asked for more cooperation from the doctors regarding their histories. The efficient work of Sister Carmalette and Dr. Meyer deserves special mention.

The scientific program was given by Dr. Charles McGill, physician to the Tacoma Smelter, his subject being "Industrial Medicine and Its Relation to Private Practice."

We extend a hearty greeting to Dr. Hagen, our new rotating resident. Dr. Hagen is a graduate of St. Louis University School of Medicine, following which he was in public health work for two years.

Dr. Murray Johnson has returned from the East and reports having seen Dr. Schadt who wished to be remembered to his many friends at St. Joseph's.

Congratulations are in order for Dr. and Mrs. G. Race on the birth of a son.

The nurses dance was an entire success with everyone enjoying themselves and appreciative of the outstanding work done by the decoration committee.

At the monthly board meeting progress was reported on the new library room located on the main floor and the pathology department is more than doubling its space on the fifth floor.

Our anaesthesiologist, Dr. Hartsuck, returned from the East after a special course of study on the medical aspects of atomic explosion.

TACOMA INDIAN HOSPITAL

The patients from Madigan Hospital sent Santa Claus by helicopter December 19 to the Tacoma Indian Hospital. A large group of patients came by car to entertain the Indian Hospital patients and help with the distribution of gifts.

A large number of organizations helped to make Christmas cheerful for the Indian patients.

Dr. L. M. Williamson was detailed to the Hoopa Reservation in Northern California beginning December 27. He worked on the Tuberculosis Service at Tacoma Indian Hospital for over a year.

Speaking on the dangers of modern food, the speaker pointed a finger at a harassed looking listener and demanded, "What is it that we all eat, at some time or another, that is the worst thing imaginable for us? Do you know, sir?"

Softly came the answer from the little man, "Wedding cake."

TACOMA GENERAL

A meeting of the Tacoma General Hospital Staff was held in Jackson Hall on December 6, 1949. Proposed changes in the constitution and by-laws of the Hospital were discussed. Dr. Cranor and Dr. Kunz presented cases of gastro-intestinal lesions. Discussions of the cases were given by Drs. Hauser, Rigos, and Smith.

The student nurses are exceedingly happy over their Christmas gift from the members of the hospital staff. The television set was installed in the rumpus room on Christmas Eve.

Holiday activities at Tacoma General included a musical program given on December 19 in Jackson Hall, and a tea for all hospital personnel given by Mr. Heath on the Thursday afternoon preceding Christmas. Center of attraction at the tea in Mr. Heath's office was the novel Christmas tree he had made from used x-ray film.

Mrs. Lowe has resigned from her position as an assistant instructor in the School of Nursing. She will be replaced by Miss Erma Ruddell, a graduate of the class of '48.

The pre-clinical students were away on a two weeks vacation over the holidays. Shortly after their return, they will be working on the wards for several hours each week.

AMERICAN LAKE

Dr. Walter Bromberg conducted a seminar on the various psychopathic personality disorders, at the Veterans Administration Hospital, American Lake, Washington, on Wednesday and Thursday, December 28 and 29, 1949.

Dr. Bromberg has had wide experience in the psychiatric field covering a period of 22 years, starting with neurology, (Mt. Sinai Hospital, New York), psychiatric work at the Manhattan State Hospital, Vanderbilt Clinic, and the Bellevue Psychiatric Hospital in New York, for a period of about 12 years. He did psychoanalytic work at the New York Psychoanalytic Institute, and at present is affiliated with the San Francisco Psychoanalytic Institute. He has been particularly interested in the past in criminologic problems at the Court of General Sessions, New York, at Bellevue, and in the Navy.

Dr. Bromberg has contributed extensively to medical literature in the areas of physiological psychopathology, criminology and psychotherapy. Publications have included about 45 articles and three books. His latest book, "Crime and the Mind", has received very favorable recognition in psychiatric circles. At the present time Dr. Bromberg is in psychiatric practice in Reno, Nevada.

T. J. HARDGROVE, M.D.

"Jones has 11' children."
"Gone stork mad, eh?"

First Annual Symposium of the Washington State Heart Association

The Washington State Heart Association is extending invitations to the medical profession of the State of Washington to attend its first annual symposium on rheumatic fever. The meetings will be held in the University of Washington Medical School Auditorium on Friday and Saturday, January 13th and 14th, 1950. Three outstanding authorities will conduct the scientific sessions: Dr. Benedict F. Massell of the House of Good Samaritan and Harvard University in Boston; Dr. Charles H. Rammelkamp of the Medical School of Western Reserve University in Cleveland and Dr. John J. Sampson of the School of Medicine of the University of California. These investigators will cover the field of rheumatic fever and its complications and they will stress the diagnostic aspects and therapy of these conditions, with particular reference to newer developments in this field.

The Heart Association is holding this meeting as a public service and it is intended for information and post graduate education of the practitioners of medicine in our state. It is part of a program to disseminate knowledge of heart disease and is one of the results of the drive for funds conducted by the association last February. There is thus, no registration fee. It is hoped that the physicians of the state and county will take advantage of this program by these nationally known teachers. All inquiries should be addressed to the Washington State Heart Association, White, Henry Stuart Building, Seattle 1, Washington.

DID YOU KNOW THAT . . .

New York's Medical Service has become the world's largest voluntary medical care plan, with membership gain of 8 per cent in past year. UMS now serves almost a million and a half subscribers.

During first "free" year, British Ministry of Health gave away 6 million pairs of glasses, 2 million sets of false teeth, so many wigs that ministry quit counting them.

Average cost per day for general hospital patient in the U. S. was \$13.09 in 1948 as compared with \$8.95 in 1945.

At Wichita Falls, Texas, General Hospital, expectant fathers keep an eye on colored lights over door to obstetrics department. Pink flashes means a girl, blue a boy.

Since 1940 Washington's divorce rate has declined 5 per 1,000 population. Oregon and California have increased 28 and 30 per 1,000 population.

There are 10,000,000 more cars than bathtubs in the U. S.

A jury member is not allowed to take notes during a trial.

ST. JOSEPH'S PLANS DRIVE

St. Joseph's hospital has begun a drive to help make the hospital eligible to give advanced medical training.

Announcement of the fund-raising campaign was made by Dr. Charles B. Arnold, chairman of the hospital's library committee. The physician said the money would be used to establish a complete library and to permit training of interns in such special fields as anesthesia, surgery, internal medicine, obstetrics and pediatrics.

"We already have accredited staff members who would serve as instructors in their specialties," Dr. Arnold said. "The fund would be used to purchase the large number of text books and scientific books needed."

Any hospital that could qualify to train interns in special fields would be ranked high nationally and could better serve the public, according to Dr. Arnold. He said about \$25,000 is needed.

He added that the hospital's board of directors had approved the fund-raising campaign in an effort to help make the hospital eligible for the advanced medical training according to requirements set forth by the American Medical association.

Dr. Arnold said physicians and office workers at St. Joseph's are helping with the campaign by making ready 2,500 letters which will be mailed to residents in Tacoma and nearby communities explaining the need for a program to make available specialized medical training.

Besides the library which would have on file scores of volumes on particular phases of medical science, the hospital also hopes to employ a full-time librarian.

Dr. Arnold said contributions may be mailed to the Medical Library fund, St. Joseph's Hospital, Tacoma.

—Tacoma News Tribune.

COMMUNICABLE DISEASES

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

Chickenpox	63
German Measles	1
Gonorrhea	21
Impetigo	9
Measles	7
Mumps	10
Pul. Tbc.	14
Ringworm	32
Scabies	5
Scarlet Fever	24
Septic Sore Throat	1
Syphilis	10
Whooping Cough	13

Good resolutions are like babies crying in church
—they should be carried out immediately.

PACKAGING

From the cloistered Olympian heights, upon which we disciples of Aesculapius sit and survey the foibles of the universe, it is easy to get out of touch with the multitudinous details of the world of commerce. The fact that some of these details might be applied profitably to the working of our own profession does not in any wise lessen the disdainful hauteur with which we regard them. Having attained a pinnacle of perfection, not so readily discernable to the untrained observer as to our own practiced eyes, it is only natural that we should dismiss from our minds any thought of the crude crass, chicanery, indigenous to business practices.

There are of course notable exceptions. Most of us have been able to see sufficient virtue in the profit system to lead us to embrace it with fervor and enthusiasm but aside from this major deflection and a few minor practices grudgingly accepted at the insistence of the Collector of Internal Revenue we have managed to insulate ourselves completely if not always wisely from the tricks of Trade.

Now you take packaging! There is probably no item or commodity for sale today to the general public that doesn't depend more on the package than on the contents to put it across.

Does the automobile sell transportation? Not on your life. Transportation is strictly an accessory on a device that sells because its bulk of shining chromium enhances the prestige, inflates the ego and delights the eye of the purchaser; the fact that it takes you from place to place is principally to provide a larger audience for its primary purpose.

Is ten dollars a dram a fair price for a bottle of perfume that can be manufactured for thirty cents and sold in plain vials for a half dollar at Kresge's? It may not be a fair price, but when you put that dab of perfume in a \$4.00 cut glass bottle it immediately not only becomes worth \$10.00 retail, but it becomes acceptable to a class of people that wouldn't have been caught dead with the same scent purchased at the dime store. Completely odorless itself, it's the bottle none the less that sells the perfume at a fancy profit.

Belts for our pants come in fancy wooden boxes, orchids come in plastic boxes, jewelry in velvet boxes and every item however fine or rich or exquisite must be packaged. The list could well be endless, but how does it apply to the practice of medicine?

The detail man could tell you that medical care is apt to come in a pretty shabby package.

Look around your office. Is it big enough to swing a cat in or do the people in the waiting room sit knee to knee? Are your magazines of ancient vintage, covers torn off, corners dog-eared? Did you buy them or did they arrive complimentary from the Rotary Club, the tourist bureaus or the various auto manufacturers? How about the

Alumni monthly? Your patients are bound to be delighted with news of *your* classmates at Siwash College, Class of '15. Is your rug, if any, threadbare at the threshold, your ash trays full to overflowing, your desk littered, your bookcase piled high with unopened medical magazines and third class mail? Is your drug room a malodorous assortment of littered, undusted ill kept samples and obsolete items mixed in with a few things you might use if you could ever find them? If you are guilty of the above offenses you may not be in such good company, but at least you'll never get lonesome.

Our offices are the packages in which medical care is sold and too many times it is a package not conducive to highly pleased customers.

Doctors are no exception to the rule that requires plowing back a good share of profits into the business, but too often they seem to think they are. When someone observed recently that a good many doctors' offices could scarcely pass a sanitary inspection it was no exaggeration.

Inasmuch as some waiting is almost inevitable in a physician's office it is only reasonable to devote some attention to making the wait as painless as possible. This means pleasant surroundings and something to occupy their minds. The waiting room should be cheerful. Color should be selected for its decorative quality and not because it is so near the color of dirt as to obviate cleaning. Lighting should be adequate but not glaring and the dimly lighted atmosphere of a honky-tonk is out of place in the waiting room, which incidentally deserves more consideration than to be illuminated with the cast-off lamps from your residence. The use of recorded music is often a welcome addition and magazines should be fresh, frequently changed, predominantly pictorial and arranged in an orderly fashion. If smoking is permitted, a somewhat questionable concession, then someone must be delegates to keep ever-lastingly after ash trays to prevent them overflowing on the floor and befouling the atmosphere with the incomparable odor of cigarette butts. A few fresh flowers give a wonderful lift, particularly to women patients and a friendly personable secretary or nurse will do the same for the men.

Speaking of secretaries, they may rightfully be considered here under office decoration with no disparagement of their indispensable utilitarian functions. She need not be a beauty but if she is to be a helpful aid in more attractive packaging of medical care she must be alert, pleasant, courteous, friendly and neat. The office is not the place to wear old clothes and if uniforms are used they should be kept as neat and spotless as regular careful laundering can keep them.

Of course, if your secretary works at a broken-down desk in an unventilated cubby hole surrounded by miscellaneous assorted odd sizes files

(Continued on Page 17)

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

Prescribe it for the symptom of cough. Very palatable.

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

Literature on request

MARTIN H. SMITH COMPANY · · NEW YORK

(Continued from Page 15)

and dilapidated equipment she can scarcely be expected to take pride in her appearance.

How about your own desk; is it befitting a man of your learning and professional and economic status? Can you be proud of it and the way it's kept or do you peer at your patients through portholes in the accumulated junk or over the top of a mass of unfinished business? Do you keep a vast stockpile behind your desk chair? Does your library show the ravages of time? Do you have pictures on the wall that date you and are they assets or liabilities to the room?

Many offices have rest rooms that would scarcely pass inspection in a first class filling station which simply bears out our opening thesis that business is smarter than we are about all of the elements of packaging their products.

As we progress through this hypothetical office we finally reach the examining room which is apt to epitomize all of the poor taste and disorder that has gone before. Many a doctor who drives a fine shining automobile and displays rare fastidiousness in his dress has examining and treatment rooms that would be regarded with disdain by a first class veterinarian. It is scarcely necessary to elaborate on the somewhat rusty makeshift instruments, the "Fibber McGee" cupboards and the jumbled drawers and the assorted and uncalled

for antiseptic odors. Whether or not you are personally guilty, you know what we mean.

At a time when we are being subjected to a variety of criticism and attacks from every side we can improve our position with the public by better packaging of our commodity. There's nothing wrong with the average doctor's office that a little good taste, a strong inclination and a few thousand dollars couldn't cure.

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Like our modern singing radio commercials is this choice bit taken from a late 19th century leaflet published in Burlington, Vt.

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As through a Down East city passed
A boy, who hastened straight ahead,
And ever as he ran he said.

'Henry's Worm Lozenges.'

When people asked him, why so quick?
He said, the baby's very sick,
And I was told in haste to come,
And with all speed to get him some

'Henry's Worm Lozenges.'

The neighbors all have tried them well,
And they most wond'rous stories tell
Of children cured of many ills,
By giving them, instead of pills,

'Henry's Worm Lozenges.'"

DEAR DOCTOR:

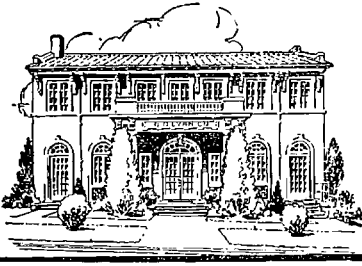
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WOULD YOU LIKE TO MOVE TO NEW YORK

According to a statement made by Philip J. Rafle, M.D., Commissioner, Suffolk County Department of Health, there is a real need for a general practitioner on Fishers Island, New York, which is conveniently reached by ferry from New London, Connecticut. The normal population is over 600, which is increased several times during the vacation months. The Suffolk County Department of Health provides a resident Public Health Nurse for generalized public health nursing service.

The Fishers Island Civic Association will supply the physician with a house rent-free, make up any deficit in his earnings under \$6,000 per year and in addition, give the doctor and his family free membership in the Fishers Island Country Club, Hay Harbor Club and the Fishers Island Yacht Club.

Any physician interested should communicate with Mrs. H. Lee Ferguson, Jr., Fishers Island Civic Association, Fishers Island, New York.

GERM BOMBS CALLED WORSE THAN ATOM

Brock Chisholm, the Canadian psychiatrist who is director general of the United Nations World Health Organization, said that new developments in biological warfare have made the atomic bomb obsolete.

Addressing a conference of the World Union of Peace Organizations, Dr. Chisholm said bacteriological research, originally begun by Germany, is cloaked in secrecy but has achieved "almost unbelievable developments."

One bacteriological weapon which he did not identify could kill all life within six hours of being spread, he said. "Six hours later its lethality is entirely dissipated from contact with air and an occupation force can be sent in," he said.

He said dealings between peoples should be placed in the hands of specialists trained in human relationships, since "one more war can result in the killing of as much as nine-tenths of the human race."

A busy doctor says he has found much time can be saved by a notice prominently displayed in the waiting room:

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A Letter from the Tacoma-Pierce County Health Department

Dear Doctor:

I wish first of all, to wish you a Happy New Year! Also I wish to take this occasion to express appreciation for the contribution you, through your practice and cooperation with the health department, have made to the public health in your community.

You no doubt know that the Tacoma and Pierce County Health Departments have recently been merged as provided by Chapter 46. Laws of Washington for 1949.

One feature of this law makes the County-City Director of Health the Registrar of Vital Statistics for the entire area and provides for a uniform procedure in handling birth, death, and stillbirth certificates.

At the present time in the County area outside of Tacoma, birth, death and stillbirth certificates are made out in a single original copy and forwarded through local registrars directly to the State Health Department. Thus no original certificates for births, deaths, and stillbirths occurring in the County (outside of Tacoma) reach your local health department.

The new procedure requires the completion of two original certificates in the County area, the same as has been done in Tacoma for many years. *It is therefore requested* that you sign duplicate (two original copies) certificates for each birth, death, and stillbirth you attend beginning and after January 1, 1950. The copies should be then forwarded by you or your office or through your hospital to the local registrar of your community who in turn will be requested to forward the duplicate originals to your local health department (Tacoma-Pierce County Health Department, 2324 Pacific Avenue, Tacoma 2, Wash.)

Under the new procedure the Tacoma-Pierce County Health Department will have the original birth, death, and stillbirth records from the County area in addition to those from the City of Tacoma available for statistical studies and the issuance of certified copies.

Your cooperation is greatly appreciated.

Sincerely yours,

C. R. Fargher, M. D.,
Director of Health.

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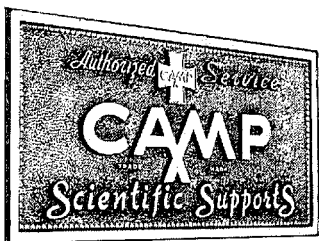


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If you do not have a copy of the Camp "Reference Book for Physicians and Surgeons", it will be sent on request.



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MAN'S GREAT QUARTER CENTURY

"Man's Great Quarter Century" was the subject of an address which Frank G. Dickinson, director of the AMA Bureau of Medical Economics Research, delivered recently before the Silver Anniversary meeting of the Medical Society of the State of Pennsylvania.

"Health progress in the United States," he said, "has been very rapid since 1924—the year your society was organized. Here are a few statistics showing the difference in the state of health of the American people then and now:

"1. THEN—Only one-half of the people dying had lived at least 50 years.

NOW—Three-fourths of the people dying this year have lived at least half a century.

"2. THEN—The older half of the people dying had lived 52 years or more.

NOW—Sixty-six years or more.

"3. THEN—A newborn baby was destined to live 58 years on the average.

NOW—Sixty-six years.

"4. During this quarter century the entire population has increased 30 per cent, but the population age 65 and over has doubled."

Doctor Dickinson said that the greatest thing that has happened during the half century which is about to end is the fact that death comes later to the average man. "He gets to work, earn and enjoy life longer. Indeed, health progress is the very core and the very measure of social progress."

—Secretary's Letter, AMA.

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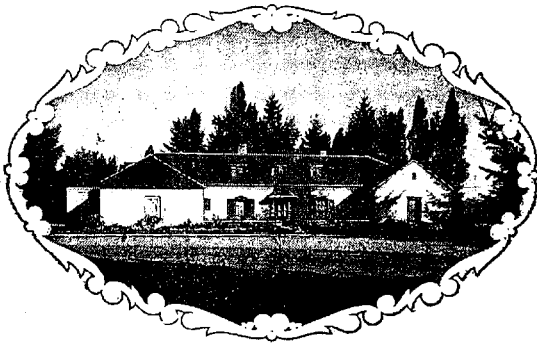
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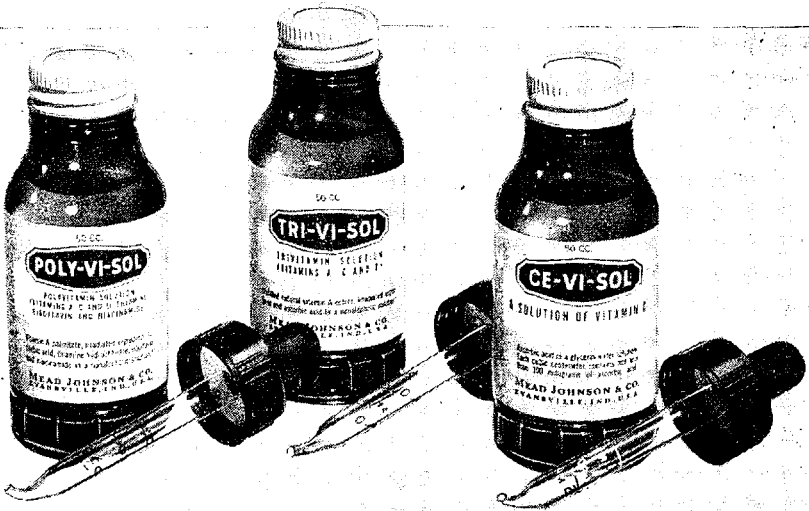
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Each 0.6 cc. supplies:

Vitamin A	5000 USP units
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Each of these preparations is ideally suited for routine prophylactic or therapeutic vitamin supplementation for infants and children as well as adults.

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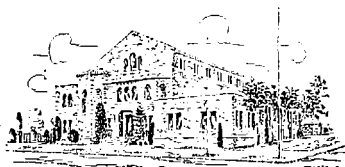
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DOCTORS for many years have been referring patients to us for treatment of the disease of alcoholism. We sincerely appreciate the support of the family physician and respectfully solicit a continuation of this cooperation.

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

Vol. XX—No. 6

TACOMA, WASHINGTON

FEBRUARY - 1950



Pierce County Medical Society

1950

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Program

Medical Arts Auditorium

8:15 p. m.

February 14, 1950

The diagnosis of operable
congenital heart lesions . . .

Marvin Schwartz, M.D., M.S.

Dr. Schwartz graduated from Wayne University College of Medicine in 1939, is a diplomate of the American Board of Internal Medicine, 1946 and has been Instructor of Medicine and in Division of Cardiovascular Diseases,, University of Oregon Medical School since 1945.

Surgical aspects of
congenital heart disease . . .

William S. Conklin, M.D.

Dr. Conklin is a graduate of the University of Pennsylvania Medical School, class of 1934. He is Attending Thoracic Surgeon at Doernbecher Memorial Hospital and Multnomah County Hospital at Portland and a member of the American Association for Thoracic Surgery.



The President's Page . . .

Some of our new committees have begun to function at this early date. The smog ordinance was thoroughly investigated by the Public Health Committee and a resolution to the City Council for the Trustees to consider was submitted.

The Entertainment Committee received its assignment at our first Trustee's meeting which means that a party with the Auxiliary is in the offing.

The Executive Committee prepared a solution to a Pierce County Blood Bank-Pierce County Hospital problem which was accepted by the Trustees.

Our Program Committee should be commended for an excellent start in their first program and has plans for future programs of interest to every member in our Society.

The toughest job, however, is for the Public Relations Committee. Every member of our Society should become informed about the Educational Program for the public which the A. M. A. is pushing. There is a part for every State and County Society to play in this campaign. Soon, too, each member will be called upon to do his duty because each doctor definitely has a job. The A. M. A. and the State and County Societies can provide an effective framework for the campaign, but every doctor who values his freedom in practice needs to work at keeping that freedom by crusading every day of the week. We, as a profession, need not feel alone in this drive against State medicine. We are informed that campaigns are getting underway which are the biggest ever undertaken in behalf of American free enterprise. I am sure our Committee will accept the challenge, formulate a simple co-ordinate campaign and see that it is vigorously and carefully carried out.

EDWIN C. YODER

T H E

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Editorially Speaking . . .

HOSPITAL STAFFS AND TRUSTEES

In view of recent hospital staff discussions may we say something about the relationship of hospital staffs and hospital trustees.

Legally the voluntary hospital is a charitable trust usually founded through the private philanthropy of civic-minded citizens or religious groups. As a charitable and semi-public trust the ownership and management of the hospital is by law vested in the board of trustees, not the medical staff.

A properly selected trustee is chosen for the contribution he can make to the policies, development and promotion of the work of the hospital. Inherent in this board responsibility is the obligation to provide the public with services limited only by the hospital's facilities. Selected staff members, usually elected by the staff itself, are expected to work for the best interests of the hospital by serving on various committees. These assignments require innumerable, time consuming, frequently unpleasant duties with thankless attendance at special and regular meetings. By the same token the conscientious trustee gives freely of his time and skills to the executive and business management of the hospital.

In properly organized hospitals the trustees make the hospital staff appointments on nomination of the medical staff. Trustees must always rely greatly on appropriate elected staff officers and committees for review and recommendations involving qualifications and professional performance. But it is the Board and not the Staff who are finally responsible to the community if physicians are permitted privileges beyond their qualifications.

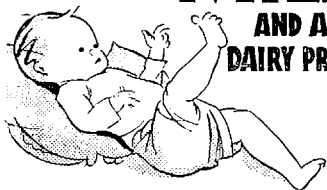
The hospital administrator is the designated, on-the-job representative of the trustee on the one hand and the coordinator and day-to-day contact of the medical staff with the Board on the other. Where proper Staff-Board-Administration relationships exist there is friendly teamwork and mutual cooperation, all working for the best interest of the patient. The physician may occasionally resent prohibitions controlling his hospital privileges and responsibilities, but he should remember that the practice of medicine within a hospital is not a right—it is a privilege.

Much of our Staff-Board-Administration cooperation may have been determined by our limited numbers and simpler problems. "Time marches on" and always provides an increase in amount and variety of responsibilities. Our doctors must prepare a substantial foundation to be able to meet, in the near future, the obligations inherent in the enlargement of our local hospital facilities.

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Minutes of Regular Meeting of January 10, 1950

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on January 10, 1950, the President, Dr. E. C. Yoder, presiding. Minutes of the previous meeting were read and approved.

The following applications for membership, which had been considered by the Board of Trustees and recommended to the members for acceptance, were unanimously approved by those present: Robert S. Murphy, Jr., George S. Kittredge, Charles M. Gable, James D. Lambing, Myron Kass, Ernest E. Banfield, John R. Cranor, Jr. and Albert Lewis Cooper.

The following applications for membership were given their first reading and were referred to the Board of Trustees for consideration: William P. Hauser and Bryce Betteridge.

A communication from Dr. Gerald Kohl was read, in which the physicians were invited to an open house of the Tacoma-Pierce County Child Guidance Association, to be held at the Tacoma-Pierce County Health Department, Sunday, January 22, from 2 to 5.

The President then presented Dr. Frank Maddison, who, in turn introduced Dr. Howard P. Lewis, Professor of Medicine at the University of Oregon Medical School, who gave a talk on Important Concepts and Aids Concerned in the Diagnosis of Jaundice.

Dr. Lewis opened his paper by stating that liver disease has been much discussed and written about but that until recently most of the diagnosis of jaundice had to be made on clinical observation alone. He mentioned that a good history and clinical examination would help to make the diagnosis in most cases of jaundice but that an understanding of the function of the liver in the production of jaundice and a conception of the use of the various tests of liver function could serve as an adjunct to a better understanding of the causes of jaundice.

He stated that with the use of a good history, clinical examination and the tests that a differential diagnosis could now be made in better than 75 per cent of cases. He said that the practitioner should not allow his judgment to be swayed too much by the results of any one test but should rely on his clinical judgment and the history and use the tests only as valuable supplements.

Dr. Lewis then showed charts which explained how the red blood cells, when deprived of their iron pigments break down into iron and bilirubin globin; that bilirubin globin when in excess in the blood and the van den Bergh reagent was added there would be no reaction until the addition of alcohol. This produced the indirect van den Bergh reaction. He then explained that as the bilirubin globin went through the liver cells the globin was removed, leaving sodium bilirubinate, which was then emptied through the bile ducts into the intestinal tract, when bacteria converted it into uro-

bilinogen. A large amount of this urobilinogen was re-absorbed into the liver, where it was metabolized, the excess then returning to the gut for excretion. He mentioned that a small amount of the urobilinogen was excreted by the kidney into the urine.

Dr. Lewis stated that the sodium bilirubinate can pass the kidney filter and be excreted in the urine, whereas bilirubin globin cannot pass this filter and is therefore not excreted in the urine. When an excess of bilirubin is built up in the blood and the serum is added to the van den Bergh reagent a reaction is produced within one minute. This is known as the direct van den Bergh. Dr. Lewis explained that if the bilirubin globin was retained in the blood stream or was produced so rapidly that it could not be excreted by the liver cells we had a retention jaundice and this would produce an indirect van den Bergh reaction. This is what happens in familial hemolytic jaundice. The same situation occurs in anoxia of the liver cells or in passive congestion of the liver.

In the case of hemolytic jaundice, in which there is an excessive destruction of red blood cells, not only will there be large amounts of bilirubin globin in the blood stream but since the liver is functioning and is throwing a large amount of bilirubin into the small bowel, large amounts of urobilinogen will be found in the stool and in the urine.

In discussing infectious hepatitis Dr. Lewis termed this type of jaundice as regurgitation jaundice. In explaining this condition he pointed out that it was due to the damaged liver cells and to bile plugs. The bilirubin globin would pass through the cells but there would be a reflex of bilirubin back through the cell spaces into the blood and lymph, so that now there was an excess of true bilirubin in the blood, also an excess of bilirubin in the urine. Bilirubin being present in the blood gives a direct van den Bergh reaction.

Dr. Lewis stated that in cholangiolar hepatitis this same back pressure and damage produces a similar picture as in infectious hepatitis and that bile duct obstruction would also produce this same type of regurgitation jaundice. However, there is one definite difference, that in infectious hepatitis urobilinogen is found in the bowel, since some of the normal process is taking place and urobilinogen is also excreted in the urine. However, in obstruction of the bile ducts there is no urobilinogen in the stool and practically none appears in the urine, since no bilirubin has reached the intestinal tract for the urobilinogen to be formed.

In speaking of the tests Dr. Lewis discussed first tests concerned with pigment excretion of bile salts and of these he mentioned (1) the icteric index, which merely shows the intensity of color; (2) the serum bilirubin and van den Bergh reactions, both of which are very important tests, since they will show the amount of bilirubin in the serum and also whether it is of the retention or regurgitation type; (3) urine bilirubin, which is

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important in differentiating regurgitation jaundice; (4) bile pigment in the stool. This is merely a color test but one should remember that a clay-colored stool does not necessarily indicate the complete absence of bile pigment; it might be due to a lowered bile pigment or to an excess of fat; (5) urobilinogen to be checked in the urine and in the stool; he mentioned that most bilinogen is excreted by the kidneys between 2 and 4 p. m. and also if urobilinogen is absent from the stool then it is a case of bile duct obstruction that if a large amount is found in the stool then it is a case of excessive destruction of red cells; (6) Bile salts in the urine. These may be found in both regurgitation jaundice and in obstruction and in jaundiced patients who had itching these bile salts are certain to be found in the urine.

The next group of tests which Dr. Lewis mentioned concern the excretory tests of liver function. He mentioned the bromsulphalein test, which is probably the most practical test that we have. He said that in complete obstruction there would be about 60 per cent retention of bromsulphalein but if more than 60 per cent was found it indicated severe liver cell damage. In reading the test Dr. Lewis stated that if over 25 per cent is retained in 15 minutes or over 4 per cent is found in 45 minutes it indicated a pathological liver.

The next group of tests were those concerned with changes in plasma protein: (1) the total protein and the albumin-globulin ratio, Dr. Lewis stated that quite often the globulin was increased in liver damage and also the albumin might be reduced; (2) the cephalin cholesterol test; he mentioned that this worked because of changes in the gamma globulin and was indicative of liver cell disease; (3) thymol turbidity, which seemed to work because of change in the immune gamma globulin; this is also indicative of liver cell injury, possibly the immune globulin being built up by the liver against the virus producing the disease; (4) the colloidal red test, which is a comparatively simple test to run and which will show hepatitis when almost all other tests are negative; (5) colloidal gold; he mentioned that this is a very good, though very complicated test to run and is not much used; (6) zinc turbidity; this is a comparatively easy test to run and is one of the best tests to follow the progress of liver disease, since it remains positive after many of the others have returned to normal; it is the best estimate that we have of the increase in gamma globulin in liver damage; Dr. Lewis felt that the zinc turbidity test is one of the best to check on the recovery of the patient, as he felt that he patient is not out of trouble until his gamma globulins have returned to normal.

The next group of tests concern specific metabolic activity and/or regurgitation.

Of these Dr. Lewis mentioned: (1) Serum cholesterol and cholesterol partition, which were not very useful; (2) the alkaline phosphatase, which is a very useful test in that it is increased in liver disease and he mentioned that if the test was over

20 you could feel almost certain that the patient had carcinoma of the liver or complete obstruction of the common bile duct; (3) the blood sugar and dextrose tolerance test, which Dr. Lewis stated he used occasionally but it is of little or no value; (4) the blood lipid estimation; he mentioned that you would not do this very often but it should be considered because if the blood lipids were high it would give a false positive in the thymol turbidity test and occasionally the patient with a very large liver for which no explanation could be found, with a high blood lipid estimation, would be somewhat indicative of xanthochromatosis; (5) the hippuric acid synthesis; Dr. Lewis felt that we have much better tests and that there is little need for the use of this test.

In summary Dr. Lewis mentioned that of the tests for the diagnosis of the patient with jaundice the following would be the most important:

1. Serum bilirubin and van den Bergh
2. Urine bilirubin
3. Stool bile pigments
4. Urine urobilinogen
5. Cephalin flocculation
6. Thymol turbidity
7. Bile salts in the urine

Additional tests for differential diagnosis were:

1. Bromsulphalein test
2. Colloidal red
3. Alkaline phosphase
4. Total plasma protein
5. Albumin-globulin ratio

Supplemental tests which could be used occasionally are:

1. Serum cholesterol and cholesterol partition
2. Blood sugar and dextrose tolerance
3. Urobilinogen in urine and stool
4. Zinc turbidity
5. Serum lipids
6. Hippuric acid

Following the paper discussion and questions were entered into by Drs. Duerfeldt, Hoyer and Maddison.

Doctor: "The best thing for you to do is to give up drinking and smoking, go to bed early and get up early."

Patient: "Doctor, I don't deserve the best. What's second best?"

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

PAST PRESIDENTS

The year 1946 in Medical Auxiliary history will be outstanding to quite a few of us for that seemed to be the year that a large number of the doctors resumed practice following their discharge from the armed services . . . and for some of us who moved to Tacoma from various other parts of the country following release from the service. To those of us who were new to the city and to the organization the president of that year, Mrs. S. E. (Ruth) Light will always occupy a warm spot in our hearts for the genuine way in which she welcomed us into the Auxiliary.

During Ruth's year as president the Auxiliary was just getting back on its feet after the war, and with so many new members a series of group luncheons were held to help the members become better acquainted. These luncheons were held in homes of the various members with small groups meeting in each home. During these luncheons the members made favors to be used on trays at the T. B. Hospital on various holidays. Also during this year the Auxiliary sponsored a fifteen minute radio program over a local station, which ran about eight weeks. As far as we have been able to find out this was also the first year for a doctors-wives party. This party was held at the Top of the Ocean and was a dinner-dance.

Ruth is another past president from the Hoosier state of Indiana. She has been a Tacoman, however, since 1926. Outside of Auxiliary Ruth is very active in P.E.O. and is the busy mother of two teen-age daughters, Pearl, 13, and Ruth, 16, both students at Clover Park high school. The Lights also have a son, Mel, whom most of you will recall as an outstanding football player for the College of Puget Sound.

* * *

The blizzard of Friday, January 13th, 1950, will probably go down in Pacific Northwest history . . . it will probably be long remembered by Irma Wahlberg's family too, for as chairman of the scheduled luncheon which was called off due to the blizzard, her family found themselves eating said luncheon all week! Unless we have gone back to the ice-age we hope the weather will permit the February meeting to go off as scheduled. That's—February 10th, one o'clock luncheon at the home of Mrs. C. B. Arnold, 1224 North Tacoma Avenue. Luncheon chairman will be Mrs. W. H. Ludwig, assisted by Mesdames R. A. Norton, Miles Parrott, W. C. Paul, W. G. Peterson, Frank Plum, William Rademaker, C. Reynolds, Christen Quevli, George Rickles, F. Rigos, J. B. Robertson, A. L. Schultz, Justin Schwind, John Sheppard, Somers Sleep, L. E. Skinner, and Louis Rosenblatt. The program will

(Continued on Page 10)

OFFICERS FOR 1949-1950

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Blood Bank.....	Mrs. John Campbell



MRS. S. E. (Ruth) LIGHT

WOMAN'S AUXILIARY
(Continued from Page 9)

be the same as scheduled for January—Dr. Regester, whose topic will be the life and work of Dr. Albert Schweitzer.

* * *

Blood bank volunteers for the months of December and January were: Mesdames Lewis Hopkins, George Kunz, Edward Wolf, H. A. Anderson (twice), Ralph Huff, J. B. Jarvis, and Frederick Schwind. For January—Mesdames J. B. Jarvis (twice), Scott Jones, Robert Lantiere, C. H. Doe and James Vadheim. If you can help out on Monday either afternoon or morning at the Blood Bank please call Jeanne Judd at BRoadway 6127.

* * *

Our Public Relations Committee has been keeping up the good work . . . the following talks on Socialized Medicine were given recently:

Mrs. A. B. Ball spoke to the Choir Guild of St. Luke's Church against socialized medicine. The meeting was held at the home of Mrs. Lennord Frank.

Mrs. Harry Andrews of Sumner was responsible for bringing the subject of socialized medicine before two groups in that city recently—in November Mr. L. R. Bonneville spoke to a large P.-T. A. group, and in January, Dr. Frank Rigos spoke to the Junior Women's club.

January 24th, during a meeting of the Pierce County Tuberculosis League, a panel discussion

on socialized medicine was featured with Hugh Williamson speaking against and Paul Olsen speaking in the affirmative.

If you know of any groups or organizations that would be interested in the subject, please call either Jeanne Judd or Kay Wright. The Public Relations Committee would like to schedule as many of these talks as possible.

* * *

Note. . . the state reports have to be in by February 11th and since it has been our aim this year for a 100 per cent membership it would be greatly appreciated if any of the old or new members who have forgotten about their dues would please mail them to the Treasurer, Mrs. J. W. Gullikson, Tacoma Country Club.

* * *

They say there's nothing that will lift the feminine spirits quicker than a new dress or bonnet . . . and from the spirits we've seen lately they could use some lifting. After having been snowbound for a week with bored small fry home from school . . . and fighting off attacks of the persistent cold bug, life has been a bit rugged. That's just why our Style Show Committee set March 10th as the date for the Auxiliary's Benefit Luncheon and Style Show—they knew all feminine hearts would be turned toward springtime, a new outfit, and an afternoon out. Well, our committee, headed by Jeanne Schwind, has planned to give them just that for the nominal price of \$1.53. They will find springtime in the wonderful array of smart, new

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fashions from Alma Ayers, a tasty luncheon served in the colorful atmosphere of the Top of the Ocean . . . and we'll wager a new dress. The tickets you received in the mail are to be *sold*. It was not the intention of the committee to have the members buy the tickets themselves, unless you want them for your own private party. As a matter of fact it had been hoped that this would also act as a good public relations meeting. We can assure you this will be a good show and your ticket purchasers will get their money's worth. This was not meant to be a donation on your part—it is a project that we hoped you would all participate in. The money, as you know, is to be used for the Nurses' Scholarship Fund. May we repeat—the show will be good—it will be successful with your cooperation. Some of the members have already asked for more tickets—if you need more call Lorraine Kunz at P.R.ctor 1351. Also please try and have your money in by February 5th.

By popular demand there will be another doctors-wives party this year. The date will be Friday, February 24th at the Top of the Ocean. It will be a dinner dance with cocktails preceding the dinner hour. This will be a semi-formal affair, which means the wives usually wear formals and the doctors tuxedos, if they have one and are not allergic to it. Start working on the good doctor now for we'd like to see all of our members there!

* * *

INTER NOS

It is with the deepest regret that we report the death of Mrs. Edwin L. Carlson, who was the third president of the Medical Auxiliary. Mrs. Carlson died December 29th following a long illness. Dr. Carlson is practicing in South Tacoma. We didn't know Mrs. Carlson, but we understand that she was a very talented person and an energetic worker. She was long interested in little theatre work in the city.

* * *

Mary Robertson, niece of Dr. and Mrs. J. B. Robertson, became the bride of Ransom Buck Turner December 27th at Tulelake, California. The groom is the son of Mr. and Mrs. Ransom Bates Turner of Rupert, Idaho. The bride, given in marriage by Dr. Robertson, wore a white slipper satin gown. Her full length veil of illusion net was edged with a wide band of lace and caught beneath a pearl trimmed, satin Juliet cap. She carried a single poinsettia, with a cascade of double narcissus and satin streamers on a white Rainbow Bible. Mrs. Robertson wore a light blue satin dress, blue hat, gloves and a white carnation corsage. The young people have resumed their studies at Stanford Lane hospital where Mary is studying nursing after two years at Stanford University, and Ransom is a second year medical student.

* * *

The John Bonica's have returned from their month-long stay in New York where they saw Jan Peerce and Licia Albanese in Traviata at the Met, and the Broadway shows "Kiss Me Kate" and "Death of a Salesman." They also saw Jimmy Durante at the famous Copacabana.

* * *

Our wintery weather seems to be driving our people into the tropic climates. Several doctors and their wives have or are planning trips to Hawaii . . . they are Dr. and Mrs. Harry Allison, Dr. and Mrs. S. F. Herrmann, and Dr. and Mrs. Ralph Schaeffer. Guess we'll be satisfied with canned pineapple juice and a sun lamp.

* * *

We understand the kitchen in the Govnor Teats' home is the scene of much activity these days with an extensive bit of remodeling being done. When completed, we understand, it will be the last word in modern kitchen design and convenience. After all—that's still the most important room in the house.

* * *

Some mothers who seem to be busy these days taking their young ones to and from the "Y" for swim lessons are Ruthie Rigos, Elizabeth Thomas, Barbara Teats, Jeanne Vadheim, and Gwen Hsieh.

* * *

Molly Fargher looked very fetching the Sunday of the open house at the Child Guidance Clinic in a light grey spring suit with an ultra-smart red chapeau. The event was well attended and everyone was very pleased to meet Dr. and Mrs. Robert Murphv. Dr. Murphy is the head of the Clinic.

* * *

Dr. and Mrs. Ralph Schaeffer are the proud grandparents of a new granddaughter. The little girl's parents are Mr. and Mrs. William D. Hopping, Jr. Mrs. Hopping is the former Hazel Schaeffer.

* * *

In the culture of *Haute Cuisine* we have heard rumors that Katharine Humiston is tops . . . so this month we have one of her favorite recipes.

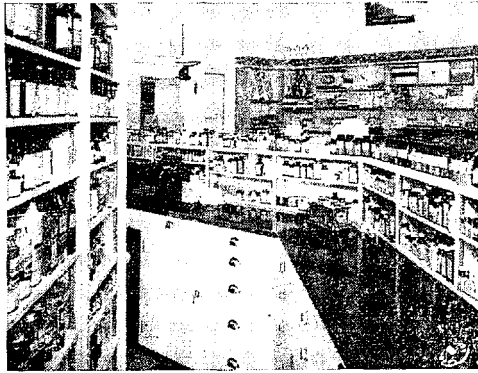
MARSEILLES BOUILLAIBASSE

- 3 lbs. fish—a variety of kinds may be used
- 2 lbs. shellfish—lobster, shrimp, crab, clams, etc.
- 1 qt. fish stock
- ¼ cup olive oil
- 1 lb. finely chopped onion
- 1 lb. finely chopped celery
- 1 ts. finely chopped garlic
- 1 ts. finely chopped sage
- 1 ts. finely chopped thyme
- 1 ts. saffron
- 2 bay leaves
- ½ doz. tomatoes, chopped
- salt
- cayenne
- pepper
- paprika
- 1 cup white wine
- 1 lb. finely chopped parsley

Make a rich stock from heads, tails, and chassis of fish.

Fillet fish. Put olive oil in skillet. When good and hot add fish and shellfish. Season. While cooking, stir well and mix.

After five minutes add stock and wine and cook for 25 minutes with cover on. Add parsley when serving. Serves 8 to 10 people.



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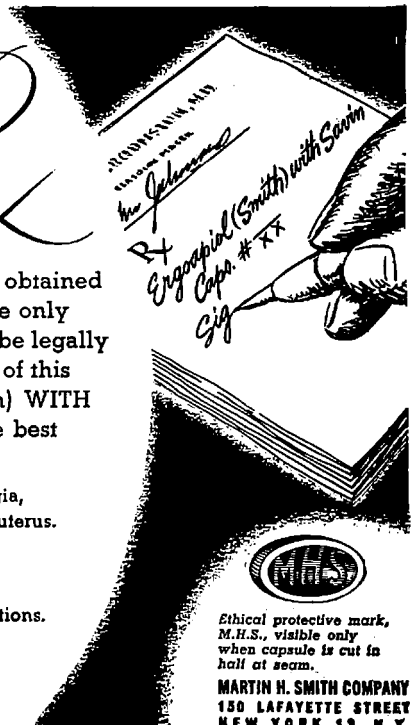
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The Hospitals . . .

ST. JOSEPH'S

The regular monthly staff meeting was held December 19. Following an excellent dinner, committee reports were given. The scientific program consisted of case reports by Dr. Charles E. Kemp on the use of Streptomycin in tuberculous meningitis and Dr. D. Hellyer on the treatment of erythroblastosis foetalis.

On his recent visit to Tacoma, Senator Warren T. Magnuson met with members of the hospitals' Governing Board. He was greatly interested in the work of the hospitals' obtaining matching Federal funds for the construction of a new hospital wing. He agreed this expansion was necessary due to the increasing number of multiple sclerosis patients now receiving treatment here as well as the general increase in patients from this community.

Dr. Charles McColl and Dr. Leonard Carefoot now occupy their new offices which give them more room and greatly improved facilities.

Construction of the new library quarters on the first floor is progressing rapidly. The library will be a most useful improvement in the hospital.

The January 13th blizzards were responsible for some doctor's cars deciding to spend the night outside the hospital.

Our hearty congratulations to Dr. and Mrs. Joseph Ribar on their new boy. Dr. Ribar is one of our internes and this is their first child.

TACOMA GENERAL

A meeting of the Tacoma General Hospital Medical Staff was held in Jackson Hall on January 3, 1950.

A report of the Record Committee by Dr. Johnson suggested that operative records be proof-read by the operating surgeon in order to synchronize the operation with the operative report.

Dr. Read advised that the Tacoma General Hospital Staff By-Laws revision has not been completed and that a special committee meeting with interested staff members would be held on January 9 to discuss the revisions.

Dr. Rigos discussed the subject of angiocardiology. This procedure consists of the injection of radiopaque material (diodrast) into the circulation and taking appropriate roentgenograms. A resume of the significant findings of angiocardiology with presentation of a case of aneurysm of the pulmonary artery was given.

Dr. John J. Bonica, Director of the Department of Anesthesia, recently attended the annual meeting of the American Society of Anesthesiologists held in New York. He took part in the scientific session and presented the findings of some clinical investigation which has been done by the department. He was a guest lecturer in three medical centers including New York University and Bellevue Hospital.

A new apparatus, the Phlebomanometer, is now available in Central Supply for measuring venous pressure.

Rooming-in service has been given a trial in our Obstetrical Department, with apparent success.

A new resident in Anesthesia is Dr. W. D. Maher, who came to us from Swedish Hospital in Seattle.

Mrs. Vanessa Walters, former relief evening and night supervisor, is now working in Dr. Herrmann's office. Taking her place at the hospital is Mrs. Zella Moline, who has been the 4-12 nurse on First North, where she will continue to work when not doing relief duty.

A house filled to over-flowing was Tacoma General during the big snow. Patients were put in the halls, as well as in the office-classroom of the medical clinical instructor.

Several of the doctors had the right idea when they donned their ski-clothes for our winter weather. Among those suitably dressed for the foul weather we noted Doctors Quevli, Bowen, Fairbourn, Hosie (in comfortable boots) and Link.

One of the strange happenings at T. G. on the afternoon of Friday the 13th, was the curb service offered by Mr. Heath and Mr. Rasmussen. They assumed the responsibility of wheeling blanket-clad patients from the hospital doors to waiting taxis on Kay street.

PIERCE COUNTY

At the regular monthly staff meeting at the Pierce County Hospital on December 30th, 1949 the annual election of officers was held. Dr. Horace A. Anderson was elected to the Presidency of the attending staff and Dr. Scott Jones was elected Vice-President.

The attending staff looks forward to the year of 1950 with considerable anticipation in view of the fact that again there is an intensified teaching program somewhat expanded over previous years. We have a total intern group of eleven appointments made at the present time, seven regular interns and four residents. Consistent with the responsibility in every county hospital, the attending staff and our visiting staff feel deeply the responsibility entailed in preparing a group of young men to adequately handle the responsibilities of the practice of medicine. It has been our New Year's resolution that we may properly discharge this responsibility as a cooperative venture for the good of the community and the medical profession.

For the information of the Medical Society, early last year at the request of the Administration, the Board of Trustees of the Pierce County Hospital agreed by resolution to add two additional members to the Board of Trustees consisting of either the President or a representative of the attending staff of the Pierce County Hospital, and the President or a representative of the Pierce County Medical

(Continued on Page 14)

Society. This was expressly done to reassure doctors of the County of active participation in their county hospital.

Through the year of 1949 hospitalization of No. 172 patients outside of the Pierce County Hospital has been reflected in a deficit in our income which obviously increases the local tax burden. I am sure that a clearer understanding of this condition will serve to correct such a trend.

J. MORRISON BRADY, M.D.

Administrator

PUYALLUP GENERAL

The Puyallup General Hospital unit that has been under construction for the past 4½ months is now completed and will be ready to "nest" patients on February 1, 1950. Working under these conditions has been a hard grind, but so worth while. We know that Puyallup and vicinity will show much appreciation for all of this hospital addition so needed.

The unit consists of general offices, waiting room, diet kitchen, central dressing room, nurses' lounge, general utility, two complete bath rooms with showers, many supply closets, linen room and best of all—six two bed-rooms that are complete with built-in closets and wash basins. All beds and supplementary furniture are gray mist in color and the rooms are in pastel, green and pink. The offices are done in olive green, making a pleasant color combination.

On the second floor, we have a new emergency room, have enlarged delivery room, the surgery has had a going over and our main kitchen has been enlarged and the upper floor has been treated to a complete paint job. Also we have new Venetian blinds in every room. Have many new pieces of equipment, such as OB table, anaesthesia machine, ceiling illuminating lights, office furniture, refrigerators, stoves, wheel chairs, emergency table and pans, instruments and what have you?

The staff and employees number 27. Miss Clessie Reeder, who has been Superintendent of Nurses at Northern Pacific for the past five years, has accepted the position here as Superintendent of Nursing activities and we welcome her and hope she will like us.

February 1st from 3 to 8:30 p. m. we will welcome all who are interested in looking over our hospital.

In Memoriam

Robert A. Morse, M.D., died at his home after an illness that caused him to retire in 1946.

Dr. Morse graduated in 1913 from the University of Colorado and served his internship at St. Joseph's Hospital in Tacoma.

He entered the service in 1918 and served in France with the 82nd Division. After his discharge he practiced in Tacoma, officing in the Medical Arts Building until his retirement.

Dr. Morse was always a quiet modest doctor who did his professional work carefully and efficiently.

Washington State 100%

We have official information that the Doctors of the State of Washington have met last year's special assessment of \$25.00 per member 100 per cent.

No doubt the reason for this result is due to the action of the Washington State Medical Association making payment compulsory, with expulsion from the local county society the penalty for non-payment.

No further proof is needed that this policy has succeeded and its adoption in 1950 is suggested to those states responsible for the nation-wide response of slightly over 60 per cent of the doctors in 1949.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period December 21, 1949, to January 20, 1950, inclusive:

Bronch. Pneumonia	2
Chickenpox	37
German Measles	5
Gonorrhoea	19
Measles	3
Mumps	5
Scabies	2
Scarlet Fever	16
Syphilis	4
Tuberculosis	12
Whooping Cough	4

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Tacoma-Pierce County Blood Bank Activities

There has been considerable interest among the practicing physicians in the Blood Bank and its operation. The following will be a brief summary of the Blood Bank, its inception, operation and transfusion services.

In the middle of 1946 a group of Doctors and citizens became interested in formulating a Blood Bank in Tacoma. The proposition was placed before several civic organizations but they did not see their way clear to accept the project. When presented to the Labor organization they accepted, for the reason that many of their crafts already had what is termed a "walking Blood Bank." *i.e.* their entire group typed so that they could call an individual to give blood to aid one of their members in need. When it was explained that this blood could be drawn, stored and used, they agreed to subsidize the Blood Bank financially. This was done by selling "membership privileges" to union members, for which they received the privilege of a transfusion, when needed, without Laboratory costs, but the blood had to be replaced in amount by friends or members of their group. The A. F. of L. Central Labor Council provided adequate funds to permit the Blood Bank to operate until it was self-supporting, which was approximately eight months after its beginning in July, 1946. The Bank now serves all of the hospitals in Tacoma and some outlying districts such as Auburn, Puyallup, Shelton and Morton.

Methods of Operation

It is axiomatic that no Blood Bank can exist without replacements of blood used, therefore theoretically 100 per cent replacements would mean that only a service charge would be made. This service charge is \$7.50, which includes material, equipment used in drawing the blood, delivery, typing, serology, Rh factor and cross-matching as well as a recipient's transfusion set.

Early in the history of blood banking it was found that many recipients were dilatory in having blood replaced. It is now practically a universal practice to assess each person a \$25.00 "non-replacement penalty fee." This charge is refunded when a relative or friend replaces the units of blood used. If blood is not replaced the penalty fee remains as is, which means that the Bank is short that much blood and must spend all or a great portion of the money in Staff time to obtain donors from the people, or to spend added time to contact friends of recipients to replace blood, which all means expense. At the present time, when blood is replaced the total cost to the patient is \$7.50, plus a small hospital service charge (in the hospitals that do their own typing and cross-matching). In the smaller hospitals there is an additional charge of \$3.00 for transportation and service.

Irradiated Plasma

Plasma is available through the Bank on a replacement basis similar to blood. \$7.50 being the actual cost; \$10.00 is the "non-replacement pen-

alty fee." When a donation of blood is given at the Bank the \$10.00 is refunded.

Donor Pools

By much publicity and hard work the Bank has been able to develop the so-called "pool" groups. These groups agree to send in donors so that many units are available to them and to others as may be needed. These are dispersed at the request of the organization sponsoring the "pool." This has been a boon to the Bank inasmuch as "pool" units make more blood available.

A Statistical summary of work done:

	Donors	Transfusions
1946—July 23-Dec. 31.....	999	679
1947	3751	2939
1948	4753	4271
1949	5490	5528

Summary

The education of the Doctor in regard to the benefits of the Blood Bank and also his obligation to the Bank has been a difficult task for two reasons: first, the Doctor is a very busy man and secondly, most of the replacement work is left to the hospital personnel over which he has no control. However over the past eighteen months the majority of our physicians have taken a personal interest in replacements, which has helped the Bank considerably. If this becomes the practice of all physicians to help the Bank in every way, to send in donors, talk to relatives, etc., more blood will be available when needed.

The Board of Trustees of the Blood Bank is willing to accept from any individual or group, properties on which the proposed Blood Bank building will be erected. Our present quarters are inadequate. We need a building built for and adapted to Blood Bank work.

The Board of Trustees of the Blood Bank invites the Doctors of Pierce County to come to the Bank and see for yourself. Ask for information; it will be given willingly.

Know your Blood Bank—Send donors whenever you can.

N. E. Magnussen, M.D., Director

HAPPY BIRTHDAY TO MEMBERS WITH FEBRUARY BIRTHDAYS

C. B. Arnold	1
W. R. Olson	2
F. C. Willson	4
A. L. Schultz	6
D. G. Willard	6
F. L. Williams	14
P. E. Bondo	15
S. S. Jones	16
John Bonica	16
G. A. Delaney	20
W. A. Heaton	20
J. L. Whitaker	22
P. C. Kyle	23
F. J. Rigos	23
R. J. Bennett	26

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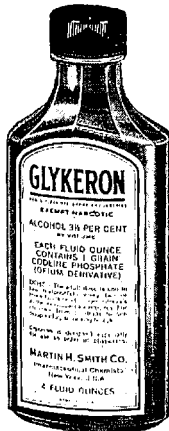
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Blizzard Special

Blizzard Predictor Dick Schultz pulled his boat out of the water at the Narrows Marina a few hours before the big blow or he probably would have lost it.

Bill Mattson's boat was sunk in the storm by a piece of driftwood punching a hole in the hull. He now has it afloat and under control.

Teats and Campbell aren't speaking these days. Campbell's boathouse put the squeeze on Gov's sailboat during the storm.

Trimble's boathouse and boat had a pilotless ride around the Yacht Club basin.

Ross Wright almost lost his boat and boathouse from the weight of the snow on the roof.

At last reporting, Ernie Banfield's car is still marooned at McNeil Island. Crime doesn't pay.

Drucker really enjoys this. He hasn't taken his skis off yet.

A ten second skid badly damaged Lantiere's car. Bob's feelings, but nothing else, were injured.

Herman Judd had to chop down his garage door to get his car out.

When your editor came to work Saturday morning after the blizzard he found strange bed partners in his BMR room—Walter Heath and Carl Rasmussen.

Col. E. J. Fairbourn, judging from his attire, went back on active duty for the duration of the storm.

Walking by the Doctor's Room at TGH the

morning after the storm I heard an innocent bystander say "Who are that bunch of bums in the Doctor's Room?" You should have seen how they were dressed. Most of them really went to the bottom of the trunk.

Jim Wicks drove to Seattle Monday and coming down a hill where there were stalled cars, applied his brakes, turned around four times in sliding a full block, went around the whole pileup, and never scratched a fender. He's the same boy who sank a seaplane last year without getting his feet wet.

Mrs. G. C. Kohl had a most successful Auxiliary meeting at her home which no one attended. The good doctor says he is sick of eating hoer's d' Oevres.

Bus rider Kyle couldn't move his funeral director's special for three days.

John Whitaker spent six hours getting back from Bremerton and then had to get out in the elements and put his chains on two blocks from home.

C. R. McColl was snowbound and spent three days living in at St. Joseph's. The first night he had lots of company, including Frank James and Doug. Murray.

"Now," said the college man to his dad at the football game, "you'll see more excitement for two dollars than you ever saw before."

"I don't know about that," replied the old gent. "That's what I paid for my marriage license."

DEAR DOCTOR:

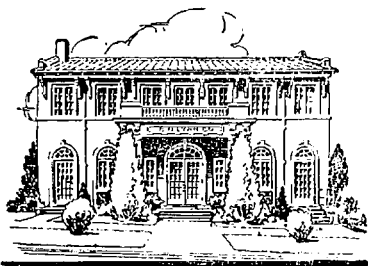
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The basic furnishings of the student lounge have been completed and this area has been opened to the students beginning with the winter quarter on January 3. The furnishings in this area are very attractive and it is sincerely hoped that members of the medical and dental professions who have donated the funds that have made these furnishings possible will visit the student lounge area when they in Seattle.

The cafeteria which has had to be furnished from funds from other sources will be completed some time in January so that this area will also be functioning during the winter quarter.

Doctor Edward L. Turner has been appointed as a member of the survey team on the Survey of Medical Education to study the University of Illinois School of Medicine. This survey will be conducted from January 13 to January 20. It is the Survey of Medical Education sponsored by the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges. All of the medical schools in the United States are being surveyed for a complete re-evaluation of medical education in the United States.

The annual meeting of the Congress on Medical Education and Licensure will be held in the Palmer House in Chicago, February 5, 6 and 7. Doctor Raymond B. Allen will address the Federation of State Medical Boards of the United States on Monday evening, February 6.

The experience of fourth year students assigned to externships during the fall quarter consistently followed the pattern set down during the summer quarter. The students have been most enthusiastic over their month of externship with physicians in general practice. We have been exceedingly gratified by the reports that have come to us from the physicians who have supervised these students during the externships period. During the fall quarter the following physicians acted as clinical affiliates of the medical school faculty supervising the externships—Doctor Erroll W. Rawson of Seattle, Doctors Frederick and Harriet Judy of Spokane, Doctor H. D. Fritz of Cathlamet, Doctor Harry Kretzler of Edmonds, Doctor Edward S. Salter and Doctor Remington of Davenport, Doctor Ray S. Crist of Port Townsend, Doctor Merrill Shaw of Seattle, Doctor Howard C. Eddy of Mercer Island and Doctor Ernest Ching of Seattle.

For the first month of the winter quarter Doctor John Gahringer of Wenatchee, Doctor M. L. Dumouchel of Raymond, Doctor Mary Turner of Pullman, Doctor Maurice Bryant of Colfax and Doctor Charles Mansfield of Okanogan are supervising the students on externship.

LOCALS

The County Medical Society and their wives turned out in full force and regalia for Tom Murphy's wedding. Handsome young Tom and his beautiful bride provided a heart-warming scene. They departed for Sun Valley but had to return to Minneapolis after three days where Tom is finishing a surgical internship at the University Hospital.

oOo

Tom Murphy Sr's and Phil Grenley's Christmas cocktail parties were well attended and went a long way toward making up for the State Liquor Board's tax shortage for 1949.

oOo

Western Union telegram from the Rose Bowl at Pasadena to your editor "Won't be back Wednesday. Having fine time. Collect later." Signed G. C. Kohl—P. C. Kyle.

oOo

Sales resistance: Your editor having his photo taken at Kennell-Ellis was greeted by a sweet young thing, "Did you see the beautiful picture of Mrs. Kunz and the children in the window? Of course, you know Dr. George Kunz."

Reply: "Never heard of him. Who is he?"

oOo

Murray Johnson replaces Clyde Magill as the moose hunter. Where is the moose?

oOo

Harry Allison left for Honolulu. Sig Herrmann is following him over.

oOo

Drs. Peterson and Leon Thomas both gave us a few harried moments with their illnesses but we are happy to report they are both back at work and look better than ever.

oOo

Dr. R. F. Rothe has gone to India to engage in Medical Missionary work under the auspices of the Seventh Day Adventist Church.

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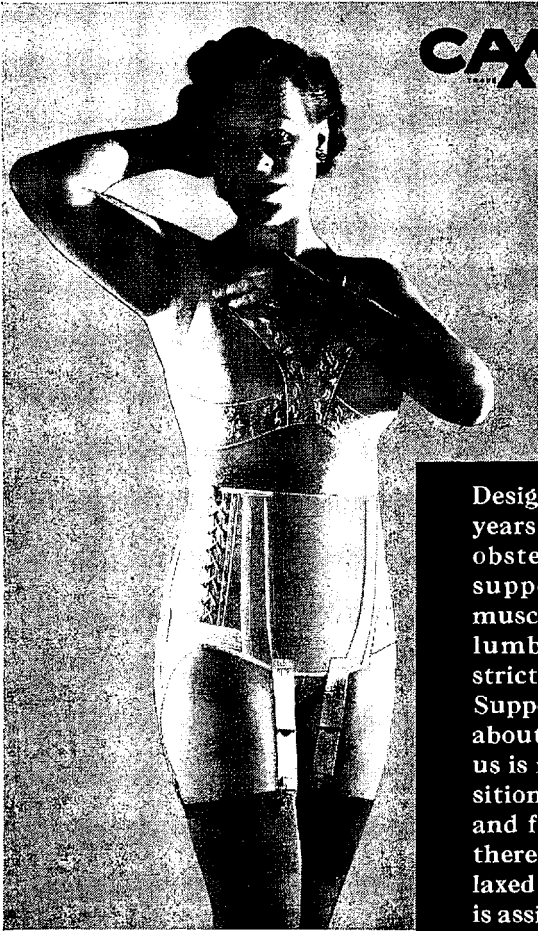
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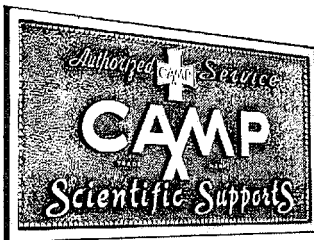


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Among the older age groups are such illnesses as heart conditions, cancer, diabetes, arthritis and many others. Many of these patients with chronic illness may be cared for in hospitals or nursing homes. Others will be much happier if given care in their own homes. To those who may remain at home, under a physician's care, the visiting nurse service of the Tacoma and Pierce County Health Department gives a service providing bedside care. The nurse may give a bath or a hypodermic, change dressings as well as instructing the attendant in further care.

For service of this sort to those able to pay, a fee of \$2.00 an hour with 50c for each additional hour is the charge. To those unable to pay, funds from the Community Chest make free service available. Cases under Initiative No. 172 are also entitled to service as ordered by the physician. Call Visiting Nursing Service, Tacoma and Pierce County Health Department, BRoadway 9341.

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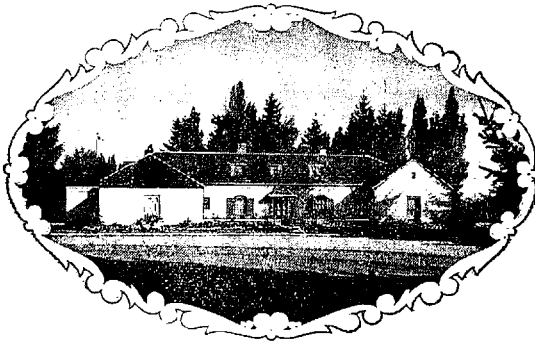
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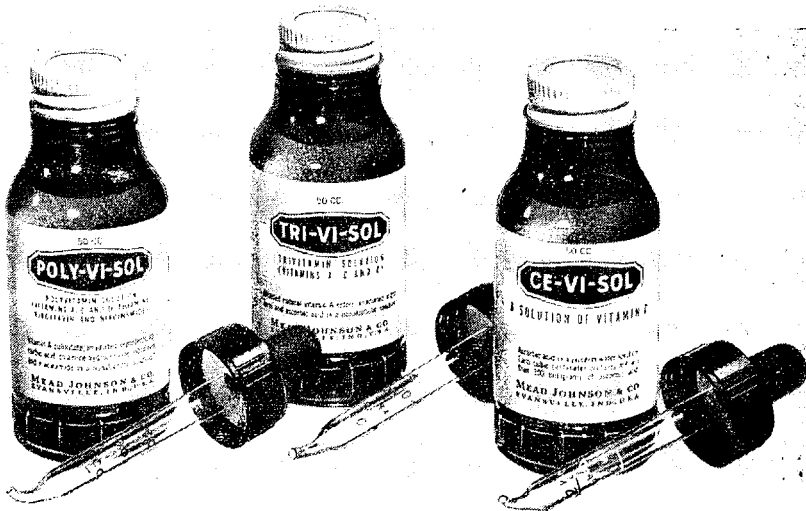
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Each 0.6 cc. supplies:

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Ascorbic Acid	50 mg.

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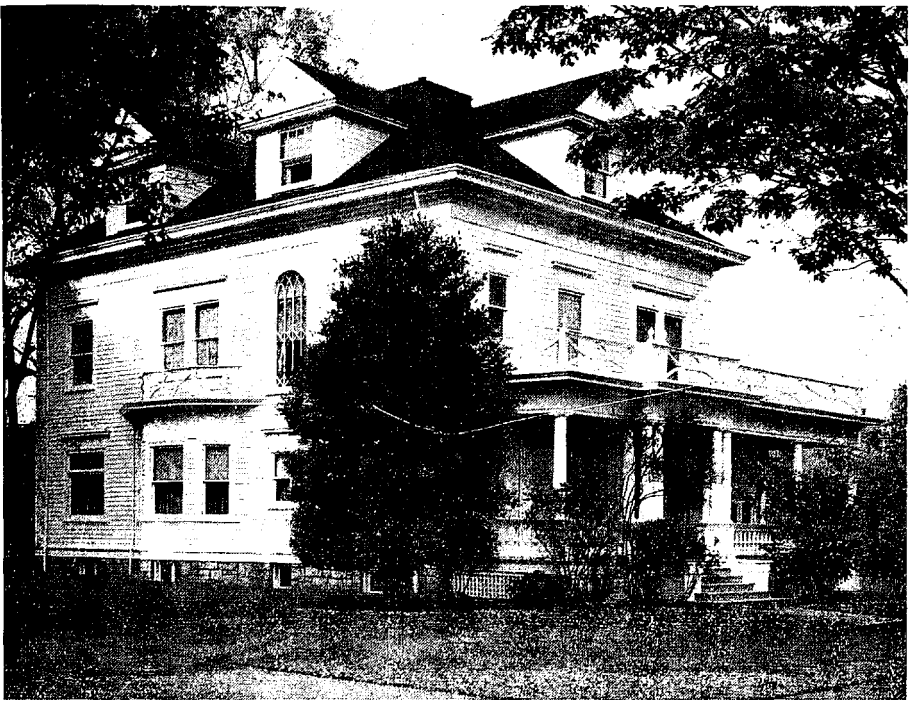
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

Vol. XX—No. 7

TACOMA, WASHINGTON

MARCH - 1950



Pierce County Medical Society

1950

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Program

MEDICAL ARTS AUDITORIUM

8:15 p. m.

March 14, 1950

Psychosurgery—

Arthur A. Ward, Jr. M. D.

Associate Professor of Surgery and Head of Division of Neurosurgery, University of Washington School of Medicine; graduate of Yale University School of Medicine; resident in Neurology and Neurosurgery, Montreal Neurological Institute; Diplomate of American Board of Neurological Surgery.

Is Compulsory Health Insurance Needed in the Tacoma Area—

Lee Powers, M. D., Department of Public Health, State of Washington



The President's Page . . .

It is altogether possible that when we turn on our radio one of these days, we will be greeted by the voice of the announcer heralding the virtues and benefits of a hospital plan or medical care plan offered by some Insurance Company. We know that personal representatives of large insurance companies specializing in group insurance have approached many employed groups offering insurance contracts to take the place of the present service plans offered by various agencies of the medical profession. There are many groups who have subscribed to insurance plans calling for reimbursement of medical, surgical and hospital expense. We welcome these people into the field of prepayment medical care. We feel that any plan providing for protection against the expense of unexpected illness, whether it be sponsored by an insurance company or by a medical group, should be encouraged. We are convinced that private enterprise can provide a more effective, economical and efficient protection against the expense of medical care than can be done by any political plan for socialization.

However, it is not wise to give unqualified endorsement to these programs without examining them in the light of future possibilities. Caution should be exercised as all programs may not be helpful but might boomerang and cause irreparable injury. For instance, in the rush for insurance companies to secure business of this type, many entering the field are offering policy contracts at attractive premiums with a very limited type coverage. It is possible, if not probable, that some salesmen, employed on a commission basis, will become over enthusiastic about the benefits offered in these contracts only to have the insured find out later that the protection afforded is very limited—at a time when the expense has been or is being incurred. Is it not possible that a policy holder finding himself in such a situation may become an easy convert to political medicine?

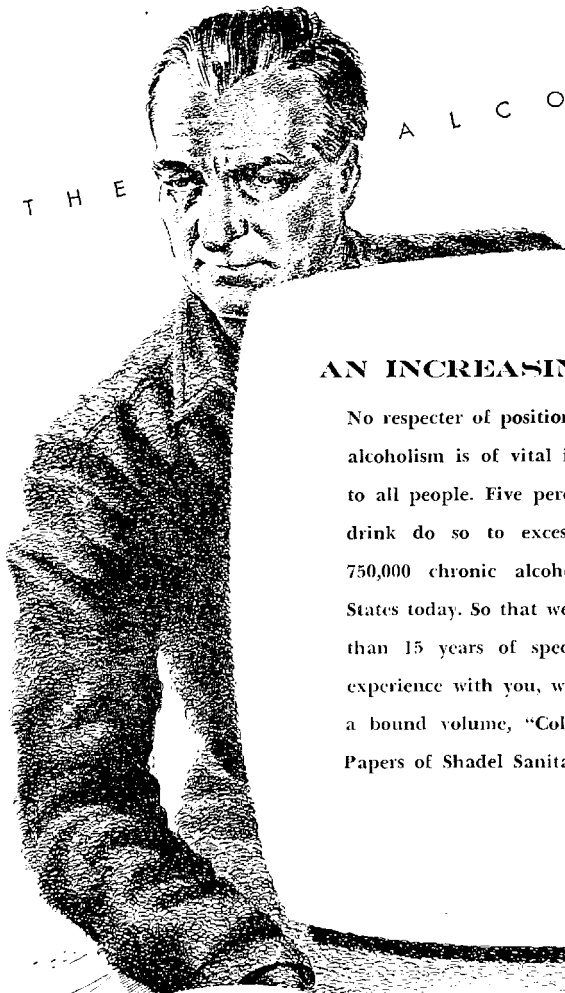
We have those among us who feel that the entire field of prepayment medical care is properly in the insurance field and who advocate the abandonment of the service plans offered by the medical profession. Should we do this, we might find ourselves some time in the future forced into a position where a lay agency could dictate the quality and type of service we could give to our patients by controlling the economic aspects of the practice of medicine. Is this not one of the basic and fundamental objections to the proposed government programs?

Just as the department of Labor and Industry fee schedule determines the remuneration to the doctor in this community and state, so the insurance companies conceivably may dictate our fees and thus the quality and type of service to the patient.

The Hospital Association is to be congratulated upon the control it is able to exercise over its rates and will no doubt be able to deal with insurance carriers. Is it presumptuous to point out that the medical profession too, should be looking ahead to unifying its action to safeguard against sub-standard fee schedules which lead to sub-standard service?

EDWIN C. YODER

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Editorially Speaking . . .

The Bulletin will go to press before a revised medical care program covering the remainder of the biennium is submitted to the doctors in this state. We should keep in mind two facts. First, a certain amount of money was allocated by the State Legislature to provide, over a period of two years, recipients of welfare assistance with hospital, medical and dental care plus a large variety of health services.

Second, to date the monthly outgo for this phase of the welfare program has increased and is increasing far beyond the allocated budget and unless drastic retrenching is imposed available funds will be exhausted within about six months.

As is always the case, whether it be an individual, a city, state or nation, when more money is spent than earned the question is always raised why the spending and who is to blame.

We do not have the answers but believe the basic reason for this financial predicament is the fantastic number and type of persons eligible for care under our present state laws and rulings.

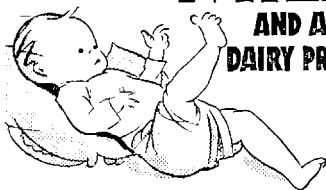
In too great a variety of welfare situations the mess hall doors are open and the response to "come and get it" is immediate and general. We must admit to an ever present human frailty, a willingness to get something for nothing, even though at times it may greatly dim that "little spark of celestial fire called conscience."

Concerning the present situation there is probably little we can do other than await developments. We are willing to accept a portion of liability for the expenditures but the great bulk of responsibility lies with those voters who gave majority approval to our present welfare laws.

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A.M.A. BY-LAWS CHANGES

The House of Delegates of the American Medical Association at its meeting in Washington, D. C., December 6 to 8, 1949, adopted amendments to the By-Laws of the American Medical Association whereby Division One, Chapter II, Tenure of Membership, has been changed to read as follows:

Chapter II.—Tenure and Obligations of Membership: Dues

Section 1.—When the Secretary is officially informed that a member is not in good standing in his component society he shall remove the name of said member from the membership roll. A member shall hold his membership through the constituent association in the jurisdiction of which he practices. Should he remove his practice to another jurisdiction, he shall apply for membership through the constituent association in the jurisdiction to which he has moved his practice. Unless he has transferred his membership within six months after such change of practice, the Secretary shall remove his name from the roster of members.

Sec. 2.—Annual dues, not to exceed \$25.00, may be prescribed for the ensuing calendar year in an amount recommended by the Board of Trustees and approved by the House of Delegates. Each active member shall pay said annual dues to his constituent association for transmittal to the Secretary of the American Medical Association.

An active member who is delinquent in the payment of such dues for one year shall forfeit his active membership in the American Medical Association if he fails to pay the delinquent dues within thirty days after notice of his delinquency has been mailed by the Secretary of the American Medical Association to his last known address.

Any former member who has forfeited his membership because of being delinquent in payment of dues may be reinstated on payment of his indebtedness.

The House of Delegates, on recommendation of the Board of Trustees, set the membership dues for the year 1950 at \$25.00.

The full effect of the new provisions will have to be studied and developed during the next year. However, the following interpretations of the amended By-Laws are offered for your guidance at this time:

(a) Active membership in the American Medical Association will continue to be limited to those members of constituent associations who (1) hold the degree of Doctor of Medicine or Bachelor of Medicine, and (2) are entitled to exercise the rights of active membership in their constituent associations as provided in Article 5 of the Constitution of the American Medical Association.

(b) A member of the American Medical Association shall lose his membership in the Association when the Secretary of the American Medical Association is officially informed that a member is not in good standing in his component society or is delinquent in the payment of the American Medi-

cal Association dues established by the above change in the By-Laws.

(c) Forfeiture of membership in the American Medical Association due to failure to pay dues will have no effect on membership in the component or constituent medical societies unless the component or constituent societies amend their respective constitutions and by-laws. It is, therefore, possible that a physician may be a member of his component and constituent societies and at the same time not be a member of the American Medical Association.

(d) The amended By-Laws provide for the collection of the American Medical Association membership dues by the constituent associations for transmittal to the Secretary of the American Medical Association. The detailed method to be adopted by each constituent association will vary in each state. In general, the method utilized by each state for the collection of its own component and constituent association dues should be followed.

It is planned to provide each member of the American Medical Association a membership card and certificate of membership when his dues are paid.

It will be necessary for the Secretary of the American Medical Association to notify those members who are delinquent in the payment of their dues, and this office will, therefore, require a complete list of all active dues paying members.

No changes have been made in the Constitution and By-Laws of the American Medical Association with respect to Fellowship. Eligibility for Fellowship and annual Fellowship dues of \$12.00 remain the same. Under the present By-Laws a Fellow will pay for the year 1950 total membership and Fellowship dues of \$37.00.

The following members may be exempted from the payment of the \$25.00 American Medical Association membership dues: retired members, members who are physically disabled; interns, and those members for whom the payment of such dues would constitute a financial hardship.

No member should be exempted from the payment of his American Medical Association dues who is not exempted from his component and constituent society dues.

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Would you like a companion in your office? One who would help you in your chosen profession without pay or expectation of reward; available at all times for demonstration to doubting patients and ever ready to aid in selling a repair or whittling job? This companion will always be found willing and useful as an adjunct to improve your knowledge of your fellow man and to inspire you to a greater appreciation of what lies beneath man's uninteresting exterior. You may view these valuable works of nature and submit sealed bids for same between the hours of 9 a. m. and 5 p. m. at the offices of the Pierce County Industrial Medical Bureau, 744 Market Street.

SPOKANE SURGICAL SOCIETY

Twelfth ANNUAL MEETING

Guest Speaker

ROBERT W. ZOLLINGER, M. D.

Professor and Chairman,
Department of Surgery

THE OHIO STATE UNIVERSITY
Columbus, Ohio

oOo

DAVENPORT HOTEL
Spokane, Washington

CLINICS and BANQUET
Saturday, April 8, 1950

oOo

MORNING SESSION

- 9:00 a. m.—Introductions and Opening of Meeting—James M. Nelson, M.D., President, Spokane Surgical Society.
- 9:30 a. m.—"Extension of Laryngectomy for Pharyngeal-Esophageal Lesions," Cornelius E. Hagen, Jr., M.D.
- 10:00 a. m.—"Surgery of Deafness," Malcolm N. Wilmos, M.D.
- 10:30 a. m.—"Recurrent Dislocation of the Shoulder," Thomas D. Thompson, M. D.
- 11:00 a. m.—"Transthoracic Esophogogastrostomy in Achalasia," Richard E. Ahlquist, M. D.
- Noon—LUNCHEON, Spokane Surgical Society, host "Clinical & Experimental Observations on the Diagnosis of Pancreatic Lesions," Robert M. Zollinger, M.D.

AFTERNOON SESSION

- 2:00 p. m.—"Wound Healing," James G. Matthews, M. D.
- 2:30 p. m.—"New Techniques of Anesthesia and Surgery in Thoracic Procedures," Gilbert F. Schneider, M.D.
- 3:00 p. m.—"Recent Additions to Treatment in Gynecology," Richard D. Reekie, M.D.
- 3:30 p. m.—"Perforated Peptic Ulcers," William H. Tousey, M.D.
- 4:00 p. m.—"Venous Thrombosis in the Upper Extremity," Milburn H. Querna, M.D.
- 4:30 p. m.—"PRACTICAL ASPECTS OF NUTRITION IN SURGICAL PATIENTS," Robert M. Zollinger, M.D.
- 6:00 to 7:00 p. m.—Cocktail hour.
- 7:00 p. m.—Banquet (Informal).
- Address—"EXPERIENCE WITH ONE HUNDRED CONSECUTIVE SPLENECTOMIES," Robert M. Zollinger, M.D.

GENERAL PRACTITIONERS MUST BE PROTECTED

There has been a cry from one end of this country to the other against the lack of general practitioners, or so-called old time family doctors. We feel that this demand for the return of this type of care is rightful and there is no question but what something must be done about it if medicine wishes to maintain its freedom from socialization. Medicine is partly to blame for the lack of young men going into this field of practice, and we should take that blame, but that is not the entire explanation. It is true that medical schools have stressed the specialties and this has been further increased by the activity of national specialty boards. Medicine has already taken steps to begin to rectify this part of the problem.

The factors in the problem over which medicine has had no control we feel are far more important, and unless steps are also taken on the part of the law-makers of this country the old time family physician, or general practitioner, will fast join the American Indian, and become a part of our earlier history. There are many cases throughout the United States where general practitioners have been sued for the results obtained with certain patients, and the courts have begun to establish the precedent that a general practitioner, in assuming the responsibility of a case where a specialist in that particular field of medicine or surgery is nearby, thus holds himself out to be a specialist, and should have the result legally expected from such specialists.

Unless this trend in medical legal responsibility can be corrected it will be impossible for a person to practice as a general practitioner, and the general practitioner will then become only a clearing house to relay patients into the hands of specialists, except where the general practitioner is in a very remote area. This naturally will increase the cost of medical care to the general public, which in turn is apt to lead to socialization of some sort.

We feel that the general practitioner must be protected, and that everything should be done, from a legal standpoint as well as from an educational standpoint, to stop the rapid disappearance of this truly American Man of Medicine from our midst.—R.O.B.

—*Bulletin of Los Angeles County Medical Assn.*

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

PAST PRESIDENTS

World War II was still raging in the year 1945 when Janet Moosey was president of the Auxiliary. When we asked Janet what projects were being sponsored during her year she explained that the group did well if they held their regular monthly meetings with so many members away or busy with various war-time activities. The active members did, however, manage to keep the Hygeia subscriptions going. Most of the meetings during 1945 were held in the Dalhem Tea Room. There were a few teas throughout the year, however, that were held in homes of the members. We believe that a lot of credit should go to Janet and our other war-time presidents for maintaining our organization.

Janet was born in Duluth, Minnesota, but moved to Seattle during her early childhood. She attended the University of Washington until her marriage to Dr. G. A. Moosey, then a resident at N. P. hospital here. The Mooseys have two daughters—Mary Alice, 12, and Janet, 9. Young Janet, incidentally, at the time of this writing was in the hospital with an emergency appendectomy. We hope she is well on the way to recovery by now.

* * *

Several items of new business were discussed and voted in the affirmative during our February meeting. It was decided by the members to put \$400.00 into a savings account to be used as a borrowing fund for the nurses or for auxiliary use if needed. A \$50.00 swim scholarship at the Y.W.C.A. for the nurses was also voted upon favorably. Our own Ruth Arnold has offered her services as an instructor. Lastly, the members voted to make Mrs. Horace Whitacre an honorary member. Mrs. Whitacre is our only member eligible since she is a past state president. The luncheon committee headed by Mrs. W. H. Ludwig did a commendable job. The program featured a talk by Theresa Burmeister, assistant director of occupational therapy at C.P.S. The luncheon style-show will take the place of our regular March meeting.

* * *

In a little less than a week it will be time for our benefit luncheon and style show to be held at the Top of the Ocean—March 10th, 1:00 p. m. Jeanne Schwind and her energetic committee are now nearing completion of their plans for the affair. They have had splendid cooperation from various individuals and organizations in Tacoma. Jeanne and her committee extend their special appreciation to the Sherman Clay Company for the use of an electric organ . . . and to the Pacific Storage and Distributing Company for delivering and returning same. Also to Jane Powers for the musical background and to Mrs. Stein of Tacoma

(Continued on Page 10)

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JANET MOOSEY

WOMAN'S AUXILIARY

(Continued from Page 9)

General Hospital for making it possible to have Jerry Ferris Gullett as our soloist. And last, but most important to Alma Ayers and the models who are putting on the show. The models will be Mesdames Valen Honeywell, Frederick Haines, Jr., Aaron Mandles, John Steel, John Gullikson, Robert Florence, W. R. Olsen, and W. E. Naess. PLEASE . . . If you haven't already done so return your tickets or your check to Lorraine Kunz or Jeanne Schwind. Here's hoping we see all of you at the Fashion Festival—March 10th.

* * *

After the doctors-wives party February 24th at the Top of the Ocean we'd like to change that old saw—"People have more fun than anybody"—to "Doctors have more fun than anybody"—of course that includes the wives too! If we may use another bromide . . . it was a "gala affair." More than two hundred doctors and wives turned out for the party which featured good food, good music, lots of prizes, and a unique master of ceremonies. The prizes given by the druggists and other interested firms varied from a lovely bottle of perfume won by the Society's president, Dr. Yoder . . . and a Toni Home Wave won by Dr. Heaton, Sr.—to a Packard-Bell table model radio won by Charlotte Larkin and a ham won by Kay Anderson. A feeling of "let's do it again next year" seemed to prevail among those attending—we vote aye!

INTER NOS

The Hawaiian Islands must truly be the garden spot of the world, judging from the tanned, healthy appearance it's vacationers bring back with them. Recently returned from the Islands are the Thomas Murphys and the S. F. Herrmanns. The S. F. Herrmann's were home only long enough to pack again and be on their way to Portland for a 3-day Pacific Coast Surgical Society meeting.

* * *

The recent G. P. Convention in St. Louis will find Jeanne Judd and Lorraine Kunz doing the shops and taking in the plays at the American Theater. The Judds will return via Omaha, which is Jeanne's home town. We understand the Kunz's will drive a new car home.

* * *

Mrs. H. G. (May) Willard is enjoying an extended vacation in sunny California visiting her daughter, Marion Dodd and family in San Jose and her sister in Palo Alto. She recently attended a Willard family reunion in San Marino.

* * *

Gwen Hosie is looking very chipper these days following her 9-day vacation in Los Angeles. The occasion for the trip was an O. B. convention in L. A. We understand this is the first time Gwen had left her youngsters for any length of time and it was a bit difficult at first to relax and enjoy the vacation—an experience that most mothers go through.

* * *

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Dottie Read and Florence Duerfeldt are busily engaged in preparations for a style show for Stadium high school to be given March 7th. It will be a panorama of fashion during the past fifty years. If you have any outstanding costumes of the era they would probably be interested.

* * *

Two of our members have been reported on the sick list—Mrs. E. F. (Mabel) Dodds and Mrs. G. R. (Isabel) Kunz. We're all wishing them a speedy recovery.

* * *

Taking time out recently for a brief vacation the John Robsons motored to Portland . . . the William Rademakers spent their recent time out in Victoria.

* * *

Quite a few of our members belong to a book review club conducted by one of the Northwest's most outstanding reviewers—Junia Todd Hallen. Recently Mrs. Hallen reviewed Overstreet's "Mature Mind"—a must on anyone's reading list. Throughout the book the word empathy is used—a word which promises to be one of the most used words in this generation—if you don't know what it means just ask any of the following—Helen Bennett, Helen Scheckner, Kay Willard, Kay Wright, Kay Anderson, Jeanne Vadheim, Ruth Sames, Lorry Norton, or Emma Bonica—they heard the review!

* * *

One of the lovely gowns you saw at the doctors

dance, February 24th was featured in the current issue of Life magazine.

* * *

Our recipe of the month is one that has been handed down from grandmother—to mother—to daughter. It originated in Italy and it is called Salsa Italina or what we would call Italian Sauce . . . But it is really more than just sauce. As you have probably guessed it is from our authority on Italian dishes—Emma Bonica . . .

SALSA ITALINA

- ½ cup cooking oil
- ¼ cup olive oil
- 1 medium onion
- 3 cloves garlic
- 1 4-oz. can mushrooms
- ½ lb. ground round (chicken or chops can be substituted)
- 3 8-oz. cans Hunts Tomato sauce
- 2 6-oz. cans Italian tomato paste
- 2 teaspoons chopped parsley (fresh)
- Salt and pepper to taste.

Brown onion and garlic in combined oils and add ground round and mushrooms. When meat is golden brown add tomato sauce and paste diluted with 4 cups of water. Add chopped parsley and bring sauce to boil. Turn down heat and let simmer for at least four hours. This is necessary to achieve the best flavor results. Pour over hot spaghetti. If there are any questions call Emma Bonica at PRoctor 7164.

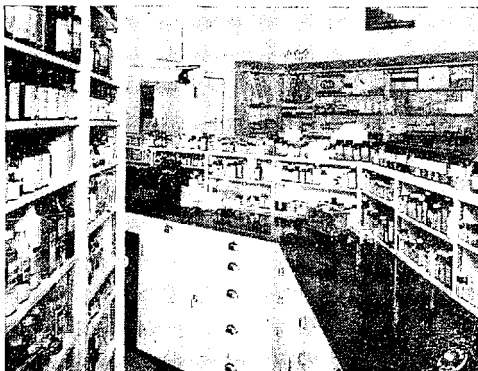
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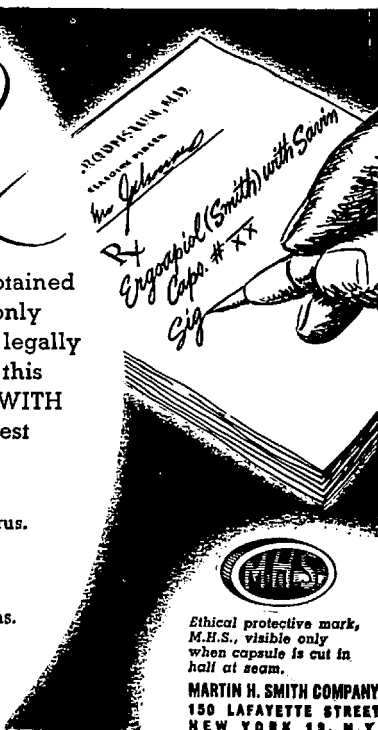
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The Hospitals . . .

TACOMA GENERAL

A meeting of the Tacoma General Hospital Staff was held in Jackson Hall on February 6th. The chief subject of discussion was the revised Constitution and By-Laws. A few minor changes were suggested. Dr. Read discussed the matter of library dues and of membership in the County Medical Society as a requisite to membership on the hospital staff.

* * *

An increase in the number of patients has necessitated the use of beds in some of the halls. Room 111 on First North, which has been used for several years as a ward classroom has been converted into a two-bed ward.

* * *

Diabetic school continues with a slight increase in the number of students. Dr. Dille has been the lecturing physician for the month of February. Those interested in diabetes have enjoyed having as a patient a diabetic who is a personal friend of Dr. Joslin. The patient told of many of his experiences both as a patient and as a friend of the famous doctor.

* * *

Attending classes in the School of Nursing is Mrs. Helmi Jarvis, a graduate nurse from Estonia, who came to this country as a displaced person. She is attempting to obtain registration as a graduate nurse in Washington.

* * *

Miss Maria Kvamme, a graduate nurse from Norway, worked six months as an undergraduate here, and is now a registered and a graduate nurse in our state.

ST. JOSEPH'S

The regular monthly staff meeting was held January 16th.

Dr. Geissler discussed Ocular Transplants and presented interesting motion pictures on that subject.

Dr. Charles Marshall gave a very thorough discussion on Rehabilitation for Defective Hearing.

Dr. C. B. Arnold deserves special thanks and praise for the effective fund raising work for the library. He has the appreciation of the Sisters and hospital staff. A visit to the almost completed library room is invited. Arrangements are being made for the purchase of an adequate supply of the latest text and reference books.

The boxes on the fifth floor contain the new spot film X-Ray equipment. It has recently been decided to place this in the cast room and work to this end is now under way. It should be mentioned that this is the latest type of X-ray equipment.

Drs. McCall and Carefoot are getting their new quarters into fine shape. Their special equipment is coming slowly but surely. Dr. Carefoot is developing into quite a photographer.

NOTES FROM THE SCHOOL OF MEDICINE, UNIVERSITY OF WASHINGTON

On the evening of March 30th, Doctor Carney Landis, Chief Psychologist of the New York Psychiatric Institute will address the students and faculty of the School of Medicine. Doctor Landis has enjoyed a wide experience in the study of the psychological aspects of individuals before and after lobotomy procedures. His talk should be of very great interest to all individuals interested in this field. The lecture will be held in the auditorium of the Health Science Building at 8:00 p. m. An invitation is extended to all physicians.

On March 31st the Faculty of the School of Medicine will conduct a General Practice Clinic Day. This program has been designed for the Washington State Chapter of the Academy of General Practice. The program is arranged so as to briefly present important advances in basic medical sciences and clinical fields with the emphasis on the practical aspects of the former.

The topics that will be discussed in brief twenty minute presentations are as follows: **Molecular Theory of Disease** (H. Stanley Bennett, M. D.); **Recent Advances in Poliomyelitis Research** (Charles A. Evans, M.D.); **Diagnosis of Encephalitis** (Alfred S. Lazarus, Ph.D.); **Psychosomatic Medicine** (Thomas H. Holmes, M.D.); **Acid-Base Balance** (T. S. Cobbey, M.D.); **Use of Diuretics** (A. Farah, M.D.); **The Diagnosis and Treatment of Potassium Deficiency** (F. C. Moll, M.D.); **The Mechanisms of Shock** (H. S. Harkins, M.D.); **The Mechanisms of Adrenal Secretion** (T. C. Ruch, Ph.D.); **Adrenocorticotrophic Hormones** (R. H. Williams, M.D.); **Amenorrhea** (R. R. deAlvarez, M.D.); **Recent Applications in Antibiotics** (W. M. M. Kirby, M.D.); **Cause of Congenital Malformations** (R. J. Blandau, M.D.); **Cardiac Surgery** (K. A. Merendino). **Use of Iron in the Treatment of the Anemias** (C. A. Finch, M.D.); **Diseases of the Pancreas** (W. Volwiler, M. D.); **Studies of Various Tests for Malignant Neoplastic Diseases** (S. W. Lippincott, M.D.).

This General Practice Clinic Day will be conducted in the Auditorium of the Health Science Building and will begin at 8:45 a. m.

The first annual meeting of the Northwest Group of American Federation for Clinical Research is being held in the Auditorium of the Health Science Building on Saturday, February 23th. Members of this organization from the schools of Medicine of the of the Universities of Oregon and Washington will discuss current clinical research which they are conducting. This meeting will be the beginning of a very active organization in clinical research intercommunication between these two institutions.

LOCALS

Ed Denning has left private practice to take an active U. S. Navay commission. He has always wanted to specialize in Gynecology and has been assured of residency training in this field. Temporarily he is assigned to the Bremerton Naval Hospital. Best of luck, Ed.

oOo

George Kunz, Jr., has left for six weeks in the East where he will take in the National G. P. meeting, a two weeks refresher course at the Cook County Hospital together with a little vacation. He and Lorraine will drive a new Oldsmobile home from the factory.

oOo

Hawaii was too much for Harry Allison. When he got back it took a few days of hospital recuperation to correct the Island enteritis.

oOo

Rigos goes to Aberdeen to buy a new Nash Ambassador. He is well known in Tacoma.

oOo

Homer Humiston is continuing his fine speaking tour against socialization. We all owe this man a big vote of thanks for his tireless efforts in our behalf.

oOo

We are happy to report that Dr. Drues is practically recovered from his serious illness.

oOo

Jim Mattson is taking a holiday in California and Arizona. We hear he is sharpening up on his golf game.

oOo

Mr. Hungate, Manager of the Tacoma Medical Center, advises us that some twenty new buildings are being planned for spring construction and as soon as negotiations are completed construction will commence.

oOo

Robert Brooke is a patient in St. Joseph's Hospital. Best wishes for a speedy recovery. He can see visitors.

oOo

The grapevine has it that Dr. William B. McCreery, Jr., is returning to Tacoma to practice. He is the son of the late Dr. William B. McCreery, and is just completing his residency in Internal Medicine at Stanford.

oOo

Bill Rademaker was in St. Joseph's Hospital as an aftermath of the flu. We hear he is fully recovered and is now back at work.

oOo

Dr. and Mrs. Tom Murphy are vacationing in Honolulu.

oOo

This is one on your editor. The enclosed quotation is a reprint from the Monthly Bulletin of the International Footprint Association:

In company of the executive committee, Dr. Larson boarded the plane for home, he presumed. To his chagrin, when the time came to land and the passengers were instructed to

fasten their safety belts, he saw more water than he should have seen at the Bow Lake airport. He soon realized he was landing at Los Angeles and feels he was conspired against by his fellow committeemen. He is now known as "Wrong Way Larson."

oOo

Joe Turner and his good wife are back after a five weeks vacation at Saratoga, California. Joe took very kindly to having breakfast and the morning paper served to him in bed.

A BERKSHIRE LAD

The loves I looked on when a lad
With adolescent hunger
Are grown to grandams, and I'm sad
That never a one is younger.

And I who look on ladies yet,
With eye maturer, bolder,
Would hazard you a lordly bet
The fools think I am older.

—Franklin P. Adams.

He (in telephone booth): "I want a box for two."
Voice (at the other end): "Sorry, but we don't have boxes for two."

He: "But aren't you the box office of the theater?"

Voice: "No, we are the undertakers."

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MEDICAL EDUCATION AT THE CROSSROADS

According to Dr. William S. Guthrie, dean of the College of Arts and Sciences at Ohio State University, a total of 88,810 applications were received from 29,000 students for 5,864 openings at seventy of the nation's seventy-eight medical colleges. The apparent discrepancy in the figures arises from the fact that many filed applications at more than one school.

At Columbia University, as an example, there were 2,800 applications for 120 places, a ratio of 23 to 1. The ratio at the other schools was about the same, ranging downward to 17 to 1. It appears, then, that the average young man or woman who would elect to devote his or her life to the medical profession has what is commonly known as a *fat* chance.

It appears also, that the elected applicants are chosen entirely by competition in collegiate subject grades. Only the top "A" students are elected. The others swarm into the already crowded graduate schools or go in for something else. The fact that your father is a doctor and an alumnus gets you nowhere. Medicine is indeed a chosen profession!

We need more doctors of medicine, men and women who, after proper training, will go out and practice general medicine. The medical profession is doing nothing about it except a lot of ineffectual talk. The federal government is also doing some talking that may not be so ineffectual. According to Drew Pearson, under a recent date-line, Senate Democratic leaders, meeting behind closed doors, decided not to adjourn until something is done about the nation's overcrowded schools and under-manned medical profession. This decision was reached after a personal appeal by Senator Claude Pepper of Florida for passage of his bill to increase medical training facilities. When a poll was taken, no dissenting voice was raised.

Seventy-eight medical colleges have grown up in this country without federal government direction or bureaucratic domination. Now it appears that the medical profession has shot its bolt, and that the future of these schools is to be turned over to the bureaucrats. Our part in the future of medical education is left only to the imagination. —ACP.

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Tacoma

Congressmen View England's Medical Care

The comments of those Congressmen who recently visited England and Sweden to investigate medical care in those countries is most revealing. In a fast two weeks' trip members of the House Interstate and Foreign Commerce Committee had the opportunity to clarify and augment medical care in the United States. As described in "Washington Report on the Medical Sciences" the Congressmen were disquieted by what they saw and heard abroad.

The sojourn abroad did not make converts for either side. Probably the best effect of the tour will be to increase the powers of discrimination of the Congressmen regarding future medical legislation in the United States. If on future hearings on medical bills the Congressmen will be better able to appraise some of the acrimonious arguments, the name calling, and the grim recitation of "alleged facts" for which there is no documented proof, then the trip will be highly beneficial for the future medical care of this nation.

Here is a summary of the statements of the Congressmen who participated in the survey.

Beckworth (*D. Texas*). You can't nationalize medicine and stop there. It leads to nationalization of other things. The visit was highly beneficial but I returned with my confidence unshaken in the American medical profession and the way we do things in this country.

Dolliver (*R., Iowa*). I am more than ever opposed to socialized medicine. I am thoroughly convinced that the British scheme is unworkable over here and it would lower professional and medical care standards. Aneurin Bevan (Minister of Health) is frankly out to extend socialism but, from a personal standpoint, he is a fellow one can't help liking.

Underwood (*D., Kentucky*). The trip will serve to make me more conservative in making up my mind on action that should be taken. I never was for socialized medicine. But I still feel it is necessary for good health services to be made available to all of the people at reasonable rates of payment. I hope that medical profession will help achieve that goal.

Ellsworth (*R., Oregon*). What England and Sweden and other countries abroad are doing about their health care systems has no real application to the United States. Their present circumstances and historical backgrounds are both so different from ours that it would be completely futile to make a translation into terms of desirable action over here. Nevertheless, we learned a great deal that will stand us in good stead when health legislation is under consideration.

Wilson (*D., Oklahoma*). The insight which I received into the administrative workings of the British and Swedish plans will be very valuable. But I still have reached no conclusions, except that Aneurin Bevan is a most energetic personality. The

Continued on Page Sixteen

(Continued from Page 15)

committee collected a great amount of information which will prove useful in discussions of pending legislation.

Biemilled (*D., Wisconsin*). Every doctor I talked to agreed they could practice better medicine than before; they could prescribe the medicines people really needed and know their patients could get them. Administrative costs are only 2.3 per cent under the present British plan, compared with 8 per cent for the best of our voluntary plans. Bevan went out of his way to point out the distinction between socialized medicine and health insurance. Dr. Charles Hill, secretary of the British Medical Association, was extremely critical of the AMA who, he claimed, had grossly misrepresented their insurance proposal by saying that the quality of medical care had deteriorated. Dr. Hill also emphatically stated his belief that voluntary health insurance plans could never meet health needs in Great Britain because they could not extend coverage to enough of the population. If you don't have a compulsory health insurance plan with adequate coverage, you walk right into socialized medicine. One bad feature of the British system is that it tries to cover the entire population and every aspect of medical and health care at the same time and there is lack of effective local control at many stages.

The Swedish health program is much more applicable to the United States than the British. Sweden's present system of voluntary health insurance, subsidized by the government, will be succeeded in 1951 by compulsory health insurance because voluntary plans just didn't work, even with large government subsidies. In the new scheme, each patient will pay one-fourth of all expenditures for medical care.

Gillette (*R., Pennsylvania*). I am more opposed to socialized medicine now than I ever was before. It will bankrupt any country.

McGuire (*D., Connecticut*). I saw nothing over there I would adopt over here. Bevan, he's the next prime minister, thinks the government can save money by manufacturing hearing aids so private manufacturers are going to be driven out of business. As far as the doctors are concerned, though, they are doing better financially than they were before. I was amazed to learn that.

Bennett (*R., Michigan*). Some of the things I saw confirmed my previous thinking. Others had a contrary effect. British doctors seemed to be more reconciled to the system than I thought would be the case, though this may be due to fear of the consequences if they rebel. One point agreed upon by doctors whom I believe are impartial is that the country attempted too big a gulp at one time. To this Bevan says "no" but nevertheless it seems that the program has been swept away from its original objective of furnishing care for the medically indigent and the country has wound up with a complete system of state medicine. It is a purely socialistic scheme, based on the theory that the government can spend your money best.

Linehan (*D., Illinois*). Nationalized medicine isn't

working over there and it won't work here. People seem to be afraid of Bevan. He's going to be the next prime minister if the Labor party stays in power.

O'Hara (*R., Minnesota*). From what I saw, I would say that our indigent obtain far better medical care than do those of England and Sweden. The original ideas I had on this subject of providing health services were strengthened by the trip. The British, having jumped into something as big as this without possessing enough doctors and nurses, are having a hell of a time. The Swedish have been more cautious in their approach. As for bills now awaiting action by our committee, I will support those that will relieve the shortage of doctors and nurses but I am still opposed to the school health services bill in its present form.

Legion National Commander Urges Military Medical School

George N. Craig, American Legion National Commander, told a women's patriotic organization in Washington Friday night that armed forces should establish a medical school to train their own doctors. It would prove not only "a boon to private medicine" but a project that civilian physicians would be happy to support, Craig told the conventioners. At various times, certain members of Congressional committees have advocated establishment of a so-called "West Point of Medicine" but this is the first time—to your correspondent's knowledge—that an American Legion commander has recommended such a step. Note: As of January 1, nearly 15 per cent of Navy's "regulars" in the Medical Corps—208 out of 1,370, to be exact—were certified by American specialty boards.

—Washington Report on the Medical Sciences.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period January 21, 1950 to February 20, 1950, inclusive:

Chickenpox	25
Diarrhea	11
German Measles	8
Gonorrhoea	21
Impetigo	5
Infectious Hepatitis	9
Infectious Mononucleosis	1
Measles	12
Meningo-Meningitis	1
Mumps	8
Scabies	1
Septic Sore Throat	1
Scarlet Fever	32
Syphilis	8
Rheumatic Fever	1
Tuberculosis	15
Whooping Cough	10

Pierce County Medical Association

1950 Membership Roster

(Day indicates afternoon out of office)

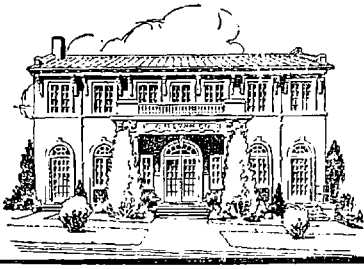
ALLISON, HARRY B.		
Orthopedic surgery		
Office 1422 Medical Arts Building	MA	8882
Residence 7235 Interlaaken Drive, S.W.	LA	9122
ANDERSON, EDWARD R.		
General surgery—Wednesday		
Office Northern Pacific Hospital	MA	6116
Residence 919 North G Street	MA	6613
ANDERSON, HORACE A.		
Internal medicine—All day Thursday		
Office 1108 Medical Arts Building	MA	2601
Residence 402 So. L	BR	6185
ANDREWS, HARRY H.		
General practice—Friday		
Office 1003½ Main Street, Sumner	Sumner	300W
Residence 603 Cherry Ave., Sumner	Sumner	300M
ANNEST, LEO		
General practice—Wednesday and Saturday		
Office 5437 South Tacoma Way	GA	2182
Residence 3815 S. Ainsworth Ave.	HI	2032
ARNOLD, CHARLES B.		
General practice—Thursday, Saturday afternoon		
Office 722½ So. 38th Street	HI	5251
Residence 1224 No. Tacoma Ave.	BR	5893
AVERY, WILLIAM E.		
General practice—Thursday		
Office Western Clinic	MA	1141
Residence 724 No. Yakima Ave.	BR	5245
AYLEN, CHARLES H. (Honorary)		
450 Belvedere, La Jolla, California		
BADER, B. A.		
General practice		
Office Western Clinic, Perkins Bldg.	MA	1141
Residence 1017 N. 12th	BR	7995
BANFIELD, ERNEST E.		
Plastic and Reconstructive Surgery—Thurs. afternoon		
Office, Medical Arts Bldg.	BR	0660
Residence, 319 North K Street	MA	6049
BARBER, THEODORE M.		
Psychiatry—E.O. Saturday		
Office Western State Hospital	LA	2151
Residence Fort Steilacoom	LA	2151
BARRY, SHIRLEY D. (Honorary)		
Not in practice		
Residence Puyallup		
BASKIN, LESTER S.		
General Practice and Surgeon—Thursday		
Office Western Clinic, Perkins Bldg.	MA	1141
Residence 906 No. Tacoma Ave.	MA	2333
BEACH, ROBERT H. (Honorary)		
Not in practice		
Residence Tacoma Country Club		
BENNETT, RAYMOND J.		
Neuropsychiatry—Thursday and Saturday		
Office 725 Medical Arts Building	BR	3366
Residence 2715 North 26th Street	PR	2215
BENSON, JOSEPH A.		
Dermatology—Thursday		
Office 1007 Medical Arts Building	BR	6771
Residence, Lake Killarney	WA	8825
BLAIR, SAMUEL L.		
Not in practice		
Residence 314 North I Street	BR	5374
BLAND, LELAND J.		
Office 728 Medical Arts Building	BR	2532
Residence 3638 N. Cheyenne St.	PR	2534
BLIZARD, ELDON C.		
Internal Medicine—Wednesday afternoon		
Office, 110 4th Ave. N.W., Puyallup	Puyallup	5-6645
Residence, 518 4th Ave. S.W. Puyallup	Puyallup	5-2283
BOHN, JULIUS C.		
General practice		
Office 2602 North Proctor St.	PR	5511
Residence 3506 N. Union Ave.	PR	5256
BOND, ROBERT G.		
General practice		
Office 1206 So. 11th St.	MA	3534
Residence 521 No. Yakima Ave.	MA	2321
BONDO, PAUL E.		
General Practice		
1477 Medical Arts Bldg.	MA	0129
403 Garfield St., Parkland	GR	8607
Residence, Parkland	GR	7149
BONICA, JOHN		
Anesthesiologist		
Office Tacoma General Hospital	MA	1181
Residence 44 Summit Road	PR	7164
BOWEN, JESSE W., JR.		
General Practice—Thursday		
Office, 1118 Medical Arts Bldg.	BR	4440
Residence, 608 South 2nd Street	BR	1400
BOWLES, THOMAS K. (Honorary)		
4624 So. Yakima Ave.	GA	1540
BRADY J. MORRISON		
Medical Director Pierce County Hospital	GA	3321
Residence, Route 6, Box 158, Tacoma	YU	9853
BROOKE, J. ROBERT		
General practice—Thursday and Saturday afternoon		
Residence 3814 North 12th Street	PR	7216
Office 1206 So. 11th St.	MA	4272
BROWN, BURTON A.		
Office Medical Arts Building	BR	5281
Residence 3101 North 30th Street	PR	2621
BROWN, ROBERT W.		
Western State Hospital		
Fort Steilacoom, Wash.	LA	2151
BROWN, WILLIAM C.		
Office 10011 Gravelly Lake Drive	LA	2193
Residence 51 Oak Park Drive S.W.	LA	2403
BUIS, ALBERTUS H. (Honorary)		
Not in practice		
3594 McKinley Ave.		
BURROWS, WILLIAM		
Office 700 N. Meridian, Puyallup	Puyallup	5-2374
Residence Roseli Road, Puyallup	Puyallup	5-8281
BURT, ROBERT R.		
Office, Airport Road and Pacific Ave.	GR	7140
Residence 754 Violet Meadow	GR	8152
CAMERON, WALTER C.		
Ophthalmology—Wednesday and Saturday		
Office 1113 Medical Arts Building	MA	1282
Residence Route 9, Box 941	GA	6228
CAMPBELL, JOHN R.		
General practice—Saturday		
Office 5243½ South Tacoma Way	GA	1651
Residence 5223 So. Oakes Street	GA	4331
CARLSEN, EDWIN L. (Honorary)		
General practice—Tuesday and Saturday		
Office 5401½ South Tacoma Way	GA	3331
Residence 5311 So. Lawrence Street	GA	7330
CARTE, WAYNE B.		
Office Medical Arts Building	MA	1894
Residence 123 Alameda	PR	1611
CLARK, THOMAS H.		
General practice—Wednesday		
Office 927½ Kincaid Ave., Sumner	Sumner	72
Residence 519 Alder Street, Sumner	Sumner	436
CLAY, HOMER T.		
Pediatrics—Saturday		
Office 828 Medical Arts Building	BR	3803
Residence 818 North G Street	BR	4534
COLE, GEORGE C.		
Diagnosis and Internal Medicine		
111 North Tacoma Ave.	BR	3330
COOPER, ALBERT L.		
Public Health		
Office, Central School	BR	2283
Residence, 3510 North Washington	PR	1952
CRANOR, JOHN R., JR.		
Surgery—All day Wednesday		
Office, 1516 Washington Bldg.	BR	4251
Residence, 4320 North Water	PR	6796
CROWE, VERNON E.		
Saturday		
Office 1126 Medical Arts Building	MA	3038
Residence 424 North G Street	MA	5521
CURRAN, THOMAS B.		
Honorary member—Not in practice		
American Lake		

DAYTON, DARCY M. Pediatrics—Thursday Office 429 Medical Arts Building.....MA 4378 Residence 4131 Madrona Way.....PR 1678	GRIFFIN, HILLIS F. General practice—Saturday Office 605 South Pine Street.....BR 4455 Residence 3102 North 13th Street.....PR 8343
DELANEY, GEORGE A. General practice—Saturday Office Washington Bldg.....BR 1782 Residence 3222 North 19th Street.....PR 3668	GRIFFITH, GUY E. Honorary member—Not in practice Puyallup
DENZLER, CHARLES H. General practice—Thursday Office 927 Kincaid Street, Sumner.....Sumner 72 Residence 1309 Park Street, Sumner.....Sumner 316	GULLIKSON, JOHN W. General surgery—Wednesday Office Northern Pacific Hospital.....6116 Residence Tacoma Country & Golf Club.....LA 9635
DIAMOND, LEON S. American Lake Neurology and Psychiatry Veterans Hospital.....LA 2165	HALVORSEN, CLIFFORD Neuropsychiatry and general practice Office 4802½ South Yakima Ave.HI 4222 Residence, Steilacoom.....LA 3374
DIETRICH, CARLISLE Tuesday, Friday morning, Saturday afternoon Office 942 Medical Arts Building.....BR 3645	HANSEN, JOSEPH L. General practice—Saturday Office 1206 So. 11th Street.....BR 8451
DILLE, RODGER S. Internal Medicine—Wednesday Office 736 Medical Arts Bldg.....BR 0660 Residence 22 Bradley Road.....PR 3179	HANSON, EUGENE W. General practice—Wednesday Office 907 Medical Arts Building.....BR 3772 Residence 3510 No. 33rd Street.....PR 1152
DRAKE, B. ELIZABETH Diagnosis and diseases of women—Wednesday Office and Residence 6443 Wildaire Road.....LA 3847	HARDS, HILDEBRAND J. Honorary member—Not in practice 825 North Yakima Ave.....BR 1811
DRUCKER, GERHART A. General practice—Saturday afternoon Office 757½ South 38th Street.....HI 3064 Residence 523 South 61st Street.....GA 2448	HARRINGTON, BERNARD D. Roentgenology—Wednesday and Saturday Office 1414 Medical Arts Building.....MA 7473 Residence 2623 No. 29th.....SK 2363
DRUES, ISADORE A. Eye, ear, nose and throat—Saturday Office Medical Arts Bldg.....BR 7447 Residence 922 N. Ainsworth Ave.....MA 6282	HAVLINA, JOHN M. Obstetrics and gynecology—Saturday Office Tacoma Medical Center, Building 4.....BR 2512 Residence 4017 So. 7th.....BR 3166
DUERFELDT, TREACY H. Internal medicine, allergy—All day Wednesday, Alternate Saturdays Office 1108 Medical Arts Building.....MA 2601 Residence 2905 North 28th Street.....PR 4224	HAZEN, BERNICE M. Psychiatry Office, Western State Hospital.....LA 2151 Residence, Western State Hospital.....LA 2151
DUTTON, HARRY H. Neuropsychiatry—Saturday Office, Western State Hospital.....LA 2151 Residence, Western State Hospital.....LA 2151	HEATON, ARCHIBALD B. Obstetrics and gynecology—Wednesday Office 611 Jones Building.....MA 8471 Residence 3715 North 28th Street.....PR 1191
EGAN, JAMES H. General practice—Saturday Office 710 Puget Sound Bank Building.....BR 2040 Residence 3722 N. Washington Street.....PR 1133	HEATON, WARREN A. Office Jones Building.....MA 8471 Residence 637 So. Meyer St.....PR 0101
EHRLICH, ALBERT General practice—Wednesday Office 1212 Medical Arts Building.....BR 2625 Residence 802 North Yakima Ave.....BR 5070	HELLYER, DAVID T. Pediatrics Office 722 So. K Street.....BR 4214 Residence 7814 John Dower Road.....LA 9727
FAIRBOURN, EDWIN J. Internal medicine—Saturday Office 1507 Medical Arts Building.....BR 3520 Residence 617 North C Street.....MA 8526	HENNING, FRANK W. General practice—Wednesday Office Western Clinic.....MA 1141 Residence 212 Eldorado.....PR 0011
FARGHER, CECIL R. Director of Health—Saturday Office 2324 Pacific Avenue.....BR 9341	HERRMANN, ARNOLD J. General practice and surgery Office 707 Medical Arts Building.....BR 1419 Residence 4620 No. Verde Street.....PR 4632
FLORENCE, ROBERT W. Fractures and Traumatic surgery—Wednesday Office Tacoma Medical Center.....MA 2516 Residence, 3306 No. 22nd.....PR 9703	HERRMANN, SIEGFRIED F. Surgery—Wednesday and Saturday Office 707 Medical Arts Building.....BR 1419 Residence 55 Summit Road.....PR 4466
FOREMAN, BRADY H. Honorary member—Not in practice 4121 Madrona Way	HILLIS, ALBERT E. (Honorary) Eye, ear, nose and throat—Wednesday and Saturday Office 1103 Medical Arts Building.....MA 1262 Residence 1001 No. G.....BR 8004
GABLE, CHARLES M. Neuropsychiatry Office and Residence Western State Hospital.....LA 2151	HOPKINS, LEWIS A. General practice—All day Saturday Office 1526 Medical Arts Building.....BR 6172 Residence 3718 No. Mason Ave.....PR 6340
GALLOWAY, ZILPHA Psychiatry and internal medicine Office, Western State Hospital.....LA 2151 Residence, Western State Hospital.....LA 2151	HOSE, MAHLON R. Obstetrics—Wednesday Office 1012 Medical Arts Building.....BR 2106 Residence 1210 Division Ave.....MA 2644
GEISSLER, GERALD G. Eye, Ear, Nose and Throat—Friday afternoon Office, Western Clinic, Perkins Bldg.....MA 1141 Residence, 3803 North 8th Street.....PR 7984	HOWE, ARCHIBALD W. Eye, ear, nose and throat—All day Wednesday, Thurs- day morning, Saturday afternoon. Office 935 Medical Arts Building.....MA 3640 Residence 2902 No. 27th Street.....PR 2258
GIBSON, ROBERT H. General Surgery—Proctology—Wednesday Office 1206 So. 11th.....BR 8494 Residence 3612 No. 25th.....PR 1353	HOYER, LOUIS P., Jr. General surgery—Thursday Office 407 Medical Arts Building.....BR 9202 Residence 4117 No. 19th Street.....SK 2186
GOERING, WILLIAM H. Orthopedic surgery—Saturday Office, 512 Medical Arts Building.....BR 6161 Residence 1545 Sunset Drive.....SK 2205	HCYT, WALLACE P. General practice—Thursday afternoon Office Puyallup Clinic.....Puyallup 5-6645 Residence 701 45th S. E., Puyallup.....Puyallup 5-6336
GRAY, CLYDE E. General practice, gynecology and obstetrics—Saturday Office 1206 So. 11th.....MA 1661 Residence 3619 No. 29th Street.....PR 2446	HUFF, RALPH M. Internal Medicine and Cardiology Office 1206 So. 11th.....MA 4518 Residence 3416 No. 30th Street.....PR 2460
GRENLEY, PHILIP Urology Office 1216 Medical Arts Building.....BR 6251 Residence 710 No. Eye.....MA 6621	HUMISTON, HOMER W. Urology Office 526 Medical Arts Building.....MA 4474 Residence 3411 No. 24th Street.....PR 4323

HUNT, LEO J. General surgery—All day Thursday Office Puget Sound Bank Building..... MA 8466 Residence 701 No. J Street..... MA 7535	KYLE, PHILIP C. Obstetrics—Thursday and Saturday Office 1427 Medical Arts Building..... MA 1561 Residence 701 No. Yakima Ave..... BR 2009
HURST, CECIL General practice—Saturday and Thursday Office 401 Medical Arts Building..... BR 6312 Residence 3701 No. Washington..... SK 2244	LAMBING, JAMES D. General Practice—All day Thursday Office, Gig Harbor..... Gig Harbor 2660 Residence, Gig Harbor..... Gig Harbor 93
JAMES, FRANK H. General practice Office Lakewood Center 11120 Gravelly Lk. Dr... LA 3911 Residence 9132 Gravelly Lake Drive..... LA 3911	LANTIERE, S. ROBERT General practice—Saturday Office 1203 Medical Arts Building..... MA 3070 Residence 3724 No. 33rd Street..... PR 1346
JARVIS, JOSEPH B. Radiology Office Medical Arts Building..... MA 6764 Residence 7216 Interlaeken Drive S.W..... LA 8049	LARKIN, HUGH A. General practice—Thursday Office 1616 Washington Building..... BR 1064 Residence 705 No. 5th Street..... MA 7406
JOERS, LAWRENCE E. C. General practice—Saturday Office 3205 Pacific Ave..... GA 3325 Residence 3205 Pacific Ave..... GA 4242	LARSON, CHARLES P. Pathology Office Tacoma General Hospital..... MA 1181 Residence 3219 No. 32nd..... SK 2279
JOHNSON, DAVID H. Obstetrics—Saturday Office 1012 Medical Arts Building..... BR 2106 Residence 1202 No. 1 Street..... MA 2856	LASEY, JOSEPH O. General practice—Thursday Office 633 Provident Bldg..... MA 6463 Residence, 916 No. Tacoma Ave..... MA 4788
JOHNSON, EDWARD J. Office Tacoma Indian Hospital..... MA 1106	LESLIE, ARTHUR C. General practice—Thursday Office 3805½ South Yakima Ave..... GA 1274 Residence 864 So. 37th Street..... GA 8864
JOHNSON, MURRAY L. Surgery—Thursday Office 1412 Medical Arts Building..... BR 6862 Residence 3810 No. 35th Street..... PR 8515	LEWIS, W. E. Internal medicine—Friday and Saturday Office Northern Pacific Hospital..... MA 6116 Residence 822 Upper Park..... MA 8572
JONES, SCOTT S. Obstetrics and gynecology—Saturday Office 1212 Medical Arts Building..... BR 3723 Residence 2208 No. Cedar Street..... PR 2640	LIGHT, SAMUEL E. Dermatology and syphilology—All day Saturday Office 1503 Medical Arts Building..... BR 1661 Residence 11150 Gravelly Lake Drive..... LA 8833
JONEZ, HINTON D. General practice—Saturday Office 1401 Washington Building..... MA 2494 Residence Route 1, Box 519, Spanaway..... GR 7154	LINK, RICHARD B. General practice, obstetrics and gynecology—Thursday Office No. 26th and Washington..... PR 3586 Residence 2512 No. Warner Street..... PR 0068
JUDD, HERMAN S. General practice—Wednesday Office 922 Medical Arts Building..... BR 8439 Residence 1318 No. 10th Street..... BR 6127	LONG, THOMAS H. Honorary member 2115 South K Street..... MA 7816
KAHLER, HAROLD F. General practice and neuropsychiatry Saturday afternoon Office 601 So. K..... BR 5022 Residence 622 No. Cushman Ave..... BR 3513	LUDWIG, WILLIAM H. Eyes, ear, nose and throat—Thursday and Saturday Office 714 Medical Arts Building..... BR 1700 Residence 2601 No. Junett Street..... BR 6369
KALKUS, J. HUGH General practice—Monday Office Medical & Dental Bldg., Fifth..... WA 8696 Residence 414 8th Ave., N.E., Puyallup..... Puyallup 5-7241	LUNDVICK, CYRIL V. Eyes, ear, nose and throat—Wednesday and Saturday Office 815 Medical Arts Bldg..... BR 3343 Residence 731 No. Stadium Way..... MA 4807
KANE, JOSEPH P. Honorary member—Not in practice 3118 So. 140th, Seattle	McBRIDE, GLENN G. General practice—Wednesday Office 807 Medical Arts Bldg..... BR 5385 Residence 1208 No. K Street..... MA 0684
KARSHNER, WARNER M. Honorary member—Not in practice Puyallup	McCABE, EDWARD F. General practice—Thursday Office 700 N. Meridian, Puyallup..... Puyallup 5-2374 Residence Rt. 5, Box 403, Pacific Hiway, Puyallup..... Puyallup 5-8176
KASS, MYRON Neurology and Psychiatry Office, 807 Medical Arts Bldg..... BR 6126 Residence, 2119 North Prospect..... SK 2311	McCARTY, ELBA D. Honorary member—Not in practice. Residence, 221 South 38th Street..... Phone not listed
KEHO, J. ARTHUR Honorary member—Not in practice. Residence, Sylvan, Fox Island	McCOLL, CHARLES R. Pathologic anatomy and clinical pathology Office St. Joseph's Hospital..... MA 4101 Residence 1906 So. 41st Street..... GA 5413
KELLER, WILLIAM N. Honorary member Box 133 Steilacoom	McCOY, CHARLES C. Saturday Office Western Clinic, Perkins Bldg..... MA 1141 Residence Bonneville Hotel..... MA 1115
KEMP, CHARLES E. Pediatrics—Thursday and Saturday afternoons Office 722 South K Street..... BR 4214 Residence 3812 No. 39th Street..... PR 7337	McNERTHNEY, WILLIAM B. Honorary member—Not in practice. Residence 24 Summit Road..... PR 6195
KITTREDGE, GEORGE S. Pediatrics—All day Mon., Tues. and Fri. mornings Office, 10011 Gravelly Lake Dr. S.W..... LA 2193 Residence, 9903 Oak Lane..... LA 9302	McPHAIL, ROSS E. Diseases of the Chest—Saturday Office 1317 Medical Arts Building..... MA 0717 Residence 465 6th Ave..... BR 3793
KMOLL, RAYMOND L. General practice—All day Saturday Office 8234½ Pacific Ave..... GA 2221 Residence 322 So. 30th Street..... MA 3623	McPHEE, WILLIAM A., JR. Office 4601½ Pacific Ave..... HA 1555 Residence 3841 Pacific Ave..... HA 6142
KOHL, GERALD C. Obstetrics and gynecology—Thursday Office Washington Bldg..... BR 5241 Residence 602 No. Tacoma Ave..... BR 1041	MacLEAN, SYDNEY M. Honorary member—Not in practice Cambridge Apartments
KUNZ, GEORGE General practice—Saturday and Thursday Office 1209 So. 12th Street..... BR 4747 Residence 3519 No. 29th Street..... PR 1351	MacRAE, ROBERT D. Roentgenology Office 1514 Medical Arts Building..... MA 1515 Residence 324 North E Street..... BR 2394
KUNZ, GEORGE G. R., Sr. Honorary member Surgery, Diseases of women—Thursday Office 1209 South 12th..... BR 4747 Residence 705 No. Yakima Ave..... MA 2442	MADDISON, FRANK R. Internal medicine and cardiology—Saturday Office 1135 Medical Arts Building..... MA 2348 Residence 4151 Madrona Way..... PR 7689
	MAGILL, CLYDE Urology—Wednesday and Saturday Office 1517 Medical Arts Building..... MA 3650 Residence 3415 No. 18th Street..... PR 2338

MAGNUSSEN, NORMAN E. General practice—All day Saturday and Wednesday afternoon Office 443 Medical Arts Bldg.....MA 6082 Residence 1309 No. 5th Street.....BR 1604	O'LEARY, ARTHUR P. General practice—Wednesday and Saturday Office 729 Medical Arts Building.....MA 7342 Residence 3411 No. 29th Street.....PR 9712
MAIER, HASKEL L. Eye, ear, nose and throat—Wednesday and Saturday Office 935 Medical Arts Bldg.....MA 2331 Office 3402½ South Tacoma Way.....HI 3761 Residence 2707 Henry Road.....BR 5216	OLSON, WILFRED R. Office Northern Pacific Hospital.....MA 6116 Residence 402 So. 1.....BR 0154
MARSHALL, CHARLES E. Office 1001 Medical Arts Building.....MA 8266 Residence. 6156 Fairlawn.....LA 9062	OOTKIN, BERNARD N. General practice—All day Thursday Office Dupont 9 a. m. to 1 p. m.....Dupont 2301 Residence Dupont.....Dupont 2441 Office Lakewood Center 1 to 5:30, Sat. 10 to 2.LA 9292
MATTSON, JAMES M. Internal medicine—Wednesday Office 1206 So. 11th.....BR 8494 Residence 1410 Division Ave.....MA 5773	PARROTT, GORDON M. Public Health Office 2324 Pacific Ave.....BR 9341 Residence 1023 No. Tacoma Ave.....MA 3423
MATTSON, WILLIAM W. General diagnosis and surgery—All day Wednesday and Friday Office 736 Medical Arts Building.....BR 3706 Residence 4602 North Water Street.....PR 1877	PARROTT, MILES General practice—Wednesday and Saturday Office 1207 Medical Arts Building.....BR 5822 Residence 10109 South Park Ave.....GR 8541
MAY, CHARLES W. General practice—Thursday Office Northern Pacific Hospital.....MA 6116 2324 East 72nd, Rt. 11.....HI 7788	PASCOE, CHARLES S. Urology—Wednesday and Saturday Office Washington Building.....MA 3832 Residence Interlaaken.....LA 9365
McGILL, CHARLES M. Industrial—All day Saturday Tacoma Smelter.....PR 3551 Residence, 2101 North Stevens.....PR 0034	PAUL, WILLIAM C. Eye, ear, nose and throat—Thursday Office 1041 Medical Arts Building.....BR 2666 Residence 3718 No. 35th Street.....PR 3642
MEIER, HERBERT E. Obstetrics and Gynecology Office, Western Clinic, Perkins Bldg.....MA 1141 Residence, 7 Barlow Road, S. W.....LA 7534	PENNEY, WARREN B. Honorary member—Not in practice 514 No. 11th.....BR 8292
MITCHELL, WHIPPING B. Honorary member—Not in practice Summer	PETERSON, WENDELL G. Orthopedic surgery—Thursday and Saturday Office 1422 Medical Arts Building.....MA 8882 Residence 4310 No. 31st Street.....PR 8691
MONAGHAN, RAYMOND W. General medicine and surgery Office 1500 Washington Building.....BR 3335 Residence 3935 North Mason Ave.....PR 4394	PLUM, FRANK A. Eye, ear, nose and throat, neurosurgery—Thur. and Sat. Office Western Clinic, Perkins Bldg.....MA 1141 Residence 4524 No. Verde Street.....PR 7401
MOOSEY, GEORGE A. Surgery and Urology—Wednesday Office Perkins Bldg.....MA 1141	QUEVLI, CHRISTEN, JR. Diagnosis and internal medicine—All day Saturday Office 1325 Medical Arts Building.....MA 5233 Residence 2224 No. Tacoma Ave.....MA 3348
MORGAN, JOHN D. Neuropsychiatry Office Veterans' Admin, American Lake.....LA 2185 Residence Veterans' Admin, American Lake.....LA 2185	RACE, GEORGE A. Ofting
MORSE, RAYMOND C. General Practice—Wednesday afternoon Office, Puyallup Clinic.....Puyallup 5-6645 Residence, 143 4th N.W. Puyallup.....Puyallup 5-6791	RADEMAKER, WILLIAM General practice—Thursday Office Tacoma Medical Center.....BR 1089 Residence 718 No. Adams.....PR 3155
MUIR, EDWIN C. Internal medicine—Thursday Office 1307 Medical Arts Building.....BR 1386 Residence, 7314 North Street S.W.....LA 3576	REA, ROBERT H. Neuropsychiatry—Saturday Office Western State Hospital.....LA 2151 Residence Western State Hospital.....LA 2151
MURPHY, ROBERT C., JR. Psychiatrist, Director Child Guidance Center Office, 2324 Pacific Ave.....BR 9341 Residence, 3709 North Washington.....PR 8612	READ, JESSE W. General surgery—Wednesday and Saturday Office 1125 Rust Bldg.....MA 1505 Residence 800 No. C Street.....BR 3400
MURPHY, THOMAS B. Surgery—Wednesday and Saturday Office 1118 Medical Arts Building.....BR 4440 Residence 803 Stadium Way.....BR 3033	READ, WILMOT D. (Honorary) Office only—Wednesday and Saturday Office 1125 Rust Building.....MA 1505 Residence 816 South L Street.....MA 8563
MURRAY, DOUGLAS H. Orthopedic Surgery Office Tacoma Medical Center 1206 So. 11th.....MA 2421 If no answer call.....BR 3186	REYNOLDS, CHRIS C. General practice—Wednesday and Saturday Office 1318 Medical Arts Building.....BR 8439 Residence 3723 No. 34th Street.....PR 8434
NACE, A. GEORGE Honorary member Residence 5634 So. Puget Sound Ave.....GA 1131	RICH, RICHARD I. General practice—Tuesday Office Lakewood Clinic, 10011 Gravelly Lk. Dr...LA 2193 Residence 6627 Hilltop Lane S. W.....LA 8706
NACE, FAY M. Office Medical Arts Bldg.....MA 1277 Residence 3807 No. 39th.....PR 0133	RICKLES, GEORGE A. Neurology and Psychiatry Office 807 Medical Arts Building.....BR 6126 Residence 4822 No. 26th Street.....PR 7511
NAESS, ERLING W. Saturday Office 2603 6th Ave.....BR 6842 Residence 5002 6th Ave.....SK 2423	RIGOS, FRANK J. Radiology—Wednesday and Saturday Office Tacoma General Hospital.....MA 1181 Residence 2501 No. Union.....PR 8205
NELSON, EVERETT P. Pediatrics—Saturday Office 722 South K Street.....BR 4214 Residence, 2232 West Blvd.....SK 2408	RITCHE, CYRIL B. General practice; allergy; surgeon—Wednesday Office 1525 Medical Arts Building.....BR 1193 Residence Clover Creek.....GR 7724
NEVITT, DONALD M. General practice Office Eatonville.....Eatonville 112 Residence Eatonville.....Eatonville 114	ROBERTSON, J. BENJAMIN Honorary member—General practice Office Bankers Trust Building, 1111 Pacific.....BR 2713 Residence 301 No. J Street.....MA 6481
NIETHAMMER, WOODARD A. Surgery and Gynecology—Thursday Office 1035 Medical Arts Building.....BR 2108 Residence 3403 No. 21st Street.....PR 1787	ROBSON, JOHN T. Neurology and Neurosurgery Office 1318 Medical Arts Building.....BR 8121 Residence 424 No. G.....BR 9206
NORTON, RODERICK A. Pediatrics—Wednesday Office 427 Medical Arts Building.....MA 1366 Residence 4216 No. Mason Ave.....PR 8531	ROSENBLADT, LOUIS M. General practice Office 1407 Medical Arts Building.....MA 0129 Residence 5 Rosemount Way.....PR 6231

ROSENBLADT, WILLIAM J. General practice—Saturday Office 1407 Medical Arts Building.....MA 0129 Residence 3 Rosemount Way.....PR 1155	STAATZ, KARL S. General surgery—Wednesday and Saturday afternoons, Tuesday mornings Office 818 Medical Arts Bldg.....MA 4317 Residence 3408 No. 29th Street.....PR 1559
ROTHER, RONALD E. General practice—All Day Saturday Office 3205 Pacific Avenue.....GA 3325 Residence 1559 So. 33rd Street.....HI 5242	STEELE, JOHN F. Diseases of heart and lungs—Wednesday and Saturday Office 1218 Medical Arts Building.....MA 4832 Residence 4110 No. 39th Street.....PR 6441
RUNNING, DARRELL H. General practice and obstetrics—Wednesday Office 5401½ South Tacoma Way.....GA 3331 Residence Stellacoom.....LA 3092	STURDEVANT, KENNETH H. General practice—Wednesday Office 110 4th Ave., N.W., Puyallup.....Puyallup 5-8645 Residence 190 5th Ave., N.W., Puyallup.....Puyallup 5-5116
SAMES, ALBERT A. Radiology—Saturday Office 1414 Medical Arts Building.....MA 7473 Residence 640 Vista Drive.....PR 3133	SULKOSKY, LEO F. General practice—Wednesday Office Karshner Building, Puyallup.....Puyallup 5-5300 Residence 1403 5th St. S.E., Puyallup.....Puyallup 5-8264
SANDERSON, STEVENS S. Radiology (Diagnosis and treatment) Office 522 Medical Arts Building.....MA 6764 Residence 624 No. D Street.....MA 1555	TEATS, GOVOR General practice—Wednesday Office Puget Sound Bank Bldg.....MA 8466 Residence 3514 No. Washington Street.....PR 1121
SCHAEFFER, RALPH C. Surgery—Wednesday and Saturday Office 1135 Medical Arts Bldg.....MA 1224 Residence Tacoma Country Club.....LA 8812	TERRY, BENJAMIN T. Pathology Office 1001 No. Yakima Ave.....BR 1843 Residence 1001 No. Yakima Ave.....BR 1843
SCHNECKNER, LEO Part time anesthesiology—Saturday Office 1504 Washington Building.....MA 1252 Residence 1318 Division.....MA 2616	THOMAS, LEON B. Obstetrics and Gynecology—Thursday Office 1206 So. 11th Street.....BR 7575 Residence 8908 DeKoven Dr., S.W.....LA 9493
SCHEYER, CARL J. General practice—Saturday Office File.....WA 8696 Residence Healy Palisades.....YU 9156	THOMAS, MAX S. Internal medicine Office 1206 So. 11th Street.....BR 7573 Residence 6357 School Street, S.W.....LA 9712
SCHULTZ, ALFRED L. Obstetrics and Gynecology Office Medical Arts Building.....MA 5253 Residence 2701 N. Junett	THORDARSON, S. STEFAN Eye, ear, nose and throat—Thursday and Saturday Office 503 Medical Arts Building.....MA 5847 Residence 3602 No. 36th Street.....PR 5371
SCHWIND, FREDERICK J. General practice—Wednesday Office 802 Medical Arts Bldg.....MA 8202 Residence 1510 No. Proctor Street.....PR 8681	TRIMBLE, CHARLES G. General practice and obstetrics—Thursday and Saturday afternoon Office 735 Medical Arts Building.....MA 6878 Residence 620 So. Union Ave.....PR 8184
SCHWIND, JUSTIN V. General practice—Thursday Office 802 Medical Arts Building.....MA 8202 Residence 2520 No. Monroe.....PR 4560	TURNER, JOSEPH R. Internal medicine—Wednesday and Saturday Office 435 Medical Arts Bldg.....BR 3523 Residence 2720 Garfield Road.....BR 3814
SHANKLIN, JAMES G. Pathology Office Western State Hospital.....LA 2151 Residence Western State Hospital.....LA 2151	VADHEIM, JAMES L. General surgery—Wednesday Office 707 Medical Arts Bldg.....BR 2796 Residence 1908 No. Puget Sound Ave.....PR 1195
SHEPPARD, JOHN A. Pathology Office Western State Hospital.....LA 2151 Residence 812 No. State Street.....MA 5674	VANDEBERG, GEORGE I. Internal medicine—Saturday Office Western Clinic, Perkins Bldg.....MA 1141 Residence 3109 No. 30th Street.....PR 3776
SHOVLAIN, F. E. Superintendent, Western State Hospital Hospital and Residence.....LA 2151	WAHLBERG, ELMER W. Internal medicine—Tuesday Office Western Clinic, Perkins Bldg.....MA 1141 Residence 3401 No. 27th Street.....PR 5740
SKINNER, LAWRENCE E. General practice—Thursday Office 10011 Gravelly Lake Drive, S.W.....LA 2193 Residence 10224 Green Lane, S.W.....LA 3981	WHITAKER, JOHN L. Pathology—Saturday Pierce County Hospital.....GA 3321 Residence 3825 So. Tacoma Ave.....HI 3092
SLEEP, SOMERS R. General practice—Wednesday Office 701 Medical Arts Building.....BR 1512 Residence 2210 North Tacoma Ave.....MA 1509	WILLARD, DON G. General surgery—Wednesday Office 1525 Medical Arts Bldg.....BR 1193 Residence 722 No. C Street.....MA 0630
SMEALL, JOSEPH S. General practice and surgery—Friday Office 1206 So. 11th Street.....MA 1360 Residence 1402 So. Pine Street.....MA 3446	WILLIAMS, FRANK L. Surgery—Wednesday Office 903 Medical Arts Bldg.....MA 2661 Residence 502 No. I.....MA 6885
SMEALL, THOMAS A. General practice—Friday Office 1206 So. 11th Street.....MA 1360 Residence 3206 North 29th.....PR 7569	WILLSON, FRANK C. General practice—Thursday Residence 805 No. C Street.....BR 8444
SMITH, GEORGE H. Honorary member Residence 506 No. 4th Street.....MA 3622	WISEMAN, CLAUDE E. Surgery—Thursday Office 1307 Medical Arts Bldg.....MA 7842 Residence 2118 No. Warner Street.....PR 2390
SMITH, HELEN PRICE Tuberculosis Office Mountain View Sanitarium, Lakeview.....LA 2169 Residence Mount. View Sanitarium, Lakeview.....LA 3061	WISLICENUS, GUSTAV A. Honorary member Residence 3502 No. 29 Street.....PR 6625
SMITH, HOLLIS R. Tuberculosis—Saturday Office Mountain View Sanitarium, Lakeview.....LA 2169 Residence Mount. View Sanitarium, Lakeview.....LA 3061	WOLF, EDWARD General practice—Thursday Office 915 Medical Arts Building.....BR 4444 Residence 2214 No. Junett Street.....SK 1185
SMITH, PAUL B. Eye, ear, nose and throat—Saturday afternoon Office 927 Medical Arts Building.....BR 2356 Residence 403 No. 10th Street.....BR 1463	WOOD, MERRILL D. General Practice, Buckley Temporarily out of practice. Culmstock Arms Apt. Hotel, Spokane 9, Wash.....Phone Riverside 7181
SMITH, WARREN F. Surgery—Wednesday Office 1412 Medical Arts Building.....BR 6862 Residence 2402 No. Madison.....SK 2432	WRIGHT, ROSS D. Proctology and surgery—Wednesday and Saturday Office 1016 Medical Arts Bldg.....MA 2252 Residence 3108 No. 31st.....PR 4503
STAATZ, DUMONT General practice—Wednesday and Saturday Office 818 Medical Arts Building.....MA 1894 Residence 1115 No. Alder Street.....PR 8482	YODER, EDWIN C. Surgery—Wednesday Office Western Clinic, Perkins Bldg.....MA 1141 Residence 102 West Road.....PR 1766



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THE FORGOTTEN MAN

In the present controversy regarding Compulsory Health Insurance, or to speak more realistically, Socialized Medicine, one important factor has been overlooked. It is that forgotten man or woman, the patient.

Over the last twenty years, the cost of hospitalization for the private patient has risen approximately two hundred per cent. Medical fees have risen about fifty per cent. The rise in hospital rates has been occasioned by increased operative costs, diminishing returns from invested hospital funds, and because of dwindling personal estates, fewer legacies by means of which the hospital endowment fund might be kept at adequate income-producing levels. In some hospitals, due to a diminished income, the hospital rate for the private patient has risen because it has become necessary to use a portion of the funds derived from private patients to help pay for the overhead arising from the hospital's teaching and research activities. The rise in medical fees has, in general, followed the price increase in the economy of the country, although it is obvious to all of us that this rise has not been proportionate to the increased price of labor and commodities. The development of new methods of diagnosis and treatment have added their increment to the increased cost. With the latter, however, has come a very definite improvement in nearly all phases of medical care.

Cognizant of the problem which the increasing cost of medical care brings to the average family, politicians and others have devised schemes which offer an inferior grade of medical care for which there is no obvious direct cost, but for which there is an indirect, concealed cost. The forgotten man is in a bad spot. He is unable to afford the obvious cost of the best medical care. His only alternative is to accept inferior care at an increased, although hidden, general cost.

There is a middle road.

If politicians and others who now advocate socialized medicine would attempt to solve the problem of the high cost of medical care by consideration of its causes, rather than trying to treat its effects, several methods of procedure would be obvious.

In order to provide adequate and efficient medical care, there are certain essential factors. There must be good medical schools if physicians in adequate numbers are to be properly trained. If the present excellence of medical science is to be maintained and built upon, there must be well organized and adequately financed medical research. Hospitals, if they are to continue to carry out their varied functions, must be made solvent by relief of some of their present burdens. Diagnostic and laboratory facilities should be available to all practicing physicians, not only for the hospitalized patient, but for those who are being treated on an ambulatory basis or who are undergoing diagnostic study.

As a corollary of the above, we believe the following suggestions should receive consideration.

Medical schools should receive State or Federal support if the present high caliber of physicians and their number in ratio to the population, is to be maintained. Income from private funds is no longer adequate. The importance of research as a national asset must be realized. It must be supported by private, State and Federal funds. No part of its cost should be derived from private patients undergoing treatment in the hospital. Finally, in order that hospitals remain solvent and care for their patients at a reasonable rate, State or Federal funds should pay the full cost for the care of the indigent.

By application of the suggestions outlined above, the private patient, the forgotten man, would be enabled to receive the best medical care at a rate which he could afford to pay. Furthermore, the fallacy of such panaceas as Compulsory Health Insurance or Socialized Medicine would soon become obvious.

—*Norfolk Medical News*

New Director of Medical Services, Department of Defense

Dr. Richard L. Meiling, of Columbus, Ohio, succeeded Dr. Raymond B. Allen as Director of the Office of Medical Services on October 1st. Dr. Meiling was formerly Secretary of the Council on National Emergency Medical Service of the A.M.A., and a member of the faculty of the College of Medicine of the Ohio State University. The duties of the Director of Medical Services as defined by the Secretary of Defense Louis B. Johnson are: (1) Establishment and control of general policies, standards and program for the medical services of the three military departments and appropriate agencies of the Department of Defense. (2) Exercise general direction, authority and control over administration and utilization of personnel and facilities of the medical services of such departments and agencies through the heads thereof. (3) Such other duties with respect to the medical services of the Department of Defense as the Secretary of Defense may direct.

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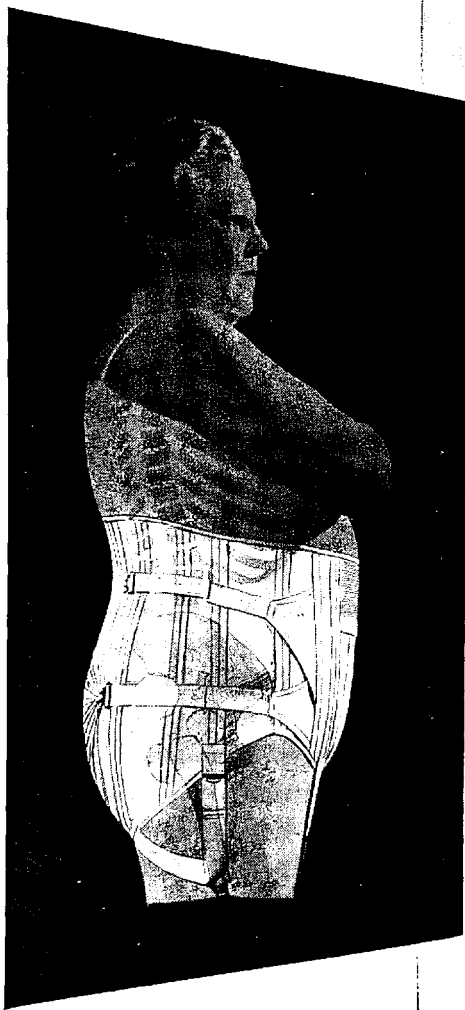
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Stanford Spring Postgraduate Ophthalmology Conference

The Stanford University School of Medicine will present a postgraduate conference in Clinical Ophthalmology from March 27 through March 31, 1950. Registration will be open to physicians who limit their practice to the treatment of diseases of the eye or eye, ear, nose and throat. In order to allow free discussion by members of the conference, registration will be limited to thirty physicians.

Instructors will be Dr. A. Edward Maumenee, Dr. Dohrmann K. Pischel, Dr. Jerome W. Bettman, Dr. Earle H. McBain and Dr. Arthur J. Jampolsky.

Programs and further information may be obtained from Office of the Dean, Stanford University School of Medicine, 2398 Sacramento Street, San Francisco 15, California, or at the Pierce County Medical Society Library.

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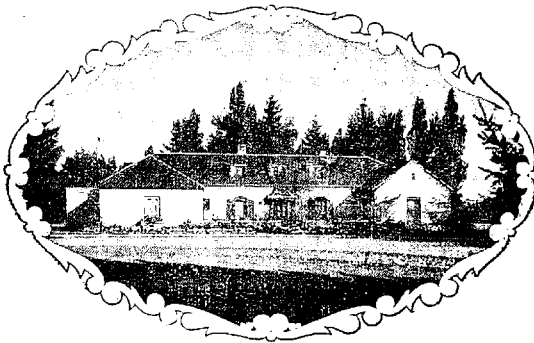
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

Vol. XX—No. 8

TACOMA, WASHINGTON

APRIL - 1950



Pierce County Medical Society

1950

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MEDICAL ARTS AUDITORIUM

8:15 p. m.

APRIL 11, 1950

Problems in the evaluation of pulmonary disability

FRANK PRINCI, M. D.

Head of the division of Industrial Medicine and Associate Professor of Medicine at the University of Colorado Medical School; Special Consultant on Industrial Hygiene of Atomic Energy Commission; Associate Editor of Archives of Industrial Hygiene and Occupational Medicine.

Retrolental fibroplasia in premature infants

W. C. CAMERON, M. D.



The President's Page . . .

Recent news stories of the tremendous costs in our welfare program, showing particularly the cost of medical care, again point the finger at our profession and that of the dentists. Many readers, probably the majority, will gain satisfaction in concluding from such glaring headlines that these abuses rightfully should be laid on the doctor's shoulders. Careful analysis of actual figures, from authentic sources, shows the cost of services rendered was low instead of excessive. The only logical conclusion one can make is that the tremendous over all cost undoubtedly arises from abuse of the program by the patient or recipient. This same reason also adds to the cost of the voluntary prepaid medical care systems. Some people cannot resist abuse or overuse of a plan where services are made available to them without any cost and will take the same advantage even under a prepaid medical program.

This, then, motivates the thought for this page—How can a prepaid plan be set up and administered to stop or minimize abuse and needless use for a reasonable and acceptable cost? The rate for complete and unlimited coverage is too high for consideration so some determinate program must be found. Various plans have been tried and are in use. One of these, which is common and used by insurance companies is to require payment for the first, two, or three calls. This may deter the patient from calling the doctor for trivial ailments but on the other hand does not restrain the neurotic or hypochondriac from burdening the office or hospital by the week or month and thus overloading the plan with unnecessary services.

To solve this problem, I believe a plan should be adopted whereby the patient shares in the cost from the first call, through all diagnostic work, surgery, hospitalization, and every service performed. Such a plan would discourage abuse of the benefits through over use. The share of the cost for each service would be in addition to the monthly rate. Thereby, the patient overusing the plan would be paying much more than the subscriber who is honest with himself and others regarding the service he may need, and yet in the event of catastrophic illness would be within his ability to pay.

Putting into effect a program as outlined above will be the only way of determining its acceptance by the public and whether or not it will prevent the abuses which make the full coverage plan so costly and difficult to administer.

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Editorially Speaking . . .

THREE ARE A CROWD

Doctor-patient relationship of a personal type is a term in common use to denote what has always been considered an essential factor in the successful practice of medicine. Because of its significance no characteristic of medical practice has been given equal publicity in current written and spoken discussions concerning programs for medical care.

We have never happened to see a definition of this glibly repeated term but would say the relationship is primarily determined by the personalities of the doctor and that of his patient- a subject too complicated to now consider beyond its mention. The term further implies a sincere basis of reciprocity between the patient needing care and the doctor endeavoring to satisfy that need.

Service having been rendered the next consideration is payment of the fee and that element in doctor-patient relationship appears at this time to be the major issue in medical care programs. Nationwide workmen's compensation laws are the first extensive plans under which doctors' service charges are paid by the state. Each state has a fee schedule following which the doctor's fees are audited and paid. This procedure is economically and socially sound but we should observe there has thus entered into the doctor-patient relationship a third party, namely, the Department of Labor and Industries. In a similar manner many insurance companies have come into the accident and health insurance picture and more recently medical society sponsored prepaid health plans have grown to impressive proportions. Clouding the entire situation is the ever present specter of universal compulsory government care.

Whether the agency which pays the doctor be Blue Shield, Welfare, a railroad hospital association or a medical bureau, in each instance there is brought into the center of doctor-patient relationship a third party of influence and importance. Does this third party necessarily modify our professional relationship? We think you will agree that such is usually the case. With the growth of medical care plans, as in recent large scale union demands for coverage, the time may not be too distant when a vast majority of our people will be cared for under some type of health insurance.

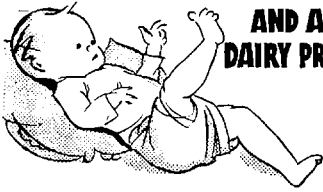
Considering the situation as it is in our own individual offices we can only admit that in most instances where payment of doctors' fees is by a third party it definitely and adversely influences the type of treatment received by the patient. Our manner of living is undergoing constant changes and medical economics cannot hope to remain as was but it is medicine's loss whenever personal doctor-patient relationship is exchanged voluntarily or under compulsion for group care with the necessary accompaniment of a third party.

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

February 14, 1950

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on February 14, 1950. Dr. E. C. Yoder, the President, presiding. Minutes of the previous meeting were read and approved.

The following applications for membership, having been approved by the Board of Trustees, were accepted: Drs. Alfred V. Mills, Bryce Betteridge and William P. Hauser.

Announcement was made that reprints of two articles by Mr. Harold Stassen, entitled "Never, never, never!" and "Granny is gone," dealing with socialized medicine in Great Britain, could be obtained from the Secretary by any member desiring them.

A communication from the central office regarding HR 6000 was read, in which it was urged that members write to their senators and to Senator George, chairman of the Senate Finance Committee, opposing the passage of this bill in the Senate.

The President then introduced Dr. Ralph Huff, who, in turn, introduced Dr. Marvin Schwartz, of the University of Oregon Medical School, who talked on "The Diagnosis of Operable Congenital Heart Lesions."

Dr. Schwartz stated that in the past decade there have been great strides in the treatment of congenital heart lesions and that the problem was to diagnose the lesion and then get the child to the surgeon. He mentioned that any physician by taking a careful history and doing a careful examination could diagnose most of these lesions. Clues to the presence of a congenital heart lesion are as follows: (1) murmurs present in early childhood; (2) a history of cyanosis; (3) clubbing of fingers or polycythemia (4) elevated blood pressure; (5) certain definite X-ray findings.

He stated that of the various types of congenital lesions 90% would fall into four groups. Of these septal defects accounted for about 50% of the lesions. The others are coarctation of the aorta, patent ductus arteriosus and tetralogy of Fallot. Surgery is of assistance in the treatment of the latter three of these types of congenital lesions.

In the diagnosis of coarctation of the aorta Dr. Schultz mentioned that these patients were usually young children in whom was present dyspnea, palpitation and pain in the legs with exertion, that the blood pressure was higher in these patients in the upper extremities than in the lower and quite often a systolic murmur could be heard at the base, transmitted to the left axilla. There was also a very weak femoral pulse, the X-ray showed a small aortic knob, with prominent left ventricular shadows, and if notching of the ribs was present it was very good X-ray evidence of the coarctation. The electrocardiograph was usually negative and

angiography would usually show some dilatation of the ascending aorta.

In the prognosis of this disease Dr. Schwartz stated that 25% would live well into adulthood but 75% would die early due to subacute bacterial endocarditis, a ruptured aorta or hypertension. The average age of this group was about 25 and 60% would die between the ages of 10 and 30. The best age for surgery is between the ages of 6 to 20.

In the diagnosis of patent ductus arteriosus Dr. Schwartz mentioned that cyanosis was rare in these cases but that the patient might suffer minor cardiac failure, that there was a continuous to and fro rasping machinery-like murmur, which was transmitted to the intra-clavicular space, that there was a low diastolic blood pressure which produced a wide pulse pressure and that a Corrigan pulse was usually demonstrated. X-ray showed a dilated pulmonary artery and usually a general cardiac enlargement. The electrocardiograph might be used to rule out other lesions but might be normal and it was very rarely that it was necessary to do an electrocardiogram or catheterization of the heart. He mentioned that the condition would have to be differentiated from an intra-auricular septal defect and that in these conditions the X-ray finding were very similar but that the right ventricular shadow was larger and in general the heart shadow was larger. The murmur was not the same, that in the septal defects the systolic murmur was more prominent and louder and the electrocardiograph showed a right axis deviation and in some cases catheterization studies would have to be done.

In the prognosis of these Dr. Schwartz stated that 85% would die as a result of complications, 50% would develop subacute bacterial endocarditis and 25% would develop heart failure; the average age of death was 55; 50% would die by the age 30 and 70% would be dead by the age of 40. The best age for surgery in these cases is between 5 and 15 years of age.

In discussing the tetralogy of Fallot, or pulmonary stenosis, Dr. Schwartz stated that all of these patients were cyanotic, that they might develop periods of unconsciousness and usually showed definite signs of malnutrition and that the murmur and physical examination were of very little value.

In the X-ray there was a concave upper left border of the heart and the pulmonary hilar vessels were small. He stated that 20% of these patients have a right-sided aortic arch, which must be considered in doing surgery on these patients, but that the electrocardiograph showed right ventricular hypertrophy and that cardiac catheterization was helpful in making a diagnosis and it would have to be differentiated from a tricuspid atresia.

Dr. Schwartz mentioned that the prognosis was not too good and the majority would die from cardiac failure, subacute bacterial endocarditis or cerebral abscess and that the best age for surgery is at the ages of 4 to 10.

Dr. Yoder then introduced Dr. Murray Johnson, who, in turn, presented Dr. William S. Conklin. At-

(Continued on Page 8)

(Continued from Page 7)

tending Thoracic Surgeon at the Doernbecher Memorial Hospital and the Multnomah County Hospital in Portland, who discussed "The Surgical Aspects of Congenital Heart Disease."

Dr. Conklin discussed the surgical technics in each of the conditions that had been considered by Dr. Schwartz. He mentioned that in these conditions in some cases, as in patent ductus arteriosus, ducts could be tied and/or sectioned, that the use of the Potts clamp made it a less difficult procedure in that the vessels could be held securely while the surgery was being done.

In doing surgery for coarctation he mentioned that the constricted area could be resected, using an end to end anastomosis or an aortic graft, could be used, depending on the length of the constricted area.

The surgery for the tetralogy of Fallot was primarily concerned with establishing a shunt, in that more blood could be circulated. He mentioned that one of these procedures was the use of a subclavian to a pulmonary artery, thus providing a greater amount of blood. He felt that surgery in these cases was a very worth while thing, in that it gave them a much greater life expectancy and they were much more comfortable.

Dr. Conklin then showed films of actual surgical procedures in which he explained how the surgery was done.

There were questions and discussion by Drs. Sames, Murray Johnson and Maddison.

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NOTICE

The University of Pennsylvania Medical Alumni Society will hold a dinner meeting Wednesday, June 28, 1950 at the Fairmont Hotel in San Francisco, in connection with the convention of the American Medical Association. Cocktails 6:30 p. m. (cash-bar), dinner at 7:30 p. m. All alumni attending the convention are urged to come to the dinner.

FRANCES R. HOUSTON,

Executive Secretary, Medical Alumni.

IN MEMORIAM

Thomas B. Curran, M. D.

The death of Dr. Thomas B. Curran was a shock to his host of friends in and out of the profession in Tacoma. Born in Wausau, Wisconsin. Dr. Curran graduated from St. John's Military Academy; attended West Point Military Academy; enlisted in the Spanish American War; graduated from Rush Medical College, 1900; interned at Fannie Paddock Hospital (Tacoma General Hospital); went to the Yukon during the Gold Rush; and later signed on as Surgeon on a British ship to the Orient. Returning to Tacoma, he practiced with Dr. James Yocum and served as Pierce County Health Officer and Pierce County Coroner. Dr. Curran was a Captain in the Medical Corps during World War I, and on his return organized Western Clinic. He retired in 1940, but during World War II returned to active practice for a time. He has recently lived in Victoria, B. C. in retirement.

Dr. Curran was a member of the Tacoma Country and Golf Club, Fircrest Golf Club and Edward B. Rhodes Post of the American Legion. He was an honorary member of the Pierce County Medical Society and the American Medical Association, and a retired member of the Saint Joseph Hospital and Tacoma General Hospital staffs as a major surgeon.

His close associates and friends in the profession and in business will miss his keen wit and good sense of humor and his sound judgment and advanced thinking in his field of surgery and prepaid medicine.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

PAST PRESIDENTS

Our 1944 "war time" president was Mrs. Miles (Anita) Parrott. Anita is one of our members who is a Tacoman. She was graduated from Washington State College where she majored in Home Economics. A "Medical School bride," she taught Home Ec. in the Junior High Schools in Evanston, Illinois, while Dr. Parrott attended medical school at Northwestern University. She also taught for two years in the Gig Harbor high school. The Parrotts have two children—Anita Mac, 11, and Miles, Jr., 8, both students at Fern Hill school.

During her year as president there were 64 paid members. The members during this period were busy manning war bond booths and rolling bandages for the Red Cross. They kept up with the war on all fronts by reading letters at their meetings from members who were in various parts of the country . . . and from members' husbands who were in various parts of the world. At one of these meetings Dr. Hillis Griffen, then home for a short leave from his post in England, gave them a report of the European war and of the Dachau concentration camp that had just been liberated. Two other important meetings of that year included a luncheon and tour through the new County-City Health Center at 24th and Pacific Avenue conducted by Dr. Norman Magnussen, then head of the County Medical Welfare. Also a tea at the home of Dr. and Mrs. Adams of the Indian Hospital and a tour of the grounds. Their public relations meeting of that year was held at the Medical Arts Building Auditorium with Mrs. F. Mosiman as speaker. Probably the thing that kept the members busier than anything else during Anita's year as president was writing letters to their senator and congressmen protesting the Wagner-Murray-Dingell Bill that had just been set up. For a while it looked as though the bill were going to be passed during a time when most doctors were away and unable to do much about it. As we all know the bill was killed but the fight is still on!

* * *

After having read of the glowing report in the local paper of the March 10th Luncheon style show at the Top of the Ocean . . . there isn't much more we can add, except to thank all of you who helped to make it such a success. In our acknowledgments last month we failed to mention that the cosmetic samples found at each place were through the courtesy of the cosmetic department of Rhodes Bros. A complete report on the affair will be made at the next meeting by our very capable chairman, Jeanne Schwind. Off hand we can tell you that there were 480 people in attendance . . . that over 500 tickets were sold . . . and

(Continued on Page 10)

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MRS. MILES (ANITA) PARROTT

WOMAN'S AUXILIARY

(Continued from Page 9)

that before deducting expenses total proceeds amounted to \$391.96. See what a nice job you did!

* * *

The April meeting will be at the home of Mrs. Everett Nelson, 2223 West Blvd., Day Island. Luncheon chairman will be Mrs. Robert Florence, assisted by Mesdames Don Willard, Max Thomas, George Vandenburg, Govnor Teats, S. S. Thordarson, Charles Trimble, James Vadheim, Cecil Hurst, Frank James, J. B. Jarvis, David Johnson, Scott Jones, H. T. Kahler, and Charles Kemp. The program will feature organ selections by Mrs. Pierce Powers and a talk on "Facts and Foibles of Cancer," by Dr. Warren Smith. The Committee's expecting you!

* * *

At 3:00 p. m. Wednesday, March 22nd the Tacoma General Hospital's Nurses Home was buzzing with the bobbie sox brigade—the event was the annual "coke" party given for high school seniors by our public relations committee, headed this year by Jeanne Judd. The following schools were represented at the gathering . . . Annie Wright, 10 students . . . Federal Way, 3; Sumner, 47; Clover Park, 7; Lincoln, 25; Stadium, 25; Auburn, 9; Aquinas, 35; and Puyallup, 3.

Ten students from each hospital were asked to act as hostesses to the high school girls. The program consisted of a talk by Miss Dorothy Glynn,

Assistant Professor of Nursing at the University of Washington school of Nursing. To augment her talk, Miss Glynn showed colored slides of activities at the University School of Nursing. Jeanne Judd was assisted in this commendable endeavor by Emma Bonica, Gwen Hosie, and Maxine Schwind. Jeanne reported that the interest among the youthful guests ran high and many of them came to her and personally thanked her for the afternoon. She also reported that she distributed 12 applications for scholarships—all of which were used. It sounds like a good job well done and our hat's off to Jeanne Judd and her assistants.

* * *

On the other front of our public relations department more and more speakers' bureau engagements are being filled. A panel discussion on Socialized Medicine was arranged for a Young Men's Business Club meeting by Mr. Sam Andrews, featuring Burton Lyon and Hugh Williamson, both members of the Y.M.B.C. This meeting took place Friday, February 24th. On March 9th, Mr. William Brown, Tacoma attorney, spoke to the Parkland Community Club on Socialized Medicine. This was arranged through the interest of Lorna Burt. Another of our members, Joy Heaton, interested the Geiger Pre-School in presenting the subject of Socialized Medicine to their group on March 21st. Mrs. A. B. Ball of the Toastmistress Club was the speaker. Our own Kay Wright was one of the speakers at the recent D. A. R. State convention in Olympia on March 15th. Her subject was "Americanism"—and

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Tacoma 2, Washington

some slants on socialized medicine were incorporated into her talk.

Many of our busy members have volunteered to keep up with the Cancer Drive during the month of April. Madge Buis is in charge of booths, and Kay Willard, Joy Heaton, and Rose Monaghan are Captains who have secured an amazing list of volunteers who are assigned several blocks to cover in their own neighborhood. Block volunteers include Nancy O'Leary, Irma Wahlberg, Bess Hopkins, Erna Thordarson, Ruth Rigos, Marjorie Geissler, Helen Jarvis, Helen Kittredge, Sheila Brown, Marjorie Rich, Oza MacRae, Pauline Bader, Lorna Burt, Hilda Lantiere, Oleva Jones, Evelyn Magnusen, Sylvia Naess, Bart Huff, Mary Cranor, Helen Bennett, Sylvan Campbell, Pearl Baskin, Muriel Nelson and Jeanne Schwind.

INTER NOS

Ruthie Sames now has three men in her life—the latest entered the picture March 3rd at Tacoma General Hospital and his name is Dale. Dale is the pride and joy of brother Mark who is three years old.

The Myron Kass's have started their family with a little girl born this month at T. G. The young lady's name is Deborah. Gay Kass, a very charming person who hails from Boston, is one of our new Auxiliary members.

Speaking of new citizens—we understand Bart Huff has just received her citizenship papers. Bart is a native of Newfoundland. We also understand that it isn't as easy to become a citizen as most of us imagine. Bart had to do a lot of cramming for her exam. It might be embarrassing to some of our native-born citizens to have to take such an examination . . . and on the other hand it might be a good thing for all of us to experience.

We have in our midst one who, we are sure, if she ever had the time or the inclination could write a most amusing book on her experiences with domestics. She is Margaret Larson and her latest experience has been with a maid whom she discharged only to have the maid move bag and baggage to the third floor for what looks like an extended stay . . . appearing only at mealtimes. Since Margaret has replaced the woman with someone more satisfactory it makes for a rather difficult problem—anybody need a maid?

We were very sorry to hear that Charlotte Sanderson has been very ill. We understand that she is much better now and hope her health continues to improve. Also reported on the sick list was La Neta Nace who had an acute case of the flu.

Our energetic Jeanne Judd flew home from the "Coke" party for the high school seniors to prepare a lovely dinner for Miss Helen Jewett, Educational Director for T. G., and Miss Dorothy Glynn, Assistant Professor of Nursing at the University of Washington School of Nursing. We

understand Miss Jewett was most cooperative in helping our committee plan the affair. Miss Glynn presented the program for the girls.

For those of you who are interested in art—be sure and see the current exhibit at Jones Hall Gallery, College of Puget Sound, featuring the works of Uga Alberts, a young Latvian architect, who has turned to portrait painting. Included among his works being shown are portraits of three children from Tacoma families . . . they are Diane Carstens, Michelle Perrow, and Revelle Willard.

We understand the decorating committee for the recent luncheon-style show at the Top of the Ocean had quite a gay time the evening before the show bedecking the interior with gayly colored paper flowers made by the members of the committee. Everyone agreed that their handiwork was very, very effective. The artists included Janet and George Moosey, Jeanne and Fred Schwind, Jean and Bob Gibson, Al and Bill Olsen, Lucille Hurst, and Kay Anderson. Lorry Norton contributed her services the morning of the show. Patterns for the flowers and the making of the clever umbrellas were all the work of talented Alma Olsen.

Since spring is the time of the year when the menu nearly always includes a tossed salad here's one we think you will like. It was contributed by Pearle Baskin . . .

CEASAR SALAD

- A large stalk of romaine (now available in the markets)
- 10 leaves of fresh spinach (cut into 1 inch squares)
- 1 small can of anchovies (chopped)
- 5 tablespoons of wesson oil (olive oil can be substituted)
- 4 tablespoons of garlic wine vinegar
- 5 tablespoons grated Parmesan or Romano cheese
- 20 croutons that have been rubbed with garlic salt and freshly ground pepper to taste
- Toss and serve (serves about four)

Beginning a new year makes it advisable to again draw the attention of our members to the problem of criticism of fellow practitioners. The practice of medicine in this area would be much better for everyone concerned if we were all to refrain from criticizing or remarking on the care given by fellow practitioners or the end results obtained by this care. Most of our misunderstandings with the general public, which concern the practice of medicine, find their inception in some inadvertent remark which may be misunderstood and which leads to further dissatisfaction. Let's all try to correct this practice.

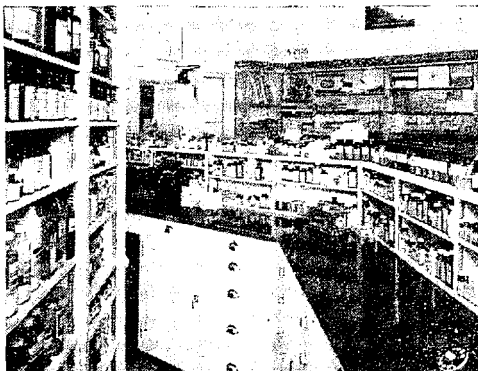
—R.O.B.

Jan. Bulletin, Los Angeles County Med. Assn.

She: Sometimes, my dad takes things apart to see why they don't go.

He: Yeah?

She: Yeah. So you'd better go.



LAKEWOOD PHARMACY

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J. C. Lowe

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Only on your R X

When prescribing Ergoapiol (Smith) with Savin for your gynecologic patients, you have the assurance that it can be obtained only on a written prescription, since this is the only manner in which this ethical preparation can be legally dispensed by the pharmacist. The dispensing of this **uterine tonic**, time-tested ERGOAPIOL (Smith) WITH SAVIN—only on your prescription—serves the best interests of physician and patient.

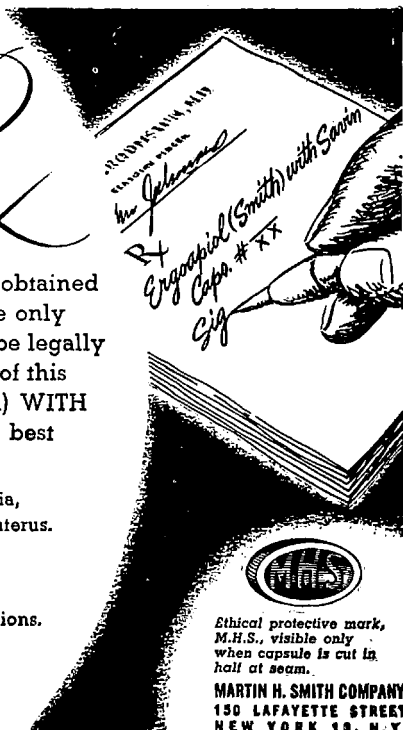
INDICATIONS: Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

GENERAL DOSAGE: One to two capsules, three to four times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions.

Literature Available to Physicians Only.

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The Hospitals . . .

ST. JOSEPH'S

The monthly staff meeting of St. Joseph's Hospital was held March 20. Dr. Robert Gibson gave a paper on "Diverticulitis of the Colon." The paper was discussed by Drs. S. F. Herrmann and William Hauser.

Congratulations are in order for Doctor and Mrs. Frank Glassy on the recent birth of a son. Dr. Glassy returned in December from duty in Vienna, Austria and is now applying for a Residency in Pathology in the Regular Army.

Dr. and Mrs. James Lasby are proud of their new daughter born March 19.

Work on the library is progressing and it will soon be ready for use. The various department heads have submitted lists of books for purchase and Dr. Arnold promises a new workable reference library very soon.

Dr. John Flynn is now associated in X-ray and Radium work with Dr. Robert MacRae. Following four years in the United States Navy Dr. Flynn spent the next four years at the University of Chicago in X-ray and Radium study under Dr. Paul C. Hodges. Dr. Flynn comes highly qualified in his chosen specialty.

May we again remind the staff of the C. P. Clinic held each Friday morning at 9:00. A new venture is the Journal Club which meets for thirty minutes immediately preceding the C. P. Clinic.

TACOMA GENERAL

A meeting of the Tacoma General Hospital Staff was held on March 7, 1950, with Dr. Ritchie presiding.

Dr. Rigos announced that there has been a complete turnover of X-ray personnel in the last month, and requested that the doctors be tolerant.

Dr. Bonica re-emphasized that no major cases should be scheduled for 8:00 a. m. on Thursdays, because of Tumor Clinic.

The scientific portion of the meeting was given by Dr. Shanklin who spoke on electro-encephalography, the nature of the impulses measured, the technique of the procedure, and the interpretation of the recording. Clinical use of electro-encephalography revolves about epilepsy and trauma and the prognosis for recovery, tumors, control of medication, and evaluation of the senile. It has limited value in the study of delinquents and behavior disorders.

* * *

Recently the flu bug has bitten at Tacoma General, and decimated the ranks of both graduate and student nurses.

Mrs. Mercer is recovering from a major operation and will soon be back at work. Acting head nurse on First North is Mrs. Elaine Rea, a graduate of Virginia Mason Hospital School of Nursing.

Vacationing in the sunny south is Miss Borghild

Robertson, Acting Director of Nursing Service. She expects to be back about April first.

Mrs. Ellen Wilson has taken a leave of absence from her position as Head Nurse on Pediatrics. She will attend the University of Washington where she will take post graduate work in administration and teaching. She will continue to have her major in Pediatrics. Acting Head Nurse on First East will be Mrs. Mary Major, who was formerly a member of the Pediatric Nursing Staff.

* * *

Capping exercises were held in the First Methodist Church at 2:00 p. m. on Sunday, March 26th. Fifty "probies" received their caps and were formally accepted into the School of Nursing.

Happy Birthday To You!

MARCH

Govnor Teats	4
L. M. Rosenblatt	4
E. F. McCabe	6
R. E. McPhail	9
Bryce Betteridge	15
J. P. Kane	16
Clifford Halvorsen	16
A. A. Sames	20
C. E. Marshall	22
J. D. Morgan	22
J. H. Egan	23
G. C. Kohl	25
R. R. Burt	25
C. E. Wiseman	26
R. D. Wright	26

APRIL

L. E. Skinner	1
E. J. Fairbourn	2
G. A. Rickles	3
B. D. Harrington	4
Cecil Hurst	7
E. P. Nelson	7
G. J. Vandenberg	12
Charles May	12
S. M. MacLean	13
L. J. Hunt	15
D. H. Murray	15
C. G. Trimble	16
J. M. Brady	17
C. S. Pascoe	17
C. E. Gray	18
T. M. Barber	18
W. E. Avery	22
Eugene Hanson	24
R. S. Dille	25
J. W. Gullikson	27
R. B. Link	28
L. P. Hoyer, Jr.	28
A. W. Howe	29

He: "I'm dining with the upper set tonight."

She: "The steak may be tough, you had better take your lowers too."

WE WANT TO ADOPT A BABY

It is unfortunately true that there are now, in this State, more couples who wish to adopt children than there are children available for adoption. The desire to have a child is probably stronger with couples who embark on the adventure of adoption than it is with natural parents because they have been frustrated in having their own children and the strength of this desire makes it difficult for such couples to accept the mathematical fact which complicates the adoption picture. Since the advice of the physician is probably most frequently sought by families wishing to adopt, this article will discuss how social agencies may be of help to such couples.

The sound adoption procedures developed through years of experience by trained workers of the non-profit agencies are geared toward preventing future tragic consequences for the adoptive parents, as well as assuring the future security and well-being of the child. The case-workers of reputable adoption agencies all feel responsible in discharging their duties. When an adoption is made, it is, or should be, a permanent decision which will affect the happiness of at least four people for the rest of their lives—the mother, the child and the adoptive parents.

An unmarried mother whom you might refer to a state licensed child-care and adoption agency might feel that she thereby commits herself to give up her child for adoption. Commercial baby homes and other establishments which conduct a traffic in babies are, of course, interested primarily in securing the child for adoption as many eager couples are willing to pay sizeable fees to secure a child. As a consequence, such establishments exert pressure on the mother to give up her child so that the mother often makes her decision on the basis of momentary emotional stress.

Agencies are interested solely in the welfare of the mother and the child, helping the mother make the wisest decision for herself and the child. If she decides that the best solution is to keep her child, the agency will do everything in its power to make it easy for her to do so. If her careful decision is to give up the child, she can do so with complete confidence that every step to protect the future well-being of her child will be taken by the agency, and herself aided in returning to a useful place in the community.

The first matter which must be straightened out when a mother decides to place her child for adoption is the legal angle. Relinquishments must be secured from the child's parents, and the legal custody of the child transferred to the agency. Meanwhile the child is placed with foster parents in a boarding home where the case worker frequently visits, observing the child's physical and temperamental traits. At the same time the child is given a complete checkup by a pediatrician and is given a psychological test by a psychologist.

The agency also secures from the mother as much information about the parents of the child and their immediate families as is possible. The mother realizes that the information is completely

confidential and that it is being obtained in order to find parents who will be best suited to merge their lives with that of her child. A complete medical history is obtained—nationality, coloring, educational level, traits of temperament, special interest and aptitudes are recorded. These facts, together with facts about the child gathered from medical and psychological tests and observations, form the basis for matching the child with parents who will most suit him.

Information is obtained, also on a confidential basis, concerning the proposed adoptive parents, including their health, physical characteristics, emotional stability, religious affiliations and financial status. A case worker visits the home to meet and become acquainted with all members of the family. The family doctor is asked to give assurance that all members are in good health. The agency does not pry into the personal affairs of the family, but seeks to determine the type of child desired which will best fit into their home.

After the couple and the agency have become thoroughly acquainted, the agency seeks the child who seems to offer the physical and personality traits similar to that family and who seems best able to use the things their home offers. When such a child is ready for adoption, the family goes to the agency office to hear all they know of his background and if interested they get acquainted with the child and are given a reasonable time to consider whether they want him as a permanent member of their family.

After a child has been in his adoptive home for six months, the couple employs its own attorney to draw up the petition to adopt. The agency sends to the Superior Court of the County a brief summary of the facts about the child and adoptive family to help the court make his decision to grant or deny the petition for adoption. The agency, supported by Community Chest funds, makes no charge for its services, a fee of five dollars is paid to the state while the attorney fixes his own fee.

All this study of the child, the mother and the adoptive family takes time and specialized skill which the licensed social agency is in a position to furnish and which insures the adoptive parents that the child placed with them is in sound physical condition, of at least average mental capacity and legally relinquished by his parents. Professional people honestly concerned with the future well-being of their clients will advise consultation with a reliable social agency regarding adoption. This course will protect the mother, the infant and family seeking to adopt a child—and will at the same time guard against charges, however unfounded, of profiteering in human lives.

Adoption agencies with offices in Tacoma are:

Catholic Charities, Perkins Bldg., BR. 9359 and Washington Children's Home Society, 204 So. 15th, BR. 8433.

Other state-wide adoption agencies with offices in Seattle are:

Associated Lutheran Welfare, 307 Medical Arts Bldg., Seattle; and Medina Children's Service.

LOCALS

New Medical Textbook now in preparation. Title: "The Hormonal Effect of Pontocaine. Its Relation on the Sex Determination of Children." Authors: John Bonica and Philip Backup.

NOTE: George Kunz is a minor collaborator.

Drs. Niethammer, Ritchie, Brown and Gullikson have made plans to attend the annual Spokane Surgical Club meeting on April 8.

On April 7-8 Tacoma will be the host for the annual meeting of the North Pacific Society of Neurology and Psychiatry. Meetings commence at 9:00 a. m. and all sessions will be held in the Medical Society Auditorium. Interested physicians are invited to attend the meetings.

April 15 is the date for the annual meeting of the Northwest Society of Pathologists. This meeting will also be held in the Medical Building Auditorium and interested physicians are cordially invited. Dr. Osgood of Portland is the guest speaker.

John R. Campbell is very much in the news this month. He is shortly contemplating leaving for Rochester, New York, to take an approved residency training in Ophthalmology. We wish him luck and hope he returns to Tacoma when he completes his training. He is not selling his boat in spite of the fact that it bit him on the left hand last month.

Welcome to Dr. James Shanklin who is locating in Tacoma; private practice in psychiatry. He was formerly on the staff of the Western State Hospital and well-known for his work on electroencephalography and frontal leucotomy.

Your editor had a nice visit with Dr. W. N. Keller. He is now retired but in the best of health and mentally just as keen as ever. The same can be said for Ralph Schaeffer who looks younger everytime I see him.

The Sydney MacLean's are now in Cuba after having spent the winter in Florida. Beaucoup lawn bowling and a fine holiday. They return to Tacoma in April.

New recruitments for the 359th General Army Reserve Hospital (Tacoma General Hospital Affiliated Unit) include Lt. Col. Ralph Huff, Chief of Medicine; Lt. Col. Murray Johnson, Chief of Surgery; Lt. Col. Steven Sanderson, Chief of Radiology; Lt. E. S. Schneider, Bacteriologist; Capt. K. Kasuga, Internist; Major L. M. Williamson, Otolaryngologist, and Lt. Col. T. J. Hardgrove, Executive attached. The unit plans a one week tour of active duty at Madigan June 7 to 12th.

Major A. J. Herrmann recently participated in the good will Reserve Officer Daffodil Festival Preview to Los Angeles and Hollywood.

T. B. Murphy is away on another jaunt to the East. He visited Tom, Jr., in Minneapolis and we hear he is driving a new Cadillac convertible home from the factory. The Tacoma Surgical Club hopes he gets back in time to read his paper in May.

Dr. John Robson returns all refreshed after a relaxing vacation.

Weldon Pascoe dropped into town for a short visit. He looks wonderfully hale and hearty and is really enjoying life.

F. C. Willson is much improved and is doing some part time practice in California. He plans to return to Tacoma in the spring.

EDITOR

Seattle Post Intelligencer
Seattle, Washington

Dear Mr. Editor:

On Sunday, March 5, your paper sunk to the depths of sensationalism and deceit in the several columned article illustrated with faked pictures, and made sensational with unwarranted lies concerning animal experimentation.

We have a wonderful country, and in the main our people are reasonably clear-minded and logical particularly those who hold the great responsibility of publishing our newspapers. How you and your staff could lower the dignity of a great paper such as the P.I. by being duped by the illogical and irrational rantings of a group so inconsistent as the antivivisectionists is beyond me.

In the main, doctors are probably more kind-hearted and sympathetic than any other group of people, and you know good and well, if you've made any effort to find out, that there is no cruelty connected with authorized animal experimentation, and that it is not prompted by sadistic impulses or desires to torture. Intelligent men spend their time and money in an effort to make living more safe for you and for the antivivisectionists, and how glad this group is for the privilege of receiving the benefits of scientific experiment at a time when disease or injury affects their health or comfort.

Frankly, I am convinced that a paper which would stoop to print the kind of trash the P.I. carried on Sunday, the 5th of March, would also be guilty of misrepresenting any other important issue that might arise. As for me and all whom I can influence, we are certainly through with the P.I., and all Hearst papers, unless a full, dignified, and honest picture is given of this entire subject. I know, Mr. Editor, that you are not particularly concerned about whether I read the P.I. or not, but please consider the influence that the unwarranted and untruthful story may have upon the health of hundreds of those who may be afflicted.

Think what it would mean to you if the good Lord should see fit to entrust to you a lovely, little child, and then this child was found to be afflicted with a congenital condition causing it to be a so-called blue baby. You'd feel pretty bad if the surgeons could offer you no help, and you had to watch your little child die, because the antivivisectionists objected to these surgeons performing the delicate operation previously on some unwanted and well anesthetized animal.

Mr. Editor, it just doesn't add up to good logic, good citizenship, and a proper interest in the welfare of other human beings.

Sincerely,
LAWRENCE E. C. JOERS, M.D.

Marriages Continue to Decline

In 1949, for the third successive year, the number of marriages in the United States showed a decline. Provisional data indicate that the figure for the year was about 1,580,000, or one eighth less than in 1948 and nearly one third under the peak reached in 1946. The marriage rate dropped from a high of 16.4 per 1,000 population in 1946 to 10.6 in 1949, that is, to approximately the prewar level. This decrease reflects in large part the reduction in the number of unmarried men in the population.

The drop in marriages from 1948 to 1949 was country-wide. This, indeed, has been the situation for the past three year. On the whole, the recent decreases were most marked in the northern tier of States from the Atlantic to the Midwest, where the figure fell about 14 percent from 1948 to 1949. In the South and the West, the decrease amounted to 11 percent.

Analyzing the trend of marriages with regard to size of community, we find a tendency for the declines to be slightly larger in the major cities than in the smaller communities. Thus, for cities of 100,000 or more in the United States as a whole, the drop in marriages from 1948 to 1949 amounted to 14 percent, as compared with a decline of 12 percent in smaller communities. However, examination of the data by geographic region indicates some deviations from the general pattern. In the West, for example, the relative decline in marriages from 1948 to 1949 varied only slightly according to size of community. In the South, on the other hand, the largest cities showed the greatest decrease, while in the North the moderate-sized cities experienced the sharpest drop. In six of the northern cities—Bridgeport, Elizabeth, Lowell, New Bedford, Rochester, and Utica—marriages in 1949 were more than 20 percent below the 1948 level.

Marriages in the five largest cities of the country declined more rapidly during 1949 than in the preceding year. In New York City they decreased as much as one seventh from 1948 to 1949; in Los Angeles the drop amounted to about one tenth; declines within this range were recorded in Chicago, Detroit, and Philadelphia. Even some of the popular marriage centers recorded substantial decreases in 1949; Reno showed a 12 percent drop in Las Vegas 15 percent.

Focusing attention on the recent decline in marriages should not obscure the fact that the marriage rate in our country is still above the average for the four decades from the beginning of the century to Pearl Harbor.

—Statistical Bulletin, Metropolitan Life Ins. Co.

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."

Patient: I suppose the operation will be dangerous, doctor?

Doctor: Nonsense! You couldn't buy a dangerous operation for forty dollars.

Ten Reasons Why Every County Should Have a Medical Auxiliary

1. To establish good fellowship among physicians families.
2. To fight the socialization of the profession.
3. To promote the voluntary medical insurance plans.
4. To educate the public via radio, **HYGEIA**, displays, talks, brochures.
5. To assist with health programs in the community.
6. To further the nurse recruitment program.
7. To study and inform yourselves.
8. To advance or oppose legislation.
9. To work with and as a unified group.
10. To be alert at all times to further the aims of the profession.

From—The Hoosier Doctor's Wife.

INVESTIGATION OF CHIROPRACTORS

A commission was appointed by the Government of the Province of Quebec to carry out a judicial investigation on chiropractors. After a study of several months, the commission concluded: (a) That the chiropractors have failed entirely in their task to establish that their concepts have a scientific base; (b) that their practice of manipulations on the vertebral column is useless in most of the cases and dangerous in a large number of them; (c) that the teaching dispensed in the existing school of chiropractics is, according to testimonies, notoriously inferior to reasonable standards and that this was admitted by the chiropractors themselves, and (d) that the province possesses institutions highly qualified for medical teaching and there does not appear any valid reason to permit the art of healing to be taught in schools infinitely less qualified and located outside the province and consequently outside the control of the provincial government.

A bride and groom arrived late in the evening at a hotel. As the bellboy showed them to a room he asked, "Is there anything I can get you?"

"Yes," answered the man, "some honeymoon salad."

The bellboy left and immediately returned, knocked on the door and said, "I'm sorry, sir, but the night cook has never heard of it. What is it?"

"Lettuce alone!" shouted the groom.

A somewhat tippy gentleman boarded a two-story bus in Chicago and sat near the driver who suggested that he go up to the top and enjoy the fresh air. The drunk went up. In a few minutes he was back. "What's the matter?" asked the driver. "Didn't you like it up there?"

"Fine view, good fresh air, but it's too dangerous. No driver."

Man is like a lamp wick—trimmed lots of times before he gets the right flame.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period February 21, 1950 to March 20, 1950, inclusive:

Chancroid	1
Chickenpox	67
Conjunctivitis	2
Erysipelas	1
German Measles	10
Gonorrhea	15
Infectious Hepatitis	2
Influenza	4
Impetigo	4
Measles	7
Meningitis—Cerebro-Spinal	4
Pediculosis	3
Pneumonia	1
Ringworm	5
Scabies	8
Scarlet Fever	35
Septic Sore Throat	1
Syphilis	9
Tuberculosis	21
Whooping Cough	15

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

New Mental Hospital Services

A clearing house for the interchange of technical information among mental hospitals and other institutions which care for psychiatric patients in the United States and Canada will be established soon by the American Psychiatric Association.

The new Mental Hospital Service (MHS) is made possible by a grant of \$44,500 from the Commonwealth Fund, a private foundation established in 1918 by Mrs. Stephen V. Harkness "to do something for the welfare of mankind," and widely known for its support of projects in medical education and research and health services generally. The grant is for a two-year launching period. At the outset MHS services will be free to the mental hospitals that request them. After a suitable trial period, however, MHS will be made self-sustaining through subscription fees.

"Pardon me, young lady," said the office manager, "but in the matter of dress, don't you think you could show a little more discretion?"

"My gosh," exclaimed Fanny, "some of you guys ain't never satisfied."

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."

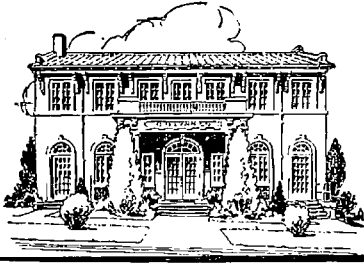
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"Human Life Is Sacred"

Sacred, that is, except when an individual wishes to live but his death is ordered by a court of law or is accompanied by martial music. But when the biological processes which we call "life" become an insult to His image, we wonder what the last gland oozings and muscle twitchings of life are worth. Death ends suffering when mortal man has nothing left but his immortal soul. He loses nothing in his transition from agony to peace.

How many of us have virtuously snuffed out the ugly, useless life of a grossly malformed infant by the timely omission of a restorative and how many of us have covered before the awful responsibility of sustaining the tortured life of an adult body rotten with spreading cancer. A few weeks ago one man played God. We aren't ready to judge. We can only pay tribute to foolhardy courage and try to understand our own indecision.

—Rockinham County N. H. Medical News

The difference between faith and knowledge is illustrated by an old Negro preacher.

"Now, my brethren," he said, "It's like dis. Dar's brudder Johnsing a-sittin' on de front seat wid sister Johnsing and de five little Johnsings. She know dat dey is her chillen—dat's knowledge. He believes dat dey is his chillen—dat's faith."

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TO ALL MEMBERS . .

Maybe you'd like to try this one on your piano:

THE DUFFER SPEAKS

There are days when my drives fly true
And my iron shots clear the rut.
And I find myself on the green in two—
But I putt—and I putt—and I putt!
There are rounds when I find the touch
And I putt like a golfing king—
But on days like that all my woods go flat!
There's always some damned thing!
Seems the days when I'm long from the tee
Are the days that my pitching's off—
When my iron is good then I dubb my wood
For that is the way with golf.
But on to the end I'll be hoping
As I face the wind and the weather
That perchance I may, on some sweet day,
Hook three GOOD shots together.

— From St. Andrew's News Letter—Sept. 1949

Televized surgery provided one of the most striking demonstrations on the program of the AMA annual clinical session, held in Washington in December. With the use of a master control receiver and sixteen view boxes that could be watched by as many as one hundred persons, it was possible for more than one thousand doctors at a time to watch operations performed on the hearts of blue babies, the stomach, chest, eyes, and brain. Color television has peculiar value in this field because of the importance of color in surgical teaching.

On the question of payment for medical service the government chooses to ignore the fact that on July 1 of this year 65,000,000 Americans were covered by insurance for hospitalization, 39,000,000 were covered for surgical care, and 15,000,000 for general medical care.—Chicago Journal of Commerce, December 7, 1949.

Two boys who were returning on the street car from Sunday School a few days after Christmas were discussing the lesson of the morning: "Do you believe all that stuff about the devil?" one asked.

"Naw," replied the other boy. "It's just like Santa Clause: it's your old man."

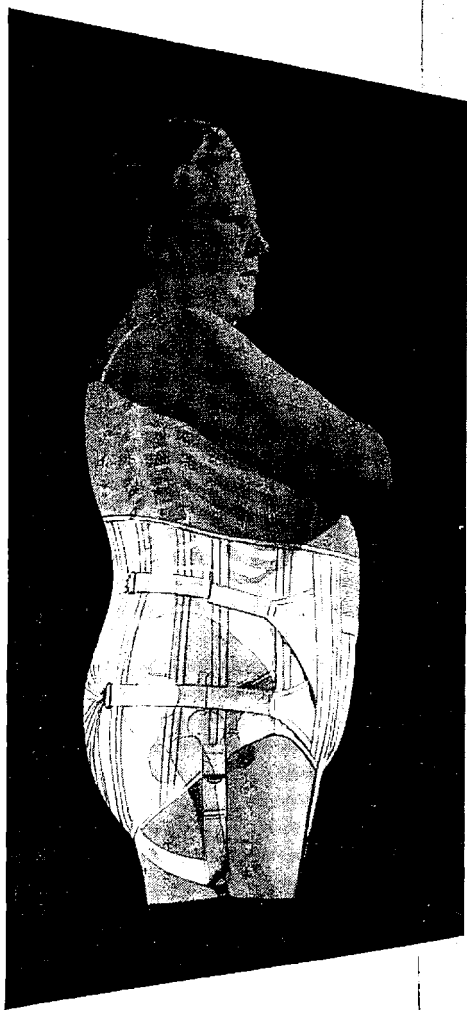
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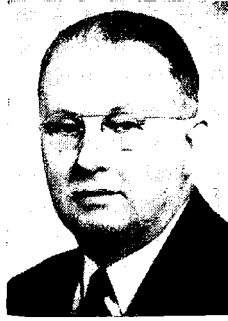
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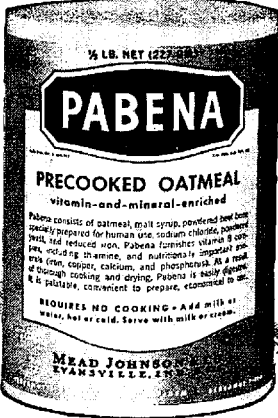
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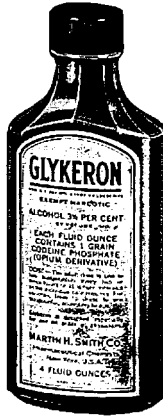
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

Vol. XX—No 9

TACOMA, WASHINGTON

May - 1950



Pierce County Medical Society

1950

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MEDICAL ARTS AUDITORIUM

8:15 p. m.

MAY 9, 1950

The State Department of Health and its
 Relationship to Private Practice

JOHN A. KAHL, M. D.
 Head of State Dept. of Health

The County Department of Health

C. R. FARGHER, M. D.
 Director, Tacoma-Pierce County
 Health Department



The President's Page . . .

Many County and some State Medical Societies in this country have set up a Grievance Committee. The function of such a committee varies, but, in general, the purpose is to hear and study "gripes" from patients and doctors. In most cases, the committee recommends a solution for problems, after hearing both sides, and effects a settlement of differences between the patient and doctor. Details of the procedure followed cannot be explored here for lack of space.

Where such committees are functioning, the benefits which have accrued are so uniform and satisfactory that we feel a Grievance Committee would be most desirable for our society. Reports lead us to believe that public relations can be greatly improved and at least some mal-practice suits prevented, and that such a committee would help dispel the idea that doctors have a union which shields incompetents and the "get rich quicks" in their ranks.

Probably 95 per cent of the problems and misunderstandings coming before such a committee would be settled through discussion and so-called arbitration. However, in cases where this failed, they would then be brought before the board.

A committee was appointed to study the functions of a Grievance Committee and following its report the trustees sanctioned the formation of such a body in our society. Due to the importance of such a far-reaching step and in order that you may be better informed, we are asking the committee to bring its report before the society.

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Editorially Speaking . . .

RECORDS

It was late afternoon as Dr. Humphrey sat at his desk sorting an accumulation of papers and reports. Many he discarded and the rest were laid aside for future reading or servicing. This future work concerned chiefly hospital histories, which he intended to complete at his office, if and when that elusive leisure time ever came. He thumbed through some of the histories and his forehead furrowed with perplexity when he glanced over several near the bottom of the sizeable pile. He had to admit his memory was quite hazy regarding details and if the histories were to be of any value they must be completed in the very near future.

It had not been his intention to close his eyes, but the morning in surgery had been very trying with a busy afternoon at his office and certainly he was entitled to a few minutes of relaxation.

All was quiet until George Johnson, one of Tacoma's capable attorneys, came into the office and spoke to him. "I have a client, Dr. Humphrey, a Mrs. L. T. Bardon. You may recall you operated on her nearly three years ago, an abdominal operation of some sort. She is satisfied in her own mind and has had competent professional advice from an eastern hospital, that at her operation you removed organs which were normal and should not have been sacrificed. I have been instructed by Mrs. Bardon to bring suit for \$80,000.00 and you will be served shortly with the necessary legal papers. That is all for now Dr. Humphrey, but may I tell you that with my client's authorization I have examined her hospital history and your operative record, such as it was."

Dr. Humphrey was too stunned to think clearly, but as soon as he was able he called the record room at the City Hospital. "This is Dr. Humphrey. Will you get out the history of Mrs. L. T. Bardon, whom I operated on about three years ago and read to me what I wrote under findings and what was done at the operation."

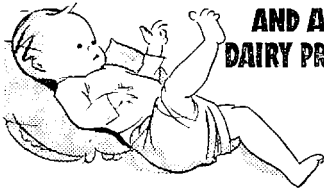
The Doctor's face paled. "Don't tell me there is no description of the operation and that all I wrote on the entire operative sheet was the one word, Hysterectomy. You say there is no personal history and very few progress notes?" The situation was critical.

Dr. Humphrey had left his office and was on the way to see his attorney, when the phone rang and he awakened with a start. "Aren't you coming to dinner pretty soon?" It was his wife's voice and never had he heard sweeter music. He stood up and shook himself trying to get rid of that short but terrible dream. He thanked God it was only a dream and as he left his office he made a solemn promise to himself that from here in all of his histories would be complete and kept up-to-date. This time it had been a dream, there would not be a next time.

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

April 11, 1950

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on April 1, 1950, with Dr. E. C. Yoder presiding. Minutes of the previous meeting were read and approved.

The following applications for membership were voted upon and were approved: Drs. R. A. Gardner, Z. E. Miller and F. E. Shovlain.

The applications of Drs. R. R. Sachman and P. H. Backup were given first reading and referred to the Board of Trustees for investigation.

Dr. Yoder explained to the society that the Trustees had voted to allow ten minutes time in any regular meeting to any member of the society who had information of a medical economic nature which he wished to convey to the society.

Dr. Charles McGill was then presented by the President, who, in turn, introduced the first speaker of the evening Dr. Frank Princi, Head of the Division of Industrial Medicine and Associate Professor of Medicine at the University of Colorado Medical School, Special Consultant on Industrial Hygiene of Atomic Energy Commission and Associate Editor of Archives of Industrial Hygiene and Occupational Medicine, who spoke on "Problems in the Evaluation of Pulmonary Disability."

Dr. Princi stated that when one attempted to evaluate pulmonary disability he would really get into legal problems but he felt that a good definition of disability would be that the patient is disabled, that he is unable to pursue the occupation to which he has been accustomed and is unable to earn a living at that occupation.

He stated that in pulmonary disease the most common complaint of the patient was shortness of breath. He emphasized that this was purely a subjective symptom, that objectively all that the physician can determine is that the patient is hyper-ventilating. He mentioned that dyspnea produced by ordinary work is a disability and if the patient is unable to pursue ordinary physical activity he is disabled.

Dr. Princi stated that there are really two functions in the breathing process: first the ventilatory function, in which the air or gas is mechanically moved in and out of the lungs, and if there is a mechanical obstruction to this process there develops the symptoms of shortness of breath; the second function of breathing is respiratory, which is primarily a physiochemical process in the exchange of oxygen and carbon dioxide, and if there is a disturbance in this process there develops anoxia or cyanosis. Chief examples of these two conditions mentioned by Dr. Princi are the mechanical obstruction which occurs in silicosis and the respiratory condition which occurs in beryllium granuloma.

In discussing silicosis Dr. Princi stated that it was

impossible to determine from the amount of fibrosis seen in the X-ray as to the amount of disability which the patient might have. He stated that there could be much fibrosis but if it did not involve the air passageways directly there would be no mechanical obstruction, and that the X-ray would show emphysema and pleural, mediastinal and diaphragmatic adhesions.

Dr. Princi stated that for many years the vital capacity has been used as a means of determining the amount of disability, but that this did not give a true picture of the efficiency of the breathing process, that we must measure the volume per minute of the intake and output of air. This has been approximated by the use of a term called the maximum breathing capacity, which gives us the actual minute ventilation of the lungs. If patients have over 100 liters per minute in their maximum breathing capacity it can be considered normal, if the patient is over 50 years of age over 80 liters would be considered normal but if the maximum breathing capacity is reduced to 25 or 30 liters per minute the patient is definitely a respiratory cripple.

Dr. Princi explained the use of the fluoroscope in determining the respiratory efficiency and listening over the larynx with the stethoscope and watching the individual exhale and seeing how long it took him to empty his chest as completely as he could. He felt that if it took over five seconds there was mechanical difficulty in the emptying of the patient's chest.

In discussing emphysema it was brought out that this was an irreversible condition and it was an inability to expel air from the lungs.

The doctors were cautioned against telling a patient that his condition was due to an occupational disease because such a statement sets in motion a chain reaction since the patient feels that from that time on he has a compensable condition and one should be very careful in his statements until it can be definitely determined that his condition is due to his occupation.

Dr. Princi discussed chronic beryllium granuloma and showed slides which indicated respiratory difficulty in which it was impossible for the exchange of oxygen to take place in the alveolar membranes.

He also mentioned that useful in certain cases was the dyspnea index in which the minute ventilation was divided by the maximum breathing capacity to obtain the percent of dyspnea expected to be present. Also useful was the bronchspirometer in certain cases and the determination of oxygen saturation and oxygen tension would be useful at times, also graphs on a pneumotachograph could be used in determining the degree of pulmonary disability. He stated that a simple test to use would be to have the patient walk up a flight of stairs and talk to him and see if he was actually cyanotic, also the use of the fluoroscope and to check to see if there was a lowered oxygen saturation in the arterial blood.

(Continued on Page 8)

(Continued from Page 7)

Questions and discussions were entered into by Drs. Hoyer, McGill and Dille.

Dr. Walter Cameron then read a short paper on "Retrolental Fibroplasia in Premature Infants."

Dr. Cameron stated that an occasional premature infant, usually weighing less than three pounds at birth, would develop this disease; that it apparently is a new disease, since there have been no records of the condition in the past; that there are three stages which may develop, the first stage appearing as early as the third week after birth. First, there are elevations in the fundus which become graying-white, second, the vitreous becomes cloudy and the fundus elevations become greater, and third, a membrane forms behind the lens. The disease may not progress beyond the first or second stage. There are many complications, the most dangerous being secondary glaucoma.

Many treatments have been tried but the only thing at present that seems to be offering any hope is heavy doses of vitamin E given to the premature infants. The 23 cases reported is a series too small for any real evaluation of the use of vitamin E but it did seem to reduce the percentage developing this condition. Dr. Cameron mentioned that if glaucoma developed that iridectomy might be of help in saving the eye. He stated that a considerable number of cases were being seen in Tacoma but that the disease seemed to be rather sporadic and would break out in one section and not in another, even in the same town.

Questions and discussions were entered into by Drs. Kemp and Gordon Parrott.

Tacoma Doctors Attend British Columbia Surgical Society

Attending the meeting of the British Columbia Surgical Society in Victoria on April 27 and 28 were Drs. E. R. Anderson, S. F. Herrmann, L. P. Hoyer, Murray Johnson, W. A. Niethammer, T. B. Murphy, J. L. Vadheim and E. C. Yoder.

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T. B. Murphy	12
E. C. Muir	18
J. T. Robson	18
W. J. Rosenblatt	20
H. A. Larkin	31

NOTICE

The University of Pennsylvania Medical Alumni Society will hold a dinner meeting Wednesday, June 28, 1950 at the Fairmont Hotel in San Francisco, in connection with the convention of the American Medical Association. Cocktails 6:30 p. m. (cash-bar), dinner at 7:30 p. m. All alumni attending the convention are urged to come to the dinner.

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To The Pierce County Medical Society

PAST PRESIDENTS

It is very difficult to confine the story of our 1943 president to the few paragraphs we have available here, but we shall try and give you a thumb-nail sketch of her very colorful background. First of all—the 1943 president was Mrs. Charles G. (Edith) Trimble. She was born in a little town in North-eastern Illinois near Kankakee. She received her Bachelor of Arts degree from Northwestern University, incidentally, on the same day that her fiance, Dr. Charles Trimble received his degree. Before her marriage Edith Trimble taught school in Illinois and Montana and took some work in nursing at a hospital in Helena, Montana to prepare herself for the role of wife to a medical missionary. And, so it was that young Dr. and Mrs. Trimble with three-months-old Edward journeyed to China where they spent 13 full years as missionaries. Since she was the daughter of a Methodist minister, Edith Trimble was well prepared for the type of work performed by missionaries. Dr. Trimble was in charge of two different hospitals in Foo Chow, Southern China. His wife spent her time teaching English and music to high school and junior high school youngsters. In addition to this she tutored her own two sons until they were ready for high school. It was due to the boys' schooling that prompted the Trimbles to move back to the states—and so they planned to make the move back in May of 1927. However, about this time the communists were on the move in Southern China and seemed determined to drive out all of the missionaries. They commandeered several of the churches and monasteries in the area. The situation became so critical that all missionaries were given a few hours notice to evacuate the town. Instead of leaving in May as they had planned, the Trimble family packed what few belongings they could and took the first means of transportation home in January of 1927. Relatives in the Northwest brought them to Tacoma for a visit. As many another family they liked the country so well they decided to make it their home. The Trimble family includes J. Edward, who is in charge of the Audio-visual Aid at Clover Park; Robert A., who started off as a chemist for Shell Oil, but now has a large avocado ranch near San Diego; Kenneth, a buyer for the Doctor's Hospital here in Tacoma; and Margaret Jean who is now in training at Tacoma General Hospital after three years of pre-nursing at C.P.S. There are also five grandsons and Edith is now hoping for a grand-daughter in the near future.

As for her year as president of the Auxiliary, Edith tells the same story as the rest of our war-time presidents. The group did well to hang to-

OFFICERS FOR 1949-1950

President.....	Mrs. Ross D Wright
President-Elect.....	Mrs. John Campbell
First Vice President.....	Mrs. Herman Judd
Second Vice President.....	Mrs. Robert Lantieri
Corresponding Secretary.....	Mrs. C. B. Ritchie
Recording Secretary.....	Mrs. Edward Wolf
Treasurer.....	Mrs. John Gullikson

CHAIRMEN OF COMMITTEES

Membership.....	Mrs. Robert Lantieri
Program.....	Mrs. Raymond Bennett
Legislative.....	Mrs. George Delaney
Telephone.....	Mrs. A. P. O'Leary
Social.....	Mrs. Edward R. Anderson
Publicity.....	Mrs. Arnold Herrmann
Hygeia.....	Mrs. Thomas Smeall
Public Relations.....	Mrs. Herman Judd
Blood Bank.....	Mrs. John Campbell



MRS. CHARLES G. (Edith) TRIMBLE

(Continued on Page 10)

WOMAN'S AUXILIARY

(Continued from Page 9)

gether as an organization. There were 45 members at the beginning of her year and 65 when she completed her term of office. They managed to hold regular monthly meetings which, incidentally, wasn't done by many of the groups throughout the country. They held a public-relations meeting on cancer at the Y.W.C.A. with Dr. S. F. Herrmann as speaker (if Mrs. Trimble's memory serves her correctly) and Dr. Hopkins spoke to the group on socialized medicine. From all of the stories out of our war-time past it can be deducted that the Pierce County Medical Auxiliary members did an outstanding piece of work in manning home front war-time jobs.

* * *

The April meeting at the lovely Day Island home of Muriel Nelson brought forth quite a number of our members, despite the blustery weather. Even during such weather the view from the Nelson home is something to behold. The program introduced us to Dr. Warren Smith who is a master at presenting such a morbid subject as cancer in such a light and enlightening manner. He did a lot to dispel the old hush-hush feeling about the disease and to make us more scientific and realistic about the entire subject. By contrast the remaining part of the program consisted of the ethereal combination of Bach composition and Jane Powers at the organ. This was the time of the afternoon

for sitting back, relaxing and communing with Muse. Helen Florence and her committee contributed to the pleasure of our physical beings with some very tastefully prepared food.

May Meeting

The May Day party will be a no-host luncheon at the Country Club for which you will pay the nominal sum of \$1.25. The telephone committee will be calling for definite reservations early, for the Club must have them two days in advance of the party. Yearly reports will be short and interesting, and installation of officers will follow the brief business session. The rest of the afternoon will be spent in doing just what you desire—bridge . . . canasta . . . or just visiting on the broad veranda overlooking the lake. There will be prizes for each table . . . so mark that date, Friday, May 12th. The hour will be 12:30 instead of the usual meeting hour of 1:00 p. m. Kay Anderson and her very capable social committee have planned a big day for you—so you plan to take advantage of it!

* * *

The following is a list of doctors' wives who worked in the cancer drive and were not listed in last month's bulletin—

Mesdames Florence Duerfeldt, Molly Fargher, Mary McNeerthey, Anne Fairbourn, Marian Ludwig, and Edith Link.

* * *

Our recipe contributor this month is Leona Yoder, who is well known for gracious capabilities as a hostess. This is one of her favorite desserts

We carry on your good work
with expert fitting of

CAMP SUPPORTS

Among our many services, the medical profession gratefully regards our expert ability to fill prescriptions for Camp Surgical Supports. Our fitters are thoroughly trained for this work by S. H. Camp & Company and are equipped to interpret your instructions with exactitude and skill. Whatever the needs of your patient may be, you can be confident that they will be filled faithfully, to the letter.

ELLISON'S

Surgical Appliances

319 So. 11th Street — MAin 1670
Tacoma 2, Washington

and we'll wager a favorite among her guests as well.

ANGEL PIE (Meringue Pie)

4 eggs (if eggs are small, use 5)
 $\frac{1}{4}$ teaspoon cream of tartar.
 $\frac{1}{2}$ cups sugar
 2 teaspoons lemon rind
 3 tablespoons lemon juice
 $\frac{1}{2}$ pint whipping cream

Beat egg whites until they begin to stiffen, add cream of tartar and continue beating egg until dry, fold in one cup of sugar, spread in a 9 inch pie tin, bake in a low oven (225 to 270 degrees) for 20 minutes, turn oven to 275 or 300 and continue baking for 40 minutes, remove and let cool.

Filling

Beat egg yolks until light
 Add $\frac{1}{2}$ cup sugar
 Add lemon juice and rind
 Cook in a double boiler until thick
 Let cool
 Fold in $\frac{1}{2}$ of the whipping cream
 Spread in baked pie shell
 Place in refrigerator for 24 hours
 Use remaining whipped cream on top of pie when ready to serve.

* * *

INTER NOS

Betty Smeall, with the assistance of her two daughters, Carla, $4\frac{1}{2}$, and Barbie, $2\frac{1}{2}$, is very busy these days with John Thomas who arrived at Tacoma General Hospital, April 4th.

oOo

Another recent arrival at Tacoma General is Lawrence Larson born April 17th to the Charles Larsons. Welcoming their new brother are Charles, Christine, Elizabeth, and Paul.

oOo

Claudienna Turner had a recent session at T.G. and is reported to be recovering nicely.

oOo

Joan and Andy Anderson are probably lazing in the Bermuda sun at the time of this writing. They left by plane for Boston where Andy will attend a meeting of the American College of Physicians. From there they go to Bermuda where they will be guests at the Elbow Beach Surf club. Enroute home, they will spend several days in New York.

oOo

The Ray Bennetts and the James Vadheims spent several days in the glamorous city of San Francisco recently shopping and sight-seeing. We understand Jeanne came back with quite an unusual grass skirt.

oOo

Among the wives vacationing recently in Victoria while their husbands attended medical meetings were Gypsy Hoyer, Florence Gullikson, Myrle Herrman, Jeanne Vadheim, and Mrs. Tom Murphy.

oOo

We understand the Rigoses have a potential artist in the family. He is son Jim, age 8, whose finger painting of an undersea scene recently displayed at a Mother's Tea at Annie Wright Seminary was

very outstanding. Another honorable mention went to young Richard Hurst for the picture he did of his father, Dr. Cecil Hurst.

oOo

Dr. Magnussen feted the blood bank volunteers recently during a breakfast at the Army-Navy room of the Winthrop Hotel. Among auxiliary members attending were Mesdames Scott Jones, Miles Parrott, Herman Judd, S. R. Lantieri, Don Willard, David Johnson, Charles Doc, Lewis Hopkins, and Norman Magnussen. We heard the food was excellent.

oOo

Question? . . . Did you see the excellent picture of our President, Kay Wright in the April 26th issue of the Seattle Post-Intelligencer?

RESOLUTION REGARDING FEES

The following resolution relating to fees was adopted by unanimous vote of the Council of the Los Angeles County Medical Association on April 3, 1950.

WHEREAS, The number of written complaints against members reaching the office of the Association has increased during the past year to alarming proportions, therefore constituting a most serious problem in public relations; and

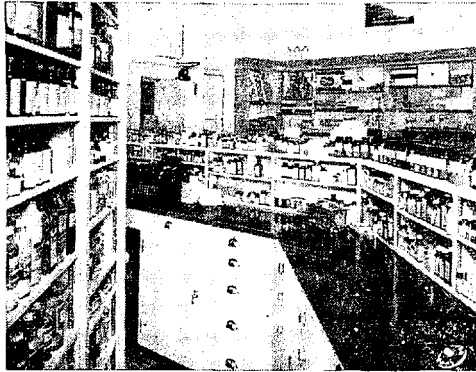
WHEREAS, The handling of these complaints in an attempt to be fair to both complainant and member involved has become a task beyond the ability of committees to handle in fairness to all parties involved; and

WHEREAS, Approximately 85 per cent of the complainants, both regarding fees and professional conduct, indicate a lack of understanding on the part of the patient as to what fees might be expected or as to the services rendered by the doctor; and

WHEREAS, A most important step in grass roots public relations is to eliminate as much as possible complaints of all kinds against members; therefore be it

RESOLVED: By the Council of the Los Angeles County Medical Association that all members be requested, before service is rendered to a patient to inform that patient as accurately as possible, the cost of such service, whether it be medical care or surgery, and to inform the patient of fees other than the physician's fee (assistant surgeon, anesthetist, laboratory, hospital, etc.) to avoid any possible complaint relative to fees charged; and be it further

RESOLVED, That it be the sense of this Council that in a complaint against a doctor relating to fees, in which the doctor has not informed the patient of the fee involved for the service, that such doctor will appear in an unfavorable light when such complaint is studied by the Committee handling such complaint; and be it further **RESOLVED**, That steps be taken at once, through widespread publicity and advertising, to inform the public that matters of fees for medical service should be arranged with the doctor before services are rendered.



LAKWOOD PHARMACY

D. W. McDowell

J. C. Lowe

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

Only on your R

When prescribing Ergoapiol (Smith) with Savin for your gynecologic patients, you have the assurance that it can be obtained only on a written prescription, since this is the only manner in which this ethical preparation can be legally dispensed by the pharmacist. The dispensing of this **uterine tonic**, time-tested ERGOAPIOL (Smith) WITH SAVIN—only on your prescription—serves the best interests of physician and patient.

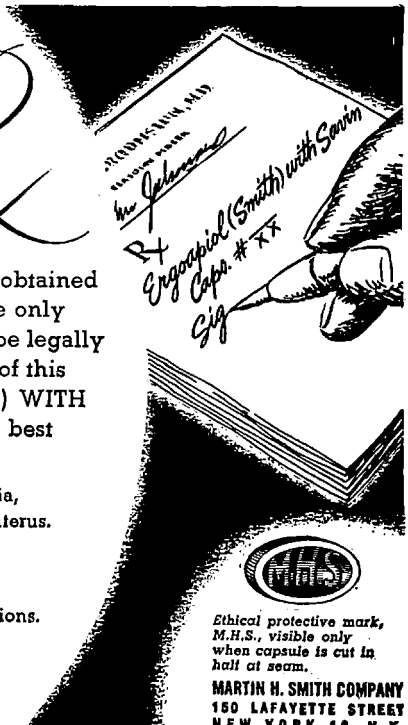
INDICATIONS: Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

GENERAL DOSAGE: One to two capsules, three to four times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions.

Literature Available to Physicians Only.

ERGOAPIOL (SMITH)
WITH **SAVIN**



The Hospitals . . .

TACOMA GENERAL

Several members of the nursing staff at Tacoma General attended the annual convention of the Washington State Nurses Association in Spokane, April 12th through 15th. Among those who attended were Miss Forsberg, Miss Jewett, Miss Robertson, and Miss Schenk. At the same time, the annual meeting of the Washington State Student Nurse Council was held. Students from T. G. attending the meetings at St. Luke's Hospital were Miss Corbett, Miss Harvlic, and Miss McCann.

One of the subjects for discussion by the graduate nurses was the question of socialized medicine. This group decided to wait until the question has been brought up for discussion and action by the American Nurses Association before taking any definite stand on the issue.

Attending meetings of the Association of Western Hospitals in Seattle during the last week in April were many members of the various departments of the hospital. Mr. Heath, as Chairman of the Convention Executive Committee, was responsible for much of the task of carrying on a successful convention.

Still another convention to be attended by members of our staff will be the Biennial of the American Nurses Association in San Francisco the week of May 8th. Leaving soon on the southward trek will be Miss Ford, Miss Jewett, Miss Kraemer, Mrs. E. Peterson, and Miss Robertson, of the graduate staff, and Miss Sharon Corbett, who will represent the student nurses of our school.

A great deal of satisfaction has been expressed over having a graduate nurse in the admitting office. A second nurse, Miss Ford, is now being initiated into the work. She will act as relief nurse for Mrs. Mercer.

The program for the Medical Staff meeting on May 2, 1950, will consist of a motion picture illustrating the physiology of the heart, produced by Dr. Carl Wiggers, and a case report on "Delayed rupture of the spleen," together with a review of cases of rupture of the spleen in Tacoma General Hospital by Drs. S. R. Lantieri, W. F. Smith, and R. S. Dille, according to Dr. Don Willard, Chairman of the Program Committee.

PIERCE COUNTY

For the benefit of the members of the Pierce County Medical Society, it is felt desirable that there be some clarification regarding legal authority for the care of the "Marginal Income Patient", and the mechanism by which their professional needs are handled at the Pierce County Hospital. The legal authority for their care is defined by the State Welfare Director, Mr. Roderic Olzendam, in the Departmental Directive No. 49-50 issued April 29, 1949. It is not necessary to repeat the exact and complete directive; as such information may be

supplied in detail upon the request of any member of the Society to this hospital.

The funds provided for the care of the marginal income patients are derived from a two mill levy within Pierce County. The professional care of these patients is further designated to be the sole responsibility of the Pierce County Hospital, and these patients are attended by the intern and attending staff. These marginal patients are not billed for any portion of their medical care nor does the attending staff render any bill to the patient for professional services.

It is further provided in the by-laws of the Pierce County Hospital that any physician accepting appointment as an attending man in the Pierce County Hospital take full responsibility for whatever patients are placed under his care without compensation of any kind, excepting, of course, his personal satisfaction in complying with a basic obligation of the practice of medicine and the privilege of teaching interns the proper care of patients.

Among doctors who have recently come into the Pierce County Medical Society, there may be some question as to how staff membership may be obtained in the Pierce County Hospital for the care of welfare patients. Application for visiting staff membership should be directed to the Administrator of the County Hospital. The application is acted on by the Qualifications Committee and with the acceptance of the application for visiting staff membership, the doctor may bring his welfare patients to the County Hospital.

Staff regulations at the Pierce County Hospital are very similar to those of most other hospitals, complying with the rules of The American Hospital Association, The American Medical Association, and a number of the specialty boards.

For the coming year there is an increased intern staff with an expanding teaching program. It is the very grave responsibility of the County Hospital to make every effort to discharge its obligation to the young doctor out of medical school and during his residency.

J. MORRISON BRADY, M. D.
Administrator, Pierce County Hospital.

ST. JOSEPH'S

The regular monthly Staff Meeting was held April 17th. Following a delicious dinner the scientific program was given by Dr. William Hansen, who presented some of the more recent experimental observations regarding the causes of obesity.

It was announced that Dr. John Flynn is prepared to give radium therapy and will be glad to discuss such problems with any of the staff.

The residents and their wives, Dr. and Mrs. Carefoot and Dr. and Mrs. Hogan, took an inter-

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esting week-end trip to Newport, Oregon, the first of the month. Dr. Carefoot enjoyed taking a number of scenic snap shots only to find when the pictures were developed that no pictures were there. Better luck next time.

Dr. and Mrs. Thomas Smeall are receiving hearty congratulations on the birth of a boy. The two daughters now have a brother for whom a medical career is already being planned.

The Journal Club is held each Friday preceding the C. P. C. Presented by the internes and monitored by a staff member it is proving very educational. A union of the two should make them both more interesting.

The nurses annual dance will be held May 5 at the Winthrop Hotel. This will be an outstanding occasion and deserves the support of all of the doctors.

The annual picnic for the nurses will take place the latter part of May, most likely on the 25th. A good day to enjoy a real outing.

POLITICAL BED-FELLOWS

The several groups that have come out publicly against socialized medicine include many of the officials of the Veterans Administration. The reason for their attitude is not hard to explain. Acceptance of socialized or Federal medicine will destroy both the need and the excuse for the existence of the extensive and highly organized medical service now available for veterans.

According to the J.A.M.A., there are at present 110,600 authorized Veterans Administration hospital beds. Of these beds, 102,000 are in operation. In addition, sixty-two veterans' hospitals are now under construction. Eighty-one per cent of the present Veterans Administration beds are being used for conditions which are non-service-connected. Ability to pay as a factor in eligibility for free medical or surgical treatment has been disregarded under the present Veterans Administration. Practicing physicians frequently find that patients of ample financial means go to a Veterans hospital if any specific medical or surgical treatment is needed.

The original intent of Congress in establishing the Veterans Administration was to provide care for non-service-connected disabilities only in case beds were available. As it has worked out, the Veterans Administration fills its present beds with non-service-connected patients and thereby creates an increasing demand for more hospitals and more beds.

Nothing can be done to stop this expansion, as the politicians are submissive to the veterans' vote and the veterans' lobby.

However, socialized medicine, which would destroy our established medical practice, would also wipe out the greatest free Federal medical service ever conceived.

Politics make strange bed-fellows.

—*Norfolk Medical News*

THE COST OF MEDICAL CARE

Among the things which serve to give modern medicine a "bad name" is the actually staggering cost of adequate treatment of a major illness. We physicians know that this is the result of the increase in expensive diagnostic and therapeutic procedures which modern medicine has made available to the human race and which has resulted in a striking prolongation of life expectancy and in great relief of suffering. But this may not be easily evident to your patient. In fact, he may remember that the grand old family doctor who took care of him when he was a boy did so without costing nearly as much. He may *not* remember that his brothers died of pneumonia, which will not kill his children who are protected by expensive penicillin.

This needs advertising to the public and such an educational campaign is being carried on. But we can create a proper good will by not neglecting our real duty to keep the cost of our patient's illness to a minimum which is consistent with proper modern care.

The list of things we can do is legion and the thoughtful physician will consider this problem in each case. This, of course, applies to "free" and "part-pay" patients quite as aptly as to the "private" patients since the costs are just as expensive even if they are less obvious. Precepts which come readily to mind to illustrate ways in which the cost of illness may be reduced are cited. "Do not allow a day or more of your patient's hospitalization to go by without benefit because you have failed to write an order or to make special arrangements for a test or therapeutic procedure."

"Do not order expensive laboratory, roentgenological, or other special examinations without consideration of their value."

"Do not use instruments carelessly so that they are lost or damaged."

"Do not increase the labors of nurses or technicians without consideration of the expense of employing such personnel."

"Do not waste supplies."

The list grows too long—write some precepts for yourself and help keep down the costs of medical care.

—Erie County Medical Society, Bulletin.

STORK GETS FLIGHT ORDERS FROM THE MOON

A six-year study of obstetrical records at the Methodist Hospital of Southern California reveals that during many lunar cycles almost twice as many babies have been delivered while the moon was waxing than while it was waning. For example, in a recent cycle 133 babies were born from new moon to full moon and only 77 during the last half of the cycle. In 62 of 72 complete lunar cycles, this mystifying rule was authenticated, and today the activities of the obstetrical department are planned with this in mind. The Hospital staff ventures no explanation." —*L. A. Times*

TACOMA SURGICAL CLUB ANNUAL MEETING

May 13, 1950

Program

Morning Session

Movies: 9:30 a. m.—Jackson Hall, Tacoma General Hospital Nurses' Home.

1. 9:45-10:00—Radical Neck Dissection for Carcinoma by Frank R. Lahey, M. D.
2. 10:10-10:25—Subtotal Thyroidectomy by James R. Johnson, M. D.
3. 10:35-11:20—Anomalies of Bile Ducts and Vessels. Stricture of Common Duct by Warren H. Cole, M. D.
4. 11:30-1:10—Injuries of Peripheral Nerves by Loyal H. Davis, M. D.

Anatomical Dissections and Demonstrations, 9:30-12:30, Basement, Tacoma General Hospital, Nurses' Home.

1. Applied Anatomy of the Ankle—Harry B. Allison.
2. Regional Anaesthesia for General Surgery—John J. Bonica.
3. Demonstration of Cervical and Brachial Plexus—Gerald C. Kohl.
4. Demonstration of Blood Supply and Relations of Colon—Edward R. Anderson.
5. Demonstration of Ano-Rectal Anatomy—Ross Wright.
6. Applied Anatomy of Upper Extremity and Elbow—Wendell C. Peterson, Robert W. Florence.
7. Demonstration of Stellate Ganglion—Frank A. Plum.
8. Surgical Anatomy of the Knee—William H. Goering.
9. Needle Biopsy of the Liver—Charles P. Larson.
10. Roentgenologic Diagnosis of Polyps of the Colon—Bernard D. Harrington.
11. Congenital Anomalies of the Gastro-intestinal Tract—Frank A. Rigos.
12. Dissection of the Parotid—W. W. Mattson.
13. Surgical Anatomy of the Thyroid—William J. Rosenblatt.
14. Surgical Anatomy of the Upper Abdomen—Warren F. Smith.
15. Surgical Anatomy of Recto-Sigmoid—C. B. Ritchie.
16. Varicose Vein Demonstration—S. F. Herrmann, J. L. Vadheim, A. J. Herrmann.
17. Demonstration of Mediastinum—Louis P. Hoyer, Jr., J. H. Bechtold.
18. Surgical Anatomy of the Breast—Burton A. Brown.
19. Surgical Anatomy of Subphrenic Spaces—Leo J. Hunt, Govnor Teats.
20. Surgical Anatomy of Female Pelvis—Edwin C. Yoder, Herbert Meier.
21. Surgical Anatomy of Inguinal and Femoral Hernia—Karl S. Staatz, Wayne B. Carte.

22. Surgical approach to Diverticuli of the Duodenum—John W. Gullikson.
23. Sagittal Section of Male Perineum—Clyde Maggill, Byron A. Yost.
24. Surgical relation of cerebello-pontine angle—John Robson.

Lunch—12:30 p. m., Dining Room, Tacoma General Hospital, Tacoma Surgical Club, host.

Afternoon Session—2:00 p. m.

Woodard Niethammer, presiding

2:00—Certain Limitations of Radiologic Diagnosis—Albert A. Sames.

2:15—Pyuria—Therapeutic Tests—Homer W. Humiston.

2:30—Needle Biopsy of Liver—Jess Read

2:45—Intermission.

3:00—Hyperthyroidism and Carcinoma of the Thyroid—Warren H. Cole.

4:00—Injuries of Lymphatic Ducts—Thomas B. Murphy.

4:15—Conservative Management of Breast Papillomas—James L. Vadheim.

4:30—Peripheral Neurogenic Tumors—Don G. Willard.

Discussion of Demonstrations and Papers—Warren H. Cole.

Evening Session

Fellowship Hour—6:00 p. m.

Annual Banquet—7:00 p. m., Wedgewood room, Winthrop Hotel, \$7.50, informal, Woodard Niethammer, Toastmaster.

Address—"Recent Advances in Surgery"—Warren H. Cole, M. D.

BIOGRAPHICAL DATA

DR. WARREN H. GOLE

Born July 24, 1898, Clay Center, Kansas, University of Kansas, B.S., 1918; Washington University School of Medicine, M.D., 1920; intern, City Hospital, Baltimore, 1920-21; intern to resident surgeon, Barnes Hospital, St. Louis, 1921-26; Instructor of Surgery to Associate Professor of Surgery, Washington University, School of Medicine, St. Louis, 1926-36; Professor and Head of Department of Surgery, University of Illinois, College of Medicine, 1936 to present.

Societies—American Surgical Assn., Western Surgical Assn., Southern Surgical Assn., American Association for Study of Goiter, American College of Surgeons, Society of Clinical Surgery, Society of University Surgeons, Founders Group, American Board of Surgeons, American Association of Surgeons of Trauma, Halsted Surgical Club, International Society of Surgery, Alpha Omega Alpha, and others.

Prizes and Offices—Co-recipient American Roentgenological Society Prize, 1927 (gallbladder research); certificate of Merit, St. Louis Medical Society, 1927 (gallbladder research); president, Society of University Surgeons, 1940; president, Chicago Surgical Society, 1942-43; president, Western Surgical Assn., 1950; vice-chairman, American Board of Surgeons, 1949; president-elect, Chicago Medical Society, 1950;

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chairman. Committee on Cancer Control, Illinois State Medical Society; and others.

Books—"Diseases of the Gallbladder and Bile Ducts" (with Graham, Moore and Copher), 1928; "Textbook of General Surgery" (with Robt. Elman), 1936; "First Aid; Surgical and Medical" (with Puestow), 1942; "Operative Technic", 1949, two volumes.

Chapter Contributions—"Surgery of the Extremities" in Bartlett's "Postoperative Treatment;" "Hernia" in Graham's "Surgical Diagnosis;" "Tumors of the Gallbladder and Bile Ducts" in Christopher's "A Textbook of Surgery;" "Cholecystography and Hepatic Function" in "Cyclopedia of Medicine;" "The Breast" in Lewis-Walter's "Practice of Surgery;" "Indications for the Surgical Treatment of Peptic Ulcer," in Portis' "Diseases of the Digestive System;" "General Surgery" in "Medicine of the Year."

Journal Contributions—Approximately 150 articles dealing with the thyroid, gallbladder, spleen, shock wounds, pre- and post-operative care, constrictive pericarditis, common duct strictures, convalescence and the National Service Act in England, etc.

LOCALS

Dr. John Campbell and family have left Tacoma. The doctor will take a three-year residency in Ophthalmology at the University of Rochester, N. Y. He has sold his house and practice and the only intimation that they may return is his unsold boat at the Yacht club.

—o—

Dr. Charles Larson has been the busiest doctor in Tacoma during the past month. In addition to the Thursday morning Pathological Conferences, he has successfully managed three important group meetings. Congratulations to him for putting across the North Pacific Society of Neurology and Psychiatry, The Washington State Society of Pathologists and the Northwest Society of Pathologists.

As a friendly token of appreciation he was elected president of all three organizations for the coming year. He has been called to Washington, D. C., for an extensive course in Atomic Energy and will be away from May 3rd to 15th.

"What I can't understand," observed the bailiff, "is how a jury composed of six young women and six young men can be locked up in a jury room for 12 hours and say, 'Not guilty!'"

The rest of your days depend on the rest of your nights.

Father: "I don't like the looks of this report card."

Son: "I don't either, Pop." "It sure is a sloppy piece of printing."

TACOMA ACADEMY of MEDICINE FIRST ANNUAL MEETING

Saturday, May 6, 1950

GUEST SPEAKERS

Jerome W. Conn, M.D., Associate Professor of Medicine, University of Michigan Medical School.

Edward L. Turner, M. D., Dean, University of Washington Medical School.

Carl G. Heller M. D., University of Oregon Medical School.

PROGRAM

Afternoon Session, Auditorium

Tacoma General Hospital

1:30—"Estrogens—Use and Abuse", Carl Heller, M. D.

2:30—"Rheumatoid Arthritis," Edward L. Turner, M. D.

3:30—"Spontaneous Hypoglycemia: Differential Diagnosis and Management", Jerome W. Conn, M. D.

4:30—Round Table Discussion, Joseph Turner, M. D., Moderator.

Evening Session, New Yorker Restaurant

1501 Sixth Avenue

6:30—Cocktail Hour.

7:30—Dinner

Address—"ACTH and Cortisone," Jerome W. Conn, M. D.

TTP

A lot of people in Washington are wearing lapel buttons which have the letters "TTP" on them. Inquiry discloses that this means TIRED TAX PAYER. Everyone who pays taxes these days is qualified to wear such a badge. Here is a thumb-nail sketch of how you can weigh the outgo of the budget dollar against the fund raising to meet that dollar:

Direct taxes on individuals.....	41 cents
Direct taxes on corporations.....	23 cents
Excise taxes.....	18 cents
Customs, other taxes.....	6 cents
New taxes and borrowing.....	12 cents

NOW HERE'S HOW THE DOLLAR IS SPENT:

National defense	32 cents
Interest on debt.....	13 cents
Veterans	15 cents
International Programs.....	11 cents
Social welfare, health, security.....	6 cents
Other domestic expenses	23 cents

—Secretary's Newsletter

NEST EGG

The elderly treasurer of a local ladies' aid society, in the bank to deposit the organization's funds, handed the money over to a hard-of-hearing teller with the casual remark that it was the "aid money."

The teller thought she said "egg money" and wanted to compliment her on the amount.

"Remarkable," he said, "isn't it, how well the old hens are doing these days!"

MINIMUM OF NEW LEGISLATION IS AIM OF NEW JERSEY PLAN

New Jersey Medical Society's "constructive approach to the solution of the national health problem" comprises a 12-point program tied in the main to existing voluntary agencies. They are listed as follows:

1. Increased public utilization of Blue Cross, Blue Shield and other voluntary, non-profit organizations for budgeting of hospital and medical expenses.

2. Authorization of income tax deductions of premiums paid into such plans, in line with principle of pending Keating bill (HR 6819) (WRMS No. 137).

3. Encouragement of employers to share cost of employes' payments to these plans.

4. Let government, from national down to local, take exemplary action and assume all or part of cost of enrolling employes in prepayment groups.

5. Widening of benefits offered by prepayment plans "as rapidly as possible, consistent with actuarial experience and sound administrations," so as to cover—among other services—home and office visits for all non-chronic conditions.

6. Abolition of income ceilings as barriers to membership.

7. Use of state and local public funds to sub-

sidize enrollment of "medically indigent" in prepayment medical and hospital care groups.

8. Acceptance of Federal aid to supplement state and local funds for providing health services to those totally indigent and on relief rolls, "perhaps utilizing on a cost basis the voluntary non-profit organizations for the actual provision of the required services."

9. Similar action with respect to needy chronically ill.

10. Action by the various states, including New Jersey, looking to consolidation of local public health units into districts of sufficient size and resources to maintain full-time health departments.

11. "Exploring the possibility" of U. S. Public Health Service providing physicians for rural and shortage areas of the country.

12. Government support of professional schools to increase supply of physicians, health officers, nurses and auxiliary personnel.

"I'm going home to mother," sobbed the young wife, "I don't want to see you again."

"You're too late," replied the husband, "Yesterday your mother went home to your grandmother."

Irate wife: I want an explanation, and I want the truth.

Hubby: Well, make up your mind. You can't have both.

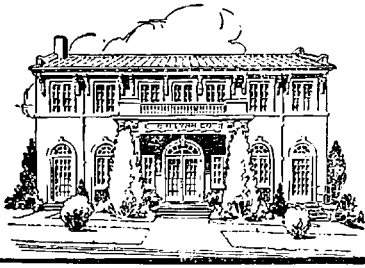
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SURVEY OF PHYSICIANS' INCOMES

Late in April the Bureau of Medical Economic Research of the American Medical Association and the Office of Business Economics of the U. S. Department of Commerce will jointly conduct a survey of physicians' incomes.

The Bureau has been authorized by the A.M.A. Board of Trustees to cooperate in this survey, which the Department of Commerce had planned to conduct alone. It will be the first full-scale survey by the department of physicians' incomes since 1941.

An analysis of the results will be published by the Department of Commerce next fall in its monthly publication, "Survey of Current Business." Its August 1949 and January 1950 issues had published similar analyses of surveys of incomes of dentists and lawyers, respectively, made jointly with the American Dental Association and the American Bar Association.

There is evidence that the national averages in some surveys have been too high because physicians who do not have bookkeepers to fill out questionnaires do not reply in sufficient numbers. Accordingly, the Bureau emphasizes the importance of all doctors, especially those with a relatively small practice, filling out the questionnaires.

Accurate postwar data on physicians' incomes is badly needed in order to develop better estimates of how much the American people pay to physicians.

Every physician can be assured that the survey has no relation whatever to the operations of the U. S. Bureau of Internal Revenue. There is no way by which the Department of Commerce could have obtained the needed information from the Bureau of Internal Revenue; hence, the questionnaire survey.

There will be two questionnaire forms. The Bureau of Medical Economic Research helped to design these. A short form will request income data for 1949 only. A long form questionnaire will cover the years 1945 through 1949. All are to be returned unsigned in franked envelopes.

The punch card files of the Bureau of Medical Economic Research contain the names of about 200,000 physicians. The survey will cover 125,000

of these, or 62½ per cent of the total. Selection will be by a formula which eliminates any partiality.

A short form will be sent once only to every other name in the file. Of the remaining 100,000 names, every fourth will be selected. To these will go 10,000 short forms and 15,000 long forms, with this distinction—the return franked envelopes will carry a code number which will identify the physician to the Bureau of Medical Economic Research alone. All of the addressing will be done in the headquarters of the A.M.A.

The sole purpose of the code number is to enable the Bureau of Medical Economic Research to address a follow-up letter to those not replying to the first request. Physicians need have no suspicion about the code number because when the reply is received, the questionnaire will be separated immediately from the envelope and the identity will be lost.

Physicians will be doing the medical profession a service by filling out the forms and returning them as soon as possible.

A young mother was discussing with an older woman the arrangement worked out with her husband about feeding the baby in the night. "Who in your family got up to feed the baby?" she asked the elderly visitor.

"Well," the other replied, "it certainly wasn't my husband. You see, young lady, we didn't have bottles in those days."

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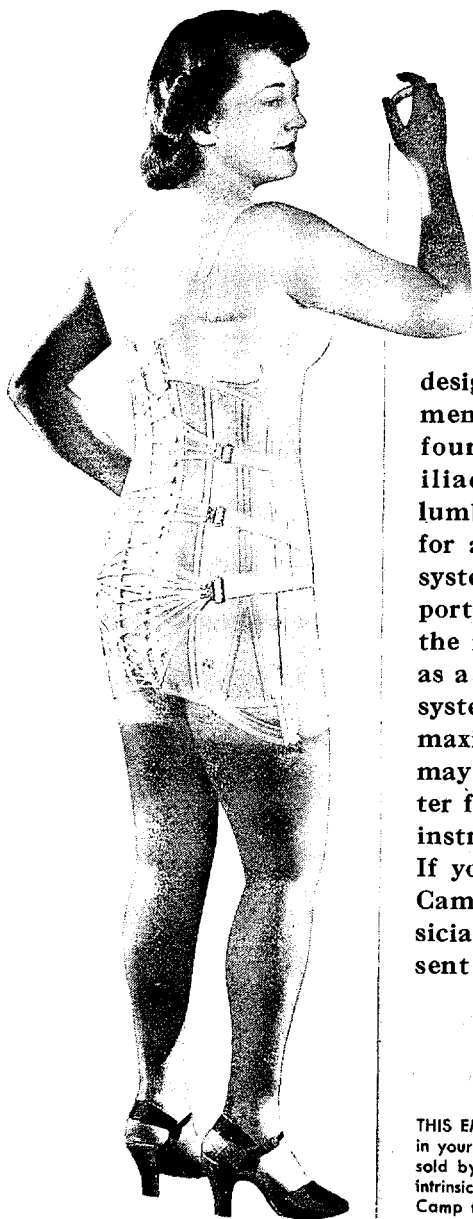
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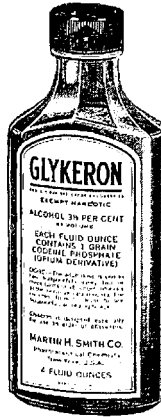
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXI—No. 1

TACOMA, WASHINGTON

September - 1950



Pierce County Medical Society

1950

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There will be no September meeting of the Pierce County Medical Society due to State Medical meeting in Spokane September 10-13. The first Society meeting will be held October 10.



The President's Page . . .

Down through the centuries of recorded history we have seen some pretty horrible examples of man's inhumanity to man. The brutality of the human race in the early days on this earth can be charged to the fact that man was but slightly above the animal stage in intelligence. However, as the intelligence of mankind improved, we find we are no longer satisfied with merely stalking a man to his death, as did our ancestors . . . now we must devise means to slaughter men . . . and women . . . and children . . . by the hundreds of thousands at one stroke.

Some months ago, we attended a civilian defense meeting of the medical profession in Seattle called to ponder ways and means of caring for the casualties which would follow in the wake of an atomic blast over any or all of our Pacific Northwest cities . . . casualties that would number some fifty thousand should a bomb be exploded some dark night two thousand feet above Seattle. Try to envision a blinding flash in the sky . . . high above the city . . . a terrific explosion . . . a slowly rising pillar of smoke . . . death and destruction in a few seconds such as our forefathers would never have thought possible . . . human wreckage strewn far and wide . . . torn, dismembered bodies . . . beyond all human call . . . the horribly mutilated bodies of others who are blinded and screaming to a merciful God to take them to His bosom and ease their sufferings . . . other thousands of burned humanity staggering blindly along, trying to get away from the sudden horror that had rained down upon them from the skies.

That, members of the medical profession, is what will be thrown squarely into our collective laps in the event such a catastrophe should occur. Don't say, "It can't happen here" for it CAN happen here, and without warning. Why? We would not know the answer to that! But we do know that somewhere along the line we have allowed hatreds to drive God and humanity from our hearts to the point where we stand idly by while false prophets lead the people of the earth down the path to a certain destruction of the civilization we have arrived at after centuries of struggling from the Dark Ages.

Surely, somewhere on the face of the earth there will come a Messiah bearing the standard of Godliness and brotherly love who will drive from the hearts of mankind the hatreds, greed, and lust which can only bring ultimate destruction to everything on the face of the earth.

In the meantime, until such a one shall appear, we of the medical profession must formulate plans to be put into immediate use when and if an atomic blast shall be visited upon any of our communities. It is we who will have to rush to the aid of the injured and the maimed. It is we who will be called upon to salvage what remains of a battered and torn humanity, and we need to know exactly how to go about doing it, for we will be dealing with casualties from the most terrifying, most destructive weapon ever devised by man . . . or the Devil. When you are asked to train for this humanitarian work, please be glad that you are capable of serving . . . for every doctor, nurse and technician available will be required in the emergency.

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Editorially Speaking . . .

The purposes of Initiative 172 have been carried out in Washington for nearly one and one-half years without modification unless the recent emergency appropriation of \$16,710,000 could be so considered. We know that the great bulk of Welfare money has gone for general relief, concerning whose ramifications doctors cannot be familiar. In our own field of health care we should be interested and informed, not primarily for our monthly medical welfare check, but regarding possible and probable developments in the months to come.

Twenty years ago relief to poor families was limited to grocery vouchers, coal during the winter months, the services of an underpaid county health officer and shelter of the poor farm for the destitute. About sixteen years ago our state received \$500,000 from the Federal Government for relief purposes, including medical care, and our own County Medical Bureau pioneered a plan to provide that care. This was the first time, in this state at least, that civilian doctors received pay from the Federal Government for civilian medical care. That may have been an opening wedge for Federalized Medicine and if so the wedge has been constantly increasing in size throughout the United States.

Some may judge the progress of Welfare medical care by the increase in its cost but there are other phases of equal or greater importance. Omitting from our consideration at this time the advantages of preserving county unity with similar medical care plans of operation throughout the state, we wish to pass on an idea given us by a prominent state legislator concerning possible future medical care in Pierce County. He built his ideas largely on the following: First, the state must find and put into operation a program for medical care less expensive than at present, but of equal or improved quality. Second, Pierce County has a county and state supported hospital adequate to care for all our active indigent cases plus a considerable number from adjacent counties. The physical equipment is here; the resident and hospital staffs are very adequate and closer affiliation with the University of Washington Medical School would deservedly increase our medical prestige and also assure a high standard of medical care for the indigent.

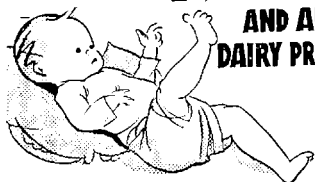
If that idea should develop further, adequate legal interpretations and directives would have to come from Olympia. Should that suggestion become real, two changes in our present program would take place. The first directly concerns the doctors now participating in the program. Patients entering the hospital as medical or surgical cases would automatically pass from the care of their private physician to that of the hospital staff, who would do the hospital work without financial compensation, and be returned to their private physician if and when they left the hospital. The second change of program would concern chronic care cases. Existing facilities would be enlarged or new ones constructed to serve as convalescent homes, with rotating geriatric interne services to provide efficient care and valuable training.

We are certain there will be mixed reactions to the above ideas and the bulletin will be happy to print any you may choose to contribute. A fact not generally appreciated by our members is that the State of Washington is far out in front of any other state in financial generosity to the doctors, and it is but natural that our informed legislators are looking for greater medical care returns for the money expended than they feel is now being received.

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LOCALS

Harry Andrews has volunteered for active military service. Merritt D. Moon, former resident in pathology at the Tacoma General Hospital, has also taken the same course of action. From the looks of things many of the rest of us may soon join them.

* * *

Robert Rea has retired from active practice and is now living in Steilacoom. Harry Dutton has replaced him as assistant superintendent and Robert Brown is now the clinical director at the Western State Hospital.

* * *

Ben Terry had a fine, well attended exhibit at the A.M.A. convention in San Francisco. He has made great strides in improving his tissue stain and is continuing his research work with his usual vigor. He is attempting to adapt his stain for use in both hematology and for cytological smear technique.

* * *

Burton Brown is the chairman of a state committee to study the medical and hospital problem of our aging population. The committee has had two meetings and much good work has already been started.

* * *

Al Buis is feeling fine and is just as spry as ever. It is always wonderful to see these old timers floating around feeling so well. The same can be said for Warren Penney and Bill Keller.

Sydney MacLean recently had a serious operation but is now back on his feet and recuperating.

* * *

John Campbell writes from Rochester, New York, that his residency in ophthalmology is all that he hoped it would be.

* * *

Sorry to report that since our last bulletin two of our members have moved and are practicing in other locations. John Cranor is located in Walla Walla and George Cole in California.

* * *

Jim Fairbourn returned from a Canadian fishing vacation with all the trout he could carry.

Bill Goering and Ben Terry have been elected as trustees to the Tacoma Rotary Club. Congratulations!

* * *

Our hats are off to Joe Hansen who is again taking some more post graduate training. This time with Dr. Bonica at Tacoma General Hospital.

* * *

Bernie Harrington has been continuing his good work as a member of the board of trustees of the State Medical Association.

* * *

Arnold Herrmann is leaving this month for Chicago. He is taking a year's course in Surgery. Best wishes and hurry back, Arnie.

* * *

Lou Hoyer recently bought a small boat and has taken up fishing in a big way. His main trouble

has been cutting anchors without pulling them up.

* * *

Scott Jones' new house is almost completed. What a beauty! You can't miss it—right on the curve on the way to Point Defiance.

* * *

Hinton Jones continues his good work on Multiple Sclerosis and has received considerable national recognition for the same.

* * *

George Kunz, Jr., has a new home on Pill Hill. Eight bedrooms we hear. He is going to keep on filling them until G.G.R. III arrives.

* * *

Jim Lambing has become one of the pillars of the community in Gig Harbor. New home—new office, and doing very well.

* * *

For your information the News Editor has sold his airplane and bought a boat. Mama is happy. She says it is much safer and more fun.

* * *

Bill Lewis is on a vacation in the East. He is still worried about this Naval Reserve business.

* * *

Glenn McBride has done a fine job as the new president of the Tacoma General Staff.

* * *

Bill Mc Nerthey is up and around and is his same old cheerful self.

* * *

After thirteen years in Tacoma John Morgan has been transferred to the Veterans Hospital in Portland where he will be clinical director and also teach at the University of Oregon Medical School.

* * *

Dick Schultz's boys camp had another fine season. Our congratulations to Dick, not only for developing fine young men but also for putting Tacoma on the map.

* * *

The society's thanks to Dick Link, Dave Hartsuck and Charlie Larson for educating us on Radiological Defense against the Atomic Bomb. From all reports the lectures were well received.

* * *

Clyde Magill has the thankless job of being chairman for the Defense and Procurement Committee of the County Medical Society. It's nice to have a wise old sage like him steering such an important committee consisting of MacRea, Rigos, E. R. Anderson, Larson, Link and Hartsuck.

* * *

It won't be too long now before Dumont Staatz will be back with us as a full fledged orthoped. The silent one will miss him as a partner in surgery.

* * *

Your president Ed Yoder is on a real vacation. New York, Central America and South America. No forwarding address either. We expect him back in September.

LOCALS

Among those seen at the A.M.A. convention were H. A. Anderson, E. R. Anderson, Lewis Hopkins, Bernie Ootkin, Warren Smith, Phil Backup, J. B. Robertson and Fred Schwind.

* * *

The mouse has gone back into action in the Columbia River.

* * *

Ground has been broken for the new Pierce County Tuberculosis Sanitarium next to the County Hospital.

* * *

Newspaper comment on which doctors are going in the armed forces has brought out many worried looks with prefrontal beads of dshydrosis. Those who were in the last one don't like to be asked if their buttons are polished!

* * *

Would you like to be a cowboy? Don Willard learned much about the carefree life in Idaho this summer. His picture in the News-Tribune showed him standing—I wonder why.

Dr. Homer Humiston was appointed as of July 1st. Consultant in Urology, Department of Surgery, University of Washington Medical School.

—DON'T FORGET TO VOTE—

Madigan Hospital Entertains Pierce County Medical Society

Col. A. Vickoren, M. C., Commanding Officer at Madigan General Hospital, issued a cordial invitation to members of the Pierce County Medical Society to join with the staff at Madigan at a joint conference at which the hospital staff presented the program at the Red Cross Recreation Building on June 5, 1950, at 8:00 p. m.

Refreshments from 6 to 6:45 p. m. at the Officers' Club, followed by dinner from 6:45 p. m. to 7:45 p. m. at the Officers' Mess preceded the conference.

A large number of doctors accepted the invitation, enjoyed the social hour, a fine dinner and a very worth while scientific program.

—DON'T FORGET TO VOTE—

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HAPPY BIRTHDAY!

September

W. B. Carte	5
L. S. Diamond	6
R. C. Murphy, Jr.	7
J. C. Bohn	9
Edward Wolf	10
M. S. Thomas	10
L. B. Thomas	11
G. M. Parrott	11
W. B. McNeerthney	11
E. C. Blizard	13
D. H. Running	14
F. W. Hennings	16
C. V. Lundvick	19
J. W. Bowen	22
C. M. Gable	25
E. C. Yoder	28
S. S. Thordarson	30

—DON'T FORGET TO VOTE—

Explode a Fallacy

One of the fallacies of the modern amusement world that needs exploding is the too frequently portrayed myth about some poor suffering soul who agonizes for days and years until someone can raise money to pay a famous specialist's fee.

In various forms, acquiring money for some unusual treatment, or operation, has been the theme for many a movie, radio program, Sunday comic strip and comic book.

Well, ye old Editor has knocked about these parts for a few years and I've never heard of any real life situation that remotely resembles these make-believe situations. I resent the implication that any person can't get the care of a specialist in any field of medicine or surgery, if he seeks it. I resent the black eyes our fable writers give us in the minds of young readers. Let's get this kind of hog wash stopped. We aren't that kind of people!

If they have to have tear-jerking situations, let them—get them true to life, like—baby ain't got no shoes cause daddy has to pay his union dues, or junior can't smoke any more 'cause the cigarette taxes are too high.

—Bulletin of Columbus Academy of Medicine

—DON'T FORGET TO VOTE—

DAMMEIER Printing Co.

BROADWAY 8303

811 Pacific Ave.

Tacoma

WOMAN'S AUXILIARY

To The Pierce County Medical Society

OFFICERS FOR 1950-1951

President.....	Mrs. Edward Anderson
President-Elect.....	Mrs. S. S. Thordarson
First Vice President.....	Mrs. S. R. Lantiere
Second Vice President.....	Mrs. Fay M. Nace
Corresponding Secretary.....	Mrs. C. M. McGill
Recording Secretary.....	Mrs. E. W. Naess
Treasurer.....	Mrs. Robert Gibsen

CHAIRMAN OF COMMITTEES

Membership.....	Mrs. C. B. Ritchie
Publicity.....	Mrs. Edward Wolf
Program.....	Mrs. E. P. Nelson
Social.....	Mrs. R. A. Norton
Telephone.....	Mrs. Richard B. Link
Food Bank.....	Mrs. Scott Jones
Legislative.....	Mrs. J. B. Jarvis
Today's Health.....	Mrs. W. J. Rosenblatt
Speakers Bureau.....	Mrs. Fay Nace
Public Relations.....	Mrs. John Gullikson

Our first meeting of the year will be held on Friday, October 13th, at the home of Mrs. A. W. Howes, 2902 North 27th street. By popular demand we will again feature our "lap luncheons"—and an interesting program has been planned by Muriel Nelson our program chairman. Plan to join us! That's October 13th at Mrs. A. W. Howes'.

This year the medical auxiliary is relieving the medical society by taking over the Community Chest collections in the doctor's offices. Mrs. John Steele and Mrs. Fred Schwind are in charge of this project—please don't turn them down when they call on you!

The Legislative Committee, under the enthusiastic leadership of Helen Jarvis, has been busy all summer going about getting our members out to vote. This idea was carried out in the Medical Societies and Auxiliaries in Michigan and Florida and proved very effective—we're sure it will do the same for us if you all get out and vote!

The State Medical Convention will be held in Spokane, September 10th through 13th. If you are planning to attend, please contact Kay Anderson—we need delegates from Pierce County.

Due to the lack of space and the lack of completed material we will not be printing all of the who, when, where, what, why. Watch for all next month along with the vital statistics that have taken place since the last bulletin.



MRS. E. R. ANDERSON

Due to the sudden departure of our president, Mrs. John Campbell, our very accommodating president-elect, Mrs. Edward R. Anderson,—or Kay as she is best known—kindly consented to take office one year early.

Kay's home was Minnesota . . . she attended St. Catherine's in St. Paul . . . and took advanced work at the College of Puget Sound in the field of Medical Technology. She is now taking advanced work on being a homemaker (and golfer). Kay's family consists of Dr. Edward R., Charles, age 4, and Jane Elizabeth, age 2. Let's all give her our most enthusiastic support. In addition to her work in the Auxiliary, Kay is president of the Weenonah Orthopedic Guild, and is active in both the Tacoma Philharmonic and the Junior League.

—DON'T FORGET TO VOTE—

A man went to his tailor for a new suit. When the tailor said, "Your suit will be ready in 30 days," the man got excited. "Thirty days," he yelled, "Why the good Lord made the whole earth in only six days."

"That's right," said the tailor, "and have you taken a good look at it lately?"

A BRIEF DESCRIPTION OF A SHORT LIFE

"Here is a man who was born in an obscure village, the child of a peasant woman. He grew up in another obscure village. He worked in a carpenter shop until He was thirty, and then for three years He was an itinerant preacher. He never wrote a book. He never held an office. He never owned a home. He never had a family. He never traveled two hundred miles from the place where He was born. He never did one of the things that usually accompany greatness. He had no credentials but Himself. He had nothing to do with this world except the naked power of His divine manhood. While still a young man, the tide of popular opinion turned against Him. He was turned over to His enemies. He went through the mockery of a trial. He was nailed upon a cross between two thieves. His executioners gambled for the only piece of property He had on earth while He was dying—and that was His coat. When He was dead He was taken down and laid in a borrowed grave through the pity of a friend.

"Nineteen wide centuries have come and gone and today He is the center-piece of the human race and the leader of the column of progress.

"I am far within the mark when I say that all the armies that ever marched, and all the navies that ever were built, and all the parliaments that ever sat, and all the kings that ever reigned, put

together, have not affected the life of man upon this earth as powerfully as has that One Solitary Life."

—Phillips Brooks

—DON'T FORGET TO VOTE—

Pre-School Physical Examinations

Dr. Roderick A. Norton, chairman of the Pierce County Medical Society's Medical Advisory Committee for the Tacoma Public Schools, announced that the Tacoma plan for pre school physical examinations has had fuller participation on a private patient-physician basis than was at first anticipated.

In an effort to fulfill this plan of a preschool examination for all children, it will be necessary to examine a small number of children on a gratuitous basis, and the participating doctors are requested to cooperate in performing this public service.

The plan as being formulated, will allow some freedom of choice by the patient if desired, otherwise the patients will be assigned to the participating doctors. The committee believes that no doctor will be called upon to perform more than five such examinations. Further details will be announced later.

—DON'T FORGET TO VOTE—

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DR. MAGNUSSEN RUNNING FOR COUNTY CORONER

In announcing his candidacy for the position of Pierce County Coroner on the democratic ticket, Dr. Norman E. Magnussen issued the following statement:

"The medical profession is no longer alone in its insistence that the position of coroner is a doctor's job. Throughout the country there has been a widespread and growing recognition by the citizens themselves that the coroner must be a thoroughly qualified doctor if the causes of death are to be accurately determined. This viewpoint has long been held by law-enforcement agencies, where files show that numerous murders have been passed off as 'death from natural causes' by incompetent coroners.

"I believe that my training and experience qualifies me for the job. I served as public health officer of Pierce County from 1938 to 1946. My work in this connection was considered so vital that I was ordered by the Washington State Medical Association Procurement and Assignment Board to continue serving in this position even during the war. In 1946 I headed a committee which originated the Tacoma-Pierce County Blood Bank, and have served as its director for many years. My regular degree in medicine was supplemented by a post-graduate degree in Public Health Service at the University of Minnesota. I have been a practicing physician since 1938 and, through the award of the D.N.B. key by the National Board of Medical Examiners, hold a priority right for the practice of medicine in 42 states.

Dr. Magnussen is a family man with two children and resides at 1315 No. 5th Street. He is a member of the Tacoma Lions Civic Club, Young Men's Business Club, BPOE Lodge No. 174, and Neighbors of Woodcraft.

—DON'T FORGET TO VOTE—

There is a growing tendency on the part of some specialists to charge fellow practitioners for services rendered. Ethically, a doctor so doing is acting within his rights, but, morally, doctors from the beginning of medical time have refrained from submitting a bill when caring for another doctor or for his family. The high compliment paid by any doctor when another doctor sends him a member of his immediate family who is dependent upon him or when he comes himself, should be recompense enough for any service that can be given.

We hope that the honor and dignity of the medical profession will continue on down through the ages and not give way to commercialism. —R.O.B.—*Bulletin of L. A. County Medical Assn.*

—DON'T FORGET TO VOTE—

First Bride: "I've got my husband where he eats out of my hand."

Second Bride: "Saves a lot of dish washing, doesn't it?"

—DON'T FORGET TO VOTE—

VETERAN RUNS FOR COUNTY CORONER

Dr. Frank H. James makes the following campaign pledges to the medical profession in his candidacy for Coroner.

1. An autopsy will be performed on any Coroner's case when such is requested by any member of the medical profession.

2. All Coroner's autopsies will be done at no extra cost to the taxpayers.

3. A Coroner's Morgue will be established at Pierce County Hospital

4. Liaison with the University of Washington Medical School departments of toxicology and criminal medicine will be established and used to the fullest extent.

5. The families, in Coroner's cases will be free to choose any mortuary they wish, and no favoritism will be shown.

6. All Pierce County mortuaries that desire Coroner's cases will be given their fair share on a chronological basis.

7. It is my intention when elected, to seek the services of a resident in pathology as Assistant Coroner. This will give 24 hour medical coverage for the Coroner's office, and at the same time it will assist a capable resident, who in turn will bring additional specialist's knowledge to all Coroner's investigations.

As the only veteran seeking this office, I ask the medical profession for their consideration and support considering the four years that I spent in the service and the program I propose to follow. S.Susessive

—DON'T FORGET TO VOTE—

A bride and groom arrived late in the evening at a hotel. As the bellboy showed them to a room he asked, "Is there anything I can get you?"

"Yes," answered the man, "some honeymoon salad."

The bellboy left and immediately returned, knocked on the door and said, "I'm sorry sir, but the night cook has never heard of it. What is it?"

"Lettuce alone!" shouted the groom.

—DON'T FORGET TO VOTE—

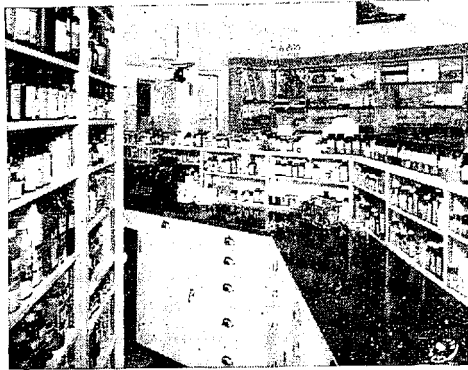
Customer: "Don't cut me, now."

Barber: "Don't worry, Mister! Every time I cut a customer I pay him a dime. Why one gentleman went out of here this morning, when I was kind o' nervous 80 cents to the good!"

—DON'T FORGET TO VOTE—

Man is like a lamp wick—trimmed lots of times before he gets the right flame.

—DON'T FORGET TO VOTE—



LAKWOOD PHARMACY

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When prescribing Ergoapiol (Smith) with Savin for your gynecologic patients, you have the assurance that it can be obtained only on a written prescription, since this is the only manner in which this ethical preparation can be legally dispensed by the pharmacist. The dispensing of this uterine tonic, time-tested ERGOAPIOL (Smith) WITH SAVIN—only on your prescription—serves the best interests of physician and patient.

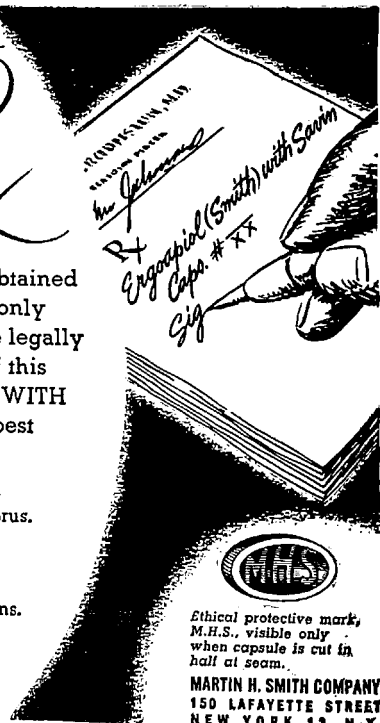
INDICATIONS: Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

GENERAL DOSAGE: One to two capsules, three to four times daily—as indications warrant.

In ethical packages of 20 capsules each, bearing no directions.

Literature Available to Physicians Only.

ERGOAPIOL (SMITH) WITH **SAVIN**



The Hospitals . . .

TACOMA GENERAL

Internes who began their duties at Tacoma General on July 1 are Dr. Herron and Dr. Ferguson. Dr. Herron comes from Nebraska and is a graduate of Cincinnati University School of Medicine. As an avocation Dr. Herron has taken up music and is an accomplished pianist.

Dr. Ferguson is a graduate of the School of Medicine of the University of Illinois. He is married and has one child.

An August arrival was Dr. Michael Goodson. He came from England after completing medical work at Cambridge University and London Hospital.

Dr. Jambor comes from San Francisco. He is a graduate of the Johns Hopkins University School of Medicine.

The Pathology Department reports that Dr. Moon's services have been requested by the Army. His place here as student pathologist has been taken by Dr. Reberger.

A new physical therapist at Tacoma General is Mr. John Oliver from White Rock, B. C. He received his training at the Mayo Clinic.

Miss Margaret Kraemer, surgical clinical instructor, has left us to become a nurse in the regular army. Before leaving, Miss Kraemer was guest of honor at a dinner given at Crawford's by the members of the Faculty and fellow residents at 302.

An unsuccessful fishing trip to Sekiu was reported by the Misses Jewett, Forsberg, and Schenk. In spite of catching no salmon, they had a good time hiking to various points of interest in the Olympic National Park.

Medical Staff meetings have been combined with Tumor Clinic for the summer months. Dr. Larson has given some excellent lectures on medical care in case of atomic warfare.

New residents in Anesthesia are Dr. Pratt and Dr. Morrow. Dr. Pratt has been with the army in Germany, and Dr. Morrow has come from Honolulu.

—DON'T FORGET TO VOTE—

AMERICAN LAKE

Dr. Harold Ray of the University of California will speak Tuesday, September 5 at 8 p.m. in the Hospital Auditorium. His subject is Oral Diagnoses.

Dr. Thomas of the University of Washington Department of Psychiatry will give three Wednesday afternoon lectures during September on Psycho-somatic Medicine.

—DON'T FORGET TO VOTE—

Passenger: "Which end of the car do I get off?"
Conductor: "Either one. It stops at both ends."

WASHINGTON MINOR

On September 4th The Washington Minor Hospital is celebrating its 22nd birthday. The memorable occasion is being observed by a picnic at the Lake Louise home of Mrs. Louise Anderson. There will be a birthday cake with the proper number of candles.

Miss Irene Hoffman, assistant superintendent of The Washington Minor Hospital for the past six months will attend a class reunion in Spokane of August 30th and 31st. Miss Hoffman is a graduate of Sacred Heart Hospital in Spokane.

Mrs. Louise Anderson, anesthetist, will attend the Washington State Nurse Anesthetist's convention in Spokane on September 7th and 8th. Miss Marion Thornton, Superintendent, will attend the Washington State Hospital Association on the same dates.

—DON'T FORGET TO VOTE—

PIERCE COUNTY

The Attending Staff of the Pierce County Hospital is very pleased to announce the opening of a Department of Anesthesiology under the full time supervision of Dr. Philip Backup. They feel that this is a definite step in the right direction both from the point of view of a more adequate patient care program, and, also look forward to this as an invaluable addition to their teaching staff.

The present Intern Staff of the County Hospital comprises six residents and seven interns. It is planned to rotate our interns and the three rotating residents through the Department of Anesthesiology.

The Board of Trustees of the Pierce County Hospital and the Board of Pierce County Commissioners have approved this request of the Attending Staff in order to provide better service for the doctors and the patients.

—DON'T FORGET TO VOTE—

ABSENTEE VOTING

Doctors and their wives who expect to be out of the city during the primary election September 12 can obtain absentee ballots between now and that date at the City Clerk's office in the City Hall. There must be a signed statement from each one that they expect to be absent from the city on that date. The wife can get both ballots if she has her husband's signed statement. The simplest procedure then is for both to go to the County Court House and cast their votes before leaving Tacoma.

—DON'T FORGET TO VOTE—

LINK LUNG CANCER TO PROLONGED TOBACCO SMOKING

CHICAGO.—A significant relationship between prolonged tobacco smoking and development of cancer of the lung is shown by two reports published in the (May 27) Journal of the American Medical Association.

Excessive and prolonged use of tobacco, especially cigarettes, seems to be an important factor in causing cancer which originates in the lungs. Ernest L. Wynder, B.A., and Dr. Everts A. Graham of Washington University School of Medicine and Barnes Hospital, St. Louis, conclude.

Among 605 men with lung cancer, 96.5 per cent were moderately heavy to chain smokers for many years, compared with 73.7 per cent among the 780 men in the general hospital population without cancer, the St. Louis doctors point out. Among the cancer group, 51.2 per cent were excessive or chain smokers compared to 19.1 per cent in the general hospital group.

"In general, it appears that the less a person smokes the less are the chances of cancer of the lung developing and the more heavily a person smokes the greater are his chances of becoming affected with this disease," they say.

Smokers were classified on the basis of number of cigarettes smoked per day for 20 years or more. Pipe and cigar smokers were included by counting one cigar as five cigarettes and one pipeful as two and a half cigarettes. Light smokers were classified as smoking one to nine cigarettes moderately heavy smokers 10 to 15, heavy smokers from 16 to 20, excessive smokers 21 to 34 and chain smokers 35 or more.

There may be a lag period of 10 years or more between the cessation of smoking tobacco and the occurrence of clinical symptoms of cancer. Among the patients with cancer who had a history of smoking, 96.1 per cent had smoked for over 20 years.

The occurrence of carcinoma of the lung in a male nonsmoker or minimal smoker is a rare phenomenon (2.0 per cent), according to the study.

Tobacco seems to play a similar but somewhat less evident role in causing cancer in women, the doctors found. The incidence of lung cancer is less in women than in men today. This is believed to be due in part to the fact that few women have smoked for over 20 years.

—DON'T FORGET TO VOTE—

TWO CHANCES

You have two chances—

One of getting the germ, and one of not.

If you get the germ, you have two chances—

One of getting the disease, and one of not.

If you get the disease, you have two chances—

One of dying, and one of not.

If you die—

Well, you still have two chances!

—Anonymous

—DON'T FORGET TO VOTE—

BRITAIN'S NATIONAL HEALTH SERVICE

A REPORT TO THE MEMBERSHIP

Dr. Harold S. Diehl, dean of medical sciences, University of Minnesota Medical School, Dr. Loren R. Chandler dean of Stanford University of Medicine San Francisco and Dr. Stanley Dorst dean of the University of Cincinnati College of Medicine were a committee of three appointed by the American Medical Association to journey abroad in an effort to determine what effect Britain's National Health Service might have on medical education in that country. They spent December and January in Great Britain.

Their report, now on file with the AMA, traces the development of socialism in England to changing economic conditions. It points out that the population of Britain has been growing while its "market has shrunk to a shadow of its former greatness." The impact of two great wars left Britain in desperate circumstances.

"It should be understood," the deans report, "that with the end of World War II only the state controlled the money necessary to maintain and operate the hospitals of Britain; to finance the medical schools and promote medical research and to provide medical care for approximately two thirds of the British people.

"When these facts are fully comprehended it seems clear that what is necessary and perhaps admirable in Great Britain may be unnecessary and even undesirable in the United States. Whereas Great Britain resorted to revolutionary methods to meet a critical emergency, we are still fortunate enough to have the opportunity to work out our problems in a wise way, employing evolutionary methods."

—DON'T FORGET TO VOTE—

SPOKANE COUNTY PRESENTS — Dr. Walter Alvarez at Annual G.P. Clinic Day, Nov. 4:

The G.P.'s of Spokane will present papers for discussion by Dr. Alvarez and he will talk at the luncheon, again in the afternoon, and at the Annual Banquet in the evening. Spokane County wants all of you to share in this opportunity.

THE STATE CHAPTER PRESENTS:

- a. Washington Academy of General Practice Luncheon, Tuesday noon, September 12, at the State Meeting with Dr. U. S. Bryner, of Salt Lake City, speaking on his study of the English Medical System.
- b. The G.P. Scientific Session from 2 to 4 p.m. on Wednesday, Sept. 13, at the State Meeting of the Washington Medical Association. Six men and women in General Practice will present a group of practical papers. Dr. Rufus B. Robbins will also speak as an A.A.A.P. member.

—DON'T FORGET TO VOTE—

BRITISH STATISTICS ON THE NATIONAL HEALTH SERVICE

(Note: The figures are for England and Wales, and apply in the main to the position at the beginning of 1950.)

1. General

Number of people in the service, i.e., who have joined a doctor's list—41,200,000 (95% of population.)

2. General Medical and Pharmaceutical Services

Doctor (general practitioners) in the service—18,19,000 (approximately 88%)

Pharmacists in the service—14,300 (virtually all). Prescriptions dispensed from January 1 to December 31, 1949 (estimated)—200,000,000.

Doctors receiving fixed basic payments of £300 plus per capita payments (beginners, doctors with small practices, etc.)—2,125. (approximately 11.5% of doctors in service)

Doctors receiving special inducement payments (unpopular areas, etc.)—55.

Doctors approved for grant for training assistants—310.

Assistants in training under such grants—300.

Doctors taking post-graduate courses under grant—55.

3. Optical Services

Ophthalmic medical practitioners in the service—1065.

Ophthalmic opticians—5,660.

Dispensing (only) opticians—625.

Spectacles supplied and paid for (approximate, to December 31, 1949)—8½ million.

Spectacles still on order—2,800,000

Present rate of production of spectacles (per year)—7,400,000.

Present rate of production of lenses (pairs per year)—over 10,300,000.

Proportion of people receiving two pairs of spectacles—30%.

4. Dental Services

Patients accepted for treatment—11,470,000 (approximately 26% of population).

Dentists in the service—9,470 (95%).

Appliances supplied through hospitals (up to mid-December 1949)—308,425.

Including: artificial limbs, 12,875; artificial eyes, 10,000; wigs, 8,900; surgical boots, 35,000.

Distribution centers for hearing aids—35.

Hearing aids issued (up to December 1949)—48,000.

—DON'T FORGET TO VOTE—

"Any old beer bottles, lady?"

"Young man, Do I look like the kind of a woman who would drink beer?"

"Okay, lady. Any old vinegar bottles?"

—DON'T FORGET TO VOTE—

A speech is like a wheel: the longer the spoke, the greater the tire.

—DON'T FORGET TO VOTE—

A DEAN REPLIES

To the Editor, The Norfolk Medical News:

It is unfortunate that a subject as important as Federal aid to medical education should be treated in such an irresponsible manner as in your editorial entitled "Get Off the Fence" in the January issue. This editorial is a sort of mud pie of false premises, innuendoes, and red herrings apparently calculated to smear rather than enlighten. The financial plight of the privately supported medical schools is really critical. One of the top schools in the country nearly closed its doors this year on account of lack of funds. Your readers are entitled to a more realistic presentation of the facts.

Your statement that the action of the Council of the Massachusetts Medical Society in voicing its approval of Government subsidies to medical schools was "taking another step along the road to Government-controlled medicine" might well be disputed. It should be read in the light of the fact that at this moment the medical schools of the country are receiving Federal assistance for teaching and research in excess of \$20,000,000. Medical educators are agreed that these funds have been apportioned to date without any political strings attached. If Federal assistance were withheld from medical education, the ultimate effect might well be that more and more privately supported schools would be faced with the prospect of being taken over by the State (as Long Island Medical College and Syracuse University Medical School were last year). In other words, it might well lead to more rather than less control by the State.

The marked discrepancies in costs of medical education between one institution and another is more apparent than real, and a serious attempt is being made to arrive at more meaningful figures. For instance, a medical school may have a close affiliation with an endowed research institute and hospital which bears a large part of the financial burden of one or more departments of the school. That school would show relatively low instructional costs because some of those costs were borne by a technically independent agency. In other schools, exactly the opposite situation pertains, and in order to maintain proper clinical teaching facilities, they are obliged to underwrite hospital deficits with resulting high instructional costs.

To ask medical school administrators "to see that outgo does not exceed intake" is equivalent to asking most, if not all, of the existing private schools to close up shop. Costs are such that minimum standards could not be maintained with existing income.

The majority of medical deans believe that there is a middle way out of this dilemma—that the Federal Government and private capital can work together to save our medical schools for the benefit of the whole nation.

JAMES M. FAULKNER, M.D.,

Dean, School of Medicine,
Boston University School of Medicine
80 East Concord St., Boston 18

THE CALL TO DUTY

This is the first unpleasant task I have had to perform in this job; repugnant is a better word for it—telling other people they ought to go to war. But that's the way it is.

The armed forces must have more doctors now. Moreover, it is estimated that the demand for medical officers will increase by hundreds, perhaps thousands, in the very near future. Defense officials have appealed to this Society through the American Medical Association to encourage voluntary enrollment, and the Army and Navy both have written directly to their reserve medical officers asking for volunteers.

The urgent immediate need for young physicians could be met readily from two groups, former Navy V-12 and Army ASTP medical students, whose education was paid for in whole or part by the government, and others who were deferred from the draft during World War II to complete their studies, or for other reasons which might not be applicable today.

You who are in these classes must realize why you were allowed to study medicine while your fellow-youths were shooting and being shot at. For many of you, your countrymen paid all expenses as well. You knew when you accepted these advantages that the objective was national defense—that American soldiers should never fight without the best of surgical and medical care. War II ended before you could repay your debt. Now is your chance: your country requests the skill and services it has trained you to provide.

You have still another obligation—that to older colleagues who served through the last war. These veterans realize what is being asked of you. Many may have to return to active duty and are making their plans accordingly. But that should not be until you, who have been prepared for just such an emergency as this, have volunteered. Would you stand on the sidelines while they play the game again?

As I write this, the services continue to show fine restraint in relying on volunteer recruitment of physicians in preference to compulsory enrollment, which is such a handy instrument in time of war. This attitude is not by chance, but because medical men have an age-old record for recognizing their responsibility and performing their duty to the fullest in any emergency.

There is every reason to believe that you young physicians who have been trained for that purpose will volunteer to serve your country in its hour of need. In doing so, you will be contributing also to the perpetuation of Medicine's high ideals and priceless tradition.

—William L. Bender, *President,*
San Francisco Medical Society, The Bulletin

To keep young, associate much with young people. To get old in a hurry, try keeping up with them.

TOO MUCH MAIL HORMONE?

Do you have trouble remembering names of pharmaceuticals and their manufacturers, their ingredients and relative concentrations, their actions and uses? Are you as confused about prescribing vitamins as the doctor who in quandy paraphrased Hamlet thus: ". . . To B or not to B; that is the question. Whether 'tis nobler in the mind to suffer the slings and arrows of outraged patients, or to throw the alphabet against a sea of troubles . . . ?"

Does your druggist call to tell you that your prescription requests a product that isn't listed; that you have coined a new name half of which was the brain-child of one manufacturer and the other that of one of his competitors?

Does this same druggist sometimes complain that he cannot possibly stock every one of the overwhelming number of antibiotics, antispasmodics, anti-rheumatics, antihistaminics, antianemics, antacids, antipruritics, bulk producers, dehydrators, cathartics, vaso-dilators, gland extracts, vaccines, and vitamins, and could he please substitute this for that to fill your prescription?

If you have experienced these disturbances you are suffering from overdosage of mail hormone—a powerful, useful stimulator when used judiciously but a destructive agent when administered in the heroic quantities dispensed today.

You can rid yourself of this affliction either by improving your aim and speed between the desktop and the waste basket or by inoculating yourself with sizable doses of skepticism, the while maintaining closer contact with authoritative and unbiased sources of information.

—Wm. S. Reveno, M. D., *in*
Detroit Medical News

—DON'T FORGET TO VOTE—

DO YOU ITEMIZE YOUR STATEMENTS?

Would you pay your bill at the garage if it came to you: "Repair on 1948 car—\$64.32"? You'd much rather know that \$8.00 went for checking the front end alignment; \$1.25 for adjusting brakes; \$1.25 for switching the tires, and that parts amounted to \$22.75 and the rest was labor.

Perhaps Mrs. Jones didn't understand the charges for Junior's case of infectious mononucleosis: maybe she doesn't know what laboratory work is. Did you explain to her exactly what was wrong with Junior? Did you tell her why laboratory work had to be done? Does your bill carry the statement that you made a night call on Wednesday, June 20th? If it does, maybe she'll remember how glad she was to see you.

Or did you send Mrs. Jones a statement for "Services rendered."

Think it over. Put on Mrs. Jones' size 5½ shoes for a while and see if they pinch—just a little.

—Illinois Medical Society.

1950 AMA DIRECTORY

After an interval of 8 years, the 18th edition of the American Medical Association Directory has been issued. This publication is a valuable source of information to many organizations, institutions and libraries. This issue contains 2,913 pages and lists information on 219,677 physicians in the United States, its dependencies and Canada and American graduates and licentiates located temporarily abroad.

In the 1942 issue of the Directory, the total number of physicians listed in the United States alone was 180,496; in the 1950 edition the number is 201,277. The average yearly gain for the past eight years was 2,598.

California leads in the gain with 16,668 physicians in 1950 as compared with 12,465 in 1942. New York state shows a gain of 2,284. Texas 772, Pennsylvania 704. Florida 634 and Massachusetts 603. Among the twenty-four largest cities in the United States, New York City is first with a gain of 1,426 and Kansas City, Mo., twenty-fourth with a gain of 18.

Of the 201,277 physicians in the United States listed in this issue, 12,536 are permanent medical officers or are reserve officers on active duty in the Army, Air Force, Navy, United States Public Health Service, Veterans Administration and Indian Service; 72,550 are in general practice, with 22,976 more in general practice giving special at-

tention to a specialty; 54,891 limit their practice to a specialty; 9,700 are retired or not in practice; 3,737 are not in private practice, and 24,887 are serving as interns, resident physicians or full-time physicians in hospitals.

The alphabetical listing of physicians by states, cities and towns provides information regarding each doctor of medicine as follows: Year of birth, name of medical school and year of graduation, year licensed to practice, whether or not he or she belongs to county and states societies, and American Medical Association, specialty, teaching connections, specialty society membership, and office and home address.

—DON'T FORGET TO VOTE—

An outbreak of smallpox in a southern city caused an order to be issued for the immediate vaccination of all citizens who had not been thus immunized within the year. To facilitate the work, each voting precinct had its own vaccination unit and residents were required to report it as soon as possible.

A negro mammy applied at the wrong place. "Sorry, Mammy," said the doctor "you'll have to be vaccinated in your precinct."

"So das it," said Mammy, righteously indignant. "De white ladies gets vasinated in de alms or de laigs—and we gits in in de precink!"

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Walk through the wards of any obstetrical service and note the appalling number of orders for stilbestrol.

On one of these trips, fifteen patients were seen during the noon-hour feeding time. Twelve of these seemed very happy, two were moderately happy and the third appeared to be asleep. Inquiry regarding this last patient showed that she had just been delivered that morning. The twelve apparently happy ones were sitting in bed, each holding a babe in one arm and with the other hand feeding it from a bottle. One of the two who appeared moderately happy was watching her infant rather carefully and feeding it from the breast. The other was trying to feed her infant from the breast and seemed to be having a struggle.

This certainly high-lights pediatric progress—especially in this age when so much stress is put on mental hygiene. Perhaps the mothers who seemed supremely happy were so for the moment only, since it is well known that mothers who breast-feed their offspring get much pleasure in the process. The best formula is a poor substitute for breast milk, although much might be said for the bottle as a container, from the infant's point of view.

Psychiatrists and pediatricians are blaming children's maladjustments on lack of loving care and handling. Certainly the removal of such a fundamental instinct as breast-feeding must leave an emotional void. It therefore behooves us to educate the young mothers to go back to breast-feeding whenever possible. It is our fault that mothers do no breast-feed their infants, and it is our duty to insist on breast-feeding for the new born.

In the course of evolution, things that are not useful may eventually disappear. Just think! — no sweater girls, no plunging necklines—and of what use the strapless evening gown, or the contest at Atlantic City. Convince your female patient that the breast is a useful as well as ornamental organ.

Norfolk Medical News.

—DON'T FORGET TO VOTE—

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BULLETIN HCMS

—DON'T FORGET TO VOTE—

FOOLED HIM

An Englishman was conversing with the clerk at the Ambassador Hotel. "Here's a riddle," said the clerk. "My mother gave birth to a child. It was neither my brother nor my sister. Who was it?"

Englishman: "I can't guess."

Clerk: "It was I."

Englishman: "Ha, ha! Very clever. I must remember that."

The Englishman then told the story at his club. Said he, "Here's a riddle, old top. My mother gave birth to a child, and it was neither my brother nor my sister. Who was it?"

"Who?" asked his friend.

"Ha, ha! It was the clerk at the Ambassador Hotel."

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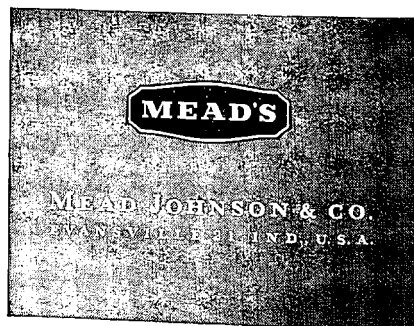
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COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of July 21, 1950 to August 20, 1950, inclusive.

Chancroid	5
Chickenpox	9
German Measles	1
Gonorrhea	20
Measles	10
Meningitis	1
Mumps	3
Poliomyelitis	11
Scarlet Fever	4
Tuberculosis	9
Syphilis	39
Whooping Cough	22

— DON'T FORGET TO VOTE —

THEY THRIVE IN VERMONT

Montpelier, Vt. (UP)—Two Vermonters waited until one was 87 and the other 95 before seeking old-age assistance. Welfare Director W. Arthur Simpson said old folks receiving benefits are older on the average in Vermont than elsewhere in the nation because they "work and stay independent longer."

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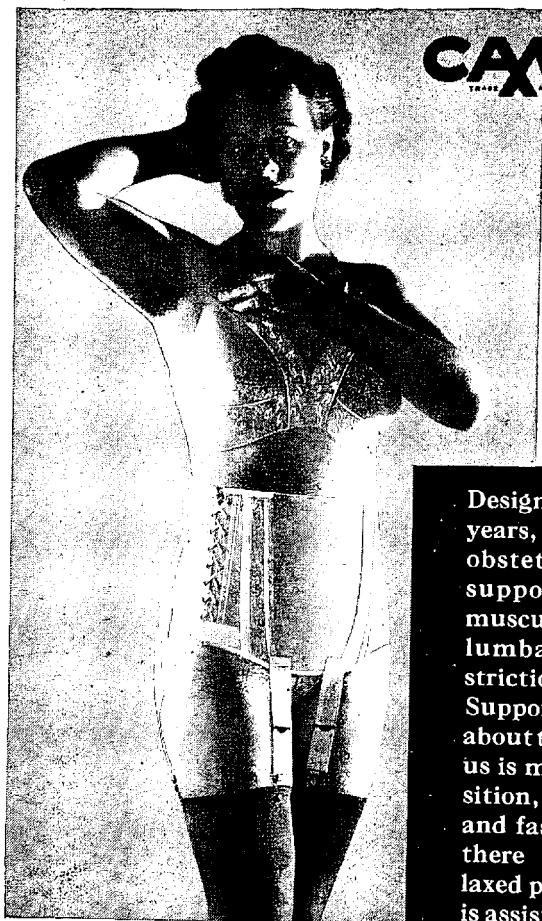
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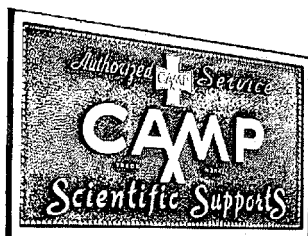
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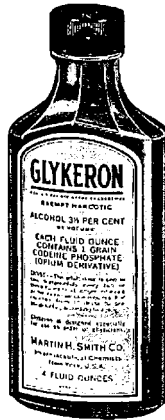
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PIERCE COUNTY MEDICAL SOCIETY

VOL. XXI—No. 2

TACOMA, WASHINGTON

October - 1950



Pierce County Medical Society

1950

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Program

MEDICAL ARTS AUDITORIUM

Tuesday, October 10

8:15 p. m.

Election of Nominating Committees

Introductory Remarks on Work of Committee on Trauma:

Louis H. Edmunds, M.D., Chairman,
Section 12, Committee on Trauma
American College of Surgeons.

Management of Soft Tissue Wounds:

Ernest E. Banfield, M.D., Plastic and
Reconstructive Surgery.

Management of Hand and Wrist Fractures:

Robert W. Florence, M.D., Fractures
and Traumatic Surgery.

Principles of Plaster Immobilization of the Extremities:

Wendell G. Peterson, M.D., Ortho-
pedic Surgery.



The President's Page . . .

One aim or activity of the Committee on Trauma of the College of Surgeons is to give one program a year at the County Medical Society on trauma, fractures or allied conditions. It has not been possible to do this regularly, but this year our October program is sponsored by this group.

In 1922 the American College of Surgeons formed a Committee on Fractures. In 1939 this was amalgamated with the Board on Traumatic Surgery, under the name Committee on Fractures and Other Trauma. More recently the name has been abbreviated to "Committee on Trauma." Within the framework of this group the state and regional committees function. The aim and purpose is to promote better care of fractures and other trauma.

Besides fractures, other trauma includes skin contusions, burns, lacerations and skin grafting, injuries to skull, face, brain and spinal cord, peripheral nerves, neck, larynx, thorax, abdomen, hands and feet, tendons, gunshot and stab wounds of blood vessels, amputations, shock and rehabilitation. More details will be given at our October meeting concerning the educational features and widespread activities and I'm sure the membership of the Society, especially those who see trauma cases first, will gain much benefit from our program.

I also call to the attention of the entire membership that at this October meeting the nominating committees must be chosen.

We will, at this time, have a report of the meeting at Spokane, which we understand should be very interesting.

EDWIN C. YODER

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Editorially Speaking . . .

INITIATIVE NO. 178

Many doctors are undecided as to how they should vote November 7th on Initiative 178. In a special bulletin our State Trustees helpfully advised us to vote as we thought best and some of us were even given the sage advice "that in voting let your conscience be your guide." To most of us the connection between 178 and our conscience is extremely vague.

We understand Initiative 178 was drafted by advisors of Governor Langlie as a necessary measure to limit State Welfare expenditures for the coming biennium. He spoke in favor of his measure at the State meeting in Spokane last month, in spite of which a majority of the delegates there advised against 178. Certain influential taxpayer's groups feel the doctors not only should favor the measure but should give its passage their liberal financial support. They reason that doctors are in the upper taxpaying bracket; that they should thus be primarily interested in lower taxes and consider of secondary importance the possibility of radical changes in the medical care of welfare cases.

You are asked to consider and answer for yourself a few questions. This will involve your thoughtfully consulting a copy of Initiative 178, which you can secure free by a postal card request to Earl Coe, Secretary of State, Olympia. Turn to Section 15 and answer the following:

- (1) What are accepted standards of medical care in Pierce County?
- (4) What are our free medical facilities and services?
- (6) How much freedom is practicable in the selection of a practitioner best able to serve?
- (7) (b) Should it fall within the scope of a State Health Department to formulate medical care policies?
 - (c) Would too much politics be inevitable in a Council of Medical Service hired and discharged at the pleasure of the Governor?
 - (d) Would the Director of Health be given too broad appointive powers?
 - e) (1) (2) (3) Does this open the door to State Medicine?
 - (f) Can this be best handled by County Commissioners?
 - (g) Does this give too much responsibility to the local Health Officer?

When you and your wife have answered the above questions you should be better prepared to discuss and vote on Initiative 178. We plan to vote No.

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Tacoma 1, Washington

NOTES ON THE STATE MEDICAL MEETING

The annual meeting of the Washington State Medical Association was held in Spokane, beginning on September 8th with a meeting of the Board of Trustees, and ending on Wednesday, September 12th, with the final meeting of the House of Delegates.

The meeting was very well attended, with a total of 678 registrants. The Spokane group is to be commended for an excellent job. There was some discussion as to whether, with the increasing attendance, the facilities in Spokane are adequate. There was some unofficial discussion about having a meeting exclusively for business proceedings, and district meetings for scientific purposes.

Dr. Kenneth Partlow of Olympia succeeded Dr. Don Corbett of Spokane as president, and Dr. Reuben Benson of Bremerton was named President-elect. Dr. Corbett has been an extremely valuable man in our Association, and of course will continue on the Board of Trustees for the coming year as immediate past president. We were all pleased when he was named as a member of the Board of Regents of the University of Washington.

Dr. Ray Zech of Seattle was returned as AMA delegate, with Dr. Vern Spickard as his alternate.

Dr. Harold Nichols—immediate past president—withdrawed as the nominating committee's candidate for the second AMA post. Dr. Ross Wright succeeded himself, with Harrington as alternate. Nichols, by the way, has been a work-horse in Association affairs.

A surprise nominee for delegate to the AMA was Dr. Munger of Vancouver, and the race was close. Munger will be remembered as Major Munger, in charge of the so-called "Goon Squad" of 1942-43. He has been a member of the Board of Trustees for the past few years, and has proved himself capable and popular.

Drs. Jesse Read and Harrington were returned as trustees.

Dr. Bill Bowen was made Vice President of the Washington State Bureau. He was Chairman of the Committee on Reports, did an excellent job, and was warmly commended by the House of Delegates.

In view of the doctor population of Pierce County, we are adequately represented in our State Association. It is worthy of note that for King's doctor population, their representation is by no means beyond what would be expected. Actually, by percentage it is less than Pierce County's.

At the present time there is a total membership of 2,206; in 1939, the total was around 1,200.

We are extremely well represented in the House of Delegates. Bill Bowen, Bill Goering, Frank Maddison, Ray Nace, and Bill Rosenblatt were excellent delegates. Since some experience is not only advantageous, but imperative, it would be well at the time of our County election to keep

this point in mind. The turnover can permit the delegation to include men with experience.

As published in the newspapers, the House of Delegates considered proposed legislation. Since it has already been published, and will again appear in Northwest Medicine, there is no reason to mention it here.

One of the highlights of the meeting for all the doctors, and of particular interest to the Pierce County group, was the awarding of the Certificate of General Practitioner of the Year for the State of Washington to Dr. Wilmot D. Read. Dr. Read, by the way, as most of the men know, is an old campaigner himself, and we are sure he was delighted to sit on the sidelines and enjoy the political activities. His extemporaneous talk, on receiving the award, was beautifully done and very well received. He was requested to give a copy of the talk for publication, but unfortunately he had none, and Mrs. Read had none. Wilmot felt quite certain that he could never reproduce on paper the things he had so appropriately said.

Since we can be generous toward King at the moment, we might say that Shelby Jarred as Speaker of the House of Delegates has proved to be an excellent successor to Wilmot.

Dr. Dan Houston, after a strenuous campaign and an exciting election, was unanimously elected to succeed himself as President of the Golf Committee. Drs. Peterson, Bowen, and Read received prizes. Harrington sat expectantly—but not too hopefully—for the third prize for radiologists. There were only three in the tournament. He was disappointed.

In the fishing derby, held at Lake Pend Oreille, the fellows reported a wonderful time. Prizes were awarded to Drs. Murphy, Larson, Nace, and Hoyer.

The scientific program was well received. It is unfortunate that the diversity of activities does not permit the attendance that the program justifies.

The meeting for 1951 will be held in Seattle.

DR. BARBER TO BUCKLEY

Appointment of Dr. Theodore M. Barber as acting superintendent of the Rainier State school at Buckley was announced yesterday by H. D. Van Eaton, state director of public institutions.

Barber, staff psychiatrist at Western State hospital at Steilacoom, will succeed Dr. Rudolph J. Depner. The latter resigned effective October 1 to accept a position as superintendent of a similar institution for retarded children in the District of Columbia.

The new acting superintendent is 51 years of age. He has been on the staff at Western State hospital for the past six years. Prior to that he was with the state hospital at Pendleton, Oregon, for six years.

"I just got out of prison this morning," a traveler told a man on the train. "It's going to be tough, facing old friends."

"I can sympathize with you," commiserated the other, "I'm just getting home from Congress."

LOCALS

The annual meeting of the Washington State Medical Association at Spokane was well attended. On Monday the annual fishing derby brought forth Drs. Nace, Murphy, W. J. Rosenblatt, Goering, Fred Schwind and Larson who participated. Everyone entered caught fish and won a prize.

* * *

The golf tournament entries included Cameron, Wilmot Read, Harrington, Ralph Schaeffer, Vadheim, Hillis, Kyle and Kohl, Jess Read, Bill Bowen, W. Peterson and Sig Herrmann all won prizes. Sig's was a package of cigarettes.

* * *

The mouse hit all the hot spots between here and Port Angeles with complete failure. Even Rigos and Kunz couldn't make it spark.

* * *

Happy days! Horace Anderson is the proud father of a boy. A couple of years ago we all wondered whether the professor would ever go in for this sort of thing.

* * *

Hats off to Charlie Arnold who has volunteered for U. S. Army Air Corps service.

* * *

Ernie Banfield is in Washington, D.C., taking the Army Medical Center course on the Medical Aspects of Atomic Energy. He is driving a new car home.

* * *

The Washington State Society of Pathologists meeting in Spokane was attended by Whitaker and Larson. A happy outcome since they were relieved of the jobs of Secretary and President respectively.

* * *

Congratulations to Ross Wright on being re-elected state delegate to the A.M.A. He has done a fine job and we are happy to see him serve us again.

* * *

Carlisle Dietrich is complaining these days because he can't find his wife. It seems that she is making the complete northwest circuit showing off both her riding ability and her horses. Carlisle's father is keeping him company during her absence.

* * *

Arnie Herrmann and family have left for Chicago. A year's postgraduate training in general

surgery. His rare sense of humor will be missed in the local circles.

* * *

Drs. Backup and Whitaker got a rude tap on the shoulder from Uncle Sam to take a final type Army physical examination. This doesn't necessarily mean they are going anywhere soon.

* * *

Many of us don't know that Marshall Whitacre, the oldest son of our own beloved Horace Whitacre, is now practicing internal medicine in Bremerton. Like a chip off the old block and doing a very creditable job.

* * *

George Kunz wins a prize at the Elks Fishing Derby for a nice silver salmon.

* * *

Phil Kyle polishing his 30-06 up for another bull elk in the near future.

W. E. Lewis has departed for active duty in the Navy. The only good thing about it is that he is now a full Commander and will probably be personal physician to some big Admiral.

* * *

Official welcome to Fred Paine who has taken over the practice of Dr. Campbell in South Tacoma.

* * *

Lou Rosenblatt has bought a sailboat named "We Three." Maybe he can duplicate his brother's luck off Deadman's Island.

* * *

Govnor Teats did a lot of sailing this summer.

* * *

President Ed Yoder has returned from South America full of pep and energy and has a very interesting story to tell about his travels.

* * *

Jack Sheppard has put on a wonderful pathology exhibit for the public at the Puyallup Fair. He should be given a hand for bringing such a fine medical display to the public.

* * *

The Washington State Obstetrical Association meeting in Spokane was attended by Drs. Dave Johnson, Scott Jones, Fay Nace, Gerry Kohl and John Havlina. The meeting was a big success and the group took the guest speaker on a visit to Coulee Dam.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

Those who attended the State Convention at Spokane report an interesting as well as stimulating convention. The Woman's Auxiliary planned several interesting social functions: the Canasta and Bridge luncheon on Sunday at the Spokane Country Club and the "Doe" dinner and Style Show Sunday evening at the Davenport Hotel were delightful.

Monday was the day for golf and fishing. Several of our members played golf. Dottie Read and Irene Allison won prizes.

On Tuesday the real business of the convention got underway. The interesting reports of all county presidents were given, showing a factual picture of what the county Auxiliaries are doing. Most of the Auxiliaries have luncheon or dinner meetings. Several counties have a 100% membership. The majority of them are sponsoring nurses' scholarships.

The Legislative and Public Relations programs were stressed. Helen Jarvis and Marjorie Nace attended these meetings. They are hard at work in their respective jobs as Legislative chairman and Speakers' Bureau chairman. Kay Anderson and Kay Wright also attended these meetings.

Incidentally, the State Public relations chairman and others are complimentary to Pierce County for its excellent Speakers' Bureau, Public Relations and Legislative accomplishments of last year.

Other members in Spokane were Betty Maddison, Hazel Schaeffer, Jean Vadheim, Helen Florence and Mrs. Wilmot Read. (There may have been others whom our sleuth overlooked—pardon us, please!)

— REMEMBER THE BLOOD BANK! —

Our hearty thanks go to the following members who worked at the Blood Bank from June through September: Anita Parrott, Oliva Jones, Hilda Lantiere, Rose Wilson, Edith Link, Sheila Brown, Merle Herrman, Jean Judd, Helen Bennett, Clara Goering, Dorothy Maier, Ruth Johnson, Elizabeth Thomas, Miriam Kemp, Helen Jarvis, Marjorie Nace, Lorrie Norton, Ruth Light, Mary Marshall and Mrs. T. Murphy. If you can possibly volunteer any Monday morning or afternoon, won't you please call Oliva Jones, Blood Bank Chairman, at PR. 2640?

— REMEMBER THE BLOOD BANK! —

Just a reminder that the first meeting will be held on October 13th at the home of Mrs. A. W. Howe, 2902 No. 27th. Gwen Hosie is Chairman of the lap luncheon. Her assisting hostesses are: Elizabeth Thomas, Ruth Johnson, Katherine Plum.

OFFICERS FOR 1950-1951

President.....	Mrs. Edward Anderson
President-Elect.....	Mrs. S. S. Thordarson
First Vice President.....	Mrs. S. R. Lantiere
Second Vice President.....	Mrs. Fay M. Nace
Corresponding Secretary.....	Mrs. C. M. McGill
Recording Secretary.....	Mrs. E. W. Naess
Treasurer.....	Mrs. Robert Gibson

CHAIRMEN OF COMMITTEES

Membership.....	Mrs. C. B. Ritchie
Publicity.....	Mrs. Edward Wolf
Program.....	Mrs. E. P. Nelson
Social.....	Mrs. R. A. Norton
Telephone.....	Mrs. Richard B. Link
Blood Bank.....	Mrs. Scott Jones
Legislative.....	Mrs. J. B. Jarvis
Today's Health.....	Mrs. W. J. Rosenblatt
Speakers Bureau.....	Mrs. Fay Nace
Public Relations.....	Mrs. John Gullikson

Ruth Rigos, Clara Skinner, Delphine May, Connie Hellyer, Irene Allison, Lorna Burt, Elizabeth Shanklin and Rose Griffin.

A delightful program has been arranged by our program chairman, Muriel Nelson. Mrs. John Chapman will review the book "It Gives Me Great Pleasure" written by Mrs. Edith Lundren. Mrs. Birdien Kloetper will offer a solo. Let's have a large turnout!

— REMEMBER THE BLOOD BANK! —

INTER NOS

Several new addresses in the year book are noted. Ethel and Albert Ehrlich have moved to the lakes district. Kay and Edward Anderson moved up the street two blocks on North G Street. Cecilia and Bernie Ootkin have changed their location in the lakes district. Oliva and Scott Jones plan to be in their new home overlooking Puget Sound in October.

Janet and George Moosey report a wonderful vacation in Vancouver, B.C. They spent their time golfing and sight-seeing.

Nancy and Art O'Leary were scheduled to leave on their vacation this week. (More about their travels later).

Kay, Arnie and the three little Herrmanns left for Chicago, complete with a small trailer, et al. We're surely going to miss them this year. What'll we do without Kay at our Auxiliary meetings? And who will be master of ceremonies at the

(Continued on Page 11)

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MAin 1122

MAin 1200

WOMAN'S AUXILIARY
(Continued from Page 9)

dinner dance? Have a wonderful year, Kay and Arnie—and please hurry back.

— REMEMBER THE BLOOD BANK! —

- Congratulations and our very best wishes go to the following proud parents on the births of their "Bundles of Joy." From the looks of things, the Stork has had a very busy summer.
- Dr. and Mrs. Herbert Meier—Joseph Michael, who was born on June 16th, joins three brothers at the Meier home.
- Dr. and Mrs. B. Bader—Marilyn was born on July 27th.
- Dr. and Mrs. Houser—Mary Elizabeth arrived on September 11th.
- Dr. and Mrs. Carefoot—their baby boy was born September 21st.
- Dr. and Mrs. Murray Johnson—Linda Ann was born August 16th.
- Dr. and Mrs. Warren Smith—Jo Anne arrived September 6th.
- Dr. and Mrs. Yost—their baby girl was born on June 18th.
- Dr. and Mrs. Arnold Herrmann—Liza Kathleen arrived July 15th.
- Dr. and Mrs. W. Peterson—Wendy Susan arrived August 6th.
- Dr. and Mrs. H. Anderson—William Allen was born August 29th.
- Dr. and Mrs. George Kunz—Georgine was born July 18th. She was greeted by three sisters at home.

— REMEMBER THE BLOOD BANK! —

HAPPY BIRTHDAY!
October

Helen P. Smith	2
L. S. Baskin	3
M. R. Hosie	3
A. J. Herrmann	4
E. R. Anderson	4
S. R. Sleep	4
J. R. Brooke	5
D. M. Dayton	6
R. I. Rich	7
A. G. Nace	8
J. W. Read	9
D. M. Nevitt	10
Myron Kass	11
W. B. Penney	13
R. G. Bond	14
F. H. James	14
M. L. Johnson	16
W. H. Ludwig	16
C. B. Ritchie	17
D. T. Hellyer	19
D. S. Staatz	20
H. A. Anderson	23
C. M. McGill	25

Bright eyes indicate curiosity.
Black eyes indicate too much.

NATIONAL SCIENCE FOUNDATION
NOW IN OPERATION

National Science Foundation. Congress has passed and the President has signed the bill creating a National Science Foundation. The Act directs the Foundation to:

- (a) *Develop and encourage a national policy for promoting basic research and education in the sciences.*
- (b) *Make grants and loans for research.*
- (c) *Award scholarships and graduate fellowships.*
- (d) *Foster interchange of scientific information among scientists both here and abroad.*
- (e) *Evaluate federal scientific research programs and correlate the Foundation's program with other research programs.*
- (f) *Maintain a register of scientific and technical personnel.*

The Foundation is established as an independent agency with a National Science Board of twenty-four members appointed by the President and confirmed by the Senate. The chief executive officer is appointed by the President on recommendation of the Board. The four divisions created at the outset are on medical research, mathematical, physical, and engineering sciences, biological sciences, and scientific personnel, and education. The first years' appropriation, \$500,000, will enable the Foundation to establish its organization and survey the nation's research needs and the means of meeting them.

* * *

Tax Crackdown. Mock-alarmist banter about Uncle Sam's campaign against income tax evaders crops up periodically in medical circles. The bureau counts on such talk to help publicize its year-around investigations.

After a heavy dose of conflicting rumors, you may begin to wonder how much is fact, how much fancy. To get the answers, *Medical Economics* checked with Treasury Officials in charge of tax investigations. The fact appear to be these:

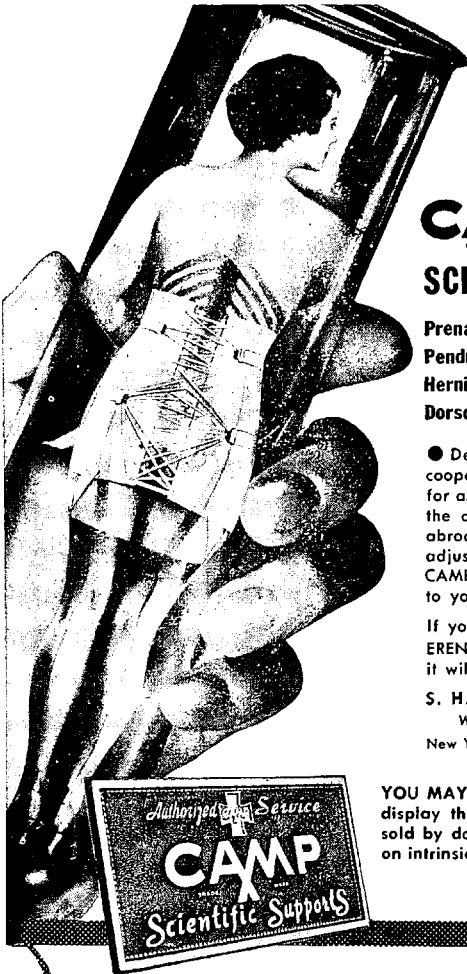
No dragnet has been cast over any one occupational group, but a stepped-up drive against all income tax evaders—the negligent as well as the dishonest—is in full swing. Since professional men derive their incomes from a multitude of sources, their returns are thought to be especially in need of "verification."

Already, some professional men have been forced to make up tax delinquencies ranging well over a half million dollars; some have been indicted; some have been jailed.

These "horrible examples" are few in number. But because of them, the physician's business affairs stand a better chance this season of being peered at and pried into than ever before.

—Los Angeles County Bulletin.

A man was consulting a Psychiatrist. Among the questions the doctor asked: "Are you troubled by improper thoughts?" "Why no," answered the patient. "To tell the truth I rather enjoy them."



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12th Annual Posture Week

OCTOBER 16-21



Communities throughout the nation are preparing to mark this important event in popular health education. A series of full color posters are nationally distributed in schools, colleges, factories, Y's, clinics, health centers and other institutions. These two heavily illustrated booklets have been widely accepted by physicians everywhere for distribution to their patients. Their titles are: "Blue Prints for Body Balance" and "The Human Back . . . its relationship to Posture and Health." Ask for samples or the quantity you need on your letterhead. Write to SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE, Empire State Building, New York 1, N. Y. Founded by S. H. Camp and Company, Jackson, Mich.



The Hospitals . . .

ST. JOSEPH'S

St. Joseph's Hospital welcomes its new Sister Superior, Sister M. Valaria. Many of the doctors remember her when she was supervisor of the maternity floor. She left here in 1945 to serve as Sister Superior at St. Anthony's Hospital, Pendleton, Oregon. She was welcomed at the September staff dinner meeting and all its members wish her much success and pleasure in directing the hospital.

Also welcomed back from Baltimore, Md., was Sister Everard, who again takes up her work as Supervisor of Nurses, a position she filled here from 1941 to 1947.

Of special staff interest and satisfaction is the coming of Sister W. Bona Ventura who will be in charge of the recently enlarged record room.

The Staff considers they are very fortunate as to residents and internes for this coming year. Dr. Carefoot begins his second year in pathology and Drs. Guerzo and Perezore will continue as general residents. The new internes are Dr. Hugh Kohler from St. Cloud, Minn., a graduate of Creighton as is Dr. Robert Chambers from Robinson, N. Dak.

Dr. Donald McKay is from Seattle and is a graduate of the University of Washington Medical School. Each interne has a very attractive wife and child. Dr. and Mrs. Carefoot beat the deadline on September 21 with an eight-pound, fourteen-ounce boy. Congratulations to all three.

The library is now in operation with a full time librarian who is anxious to help in every way possible. Dr. C. B. Arnold should again be commended for his work in organizing and successfully financing the library.

The Pathological Conference now meets each Friday at 9 a.m. Keep this time reserved and spend a profitable hour here once a week. Much work is done to prepare for each conference and members are necessary to make the discussions a success. The committee welcomes any cases you may have for presentation or for discussion.

COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of August 21, 1950, to September 20, 1950, inclusive:

Chickenpox	9
Gonorrhoea	15
Measles	9
Poliomyelitis	13
Rheumatic Fever	1
Scarlet Fever	3
Syphilis	9
Tuberculosis	12
Whooping Cough	14

"Have you had much experience with sailors?"
"Oh, gobs and gobs."

PIERCE COUNTY

It is of interest to note that with the wailing and gnashing of teeth over Initiative No. 176, the indecision and confusion surrounding Initiative No. 178, the iniquities and problems currently associated with Initiative No. 172, and to add to this potpourri the completion and acceptance of a hospital budget for 1951, it is sometimes necessary to scratch one's head to find tangible evidence of anything symbolizing real progress.

We are happy to announce that the demolition of the unsanitary, unsafe fire hazard adjacent to the hospital is now complete. The construction of a storage room, shop, linen room, etc., is indeed a welcome change in the architectural profile of the County Hospital.

The construction of the new tuberculosis sanatorium has reached a stage where all footings are completed and the forms are going up for the walls of the basement. It is hoped that the staff will bear with us another sixty or ninety days in our parking problems. By that time we expect to have a completely adequate, expanded parking area as a part of and adjacent to the existing parking lot.

—J. Morrison Brady, Supt.

September 19, 1950

National Education Campaign Committee
American Medical Association
One North La Salle Street
Chicago 2, Illinois
Gentlemen:

RE: NATIONWIDE ADVERTISING PROGRAM

We have been very forcefully reminded that this community has been entirely overlooked in your contemplated radio and news releases during the coming month. This especially applies to our local radio stations—KOMO, K1BI and KTNT, the same having transit radio. All are ardent supporters of and subscribers to our Bureau service.

It would appear to us that such lack of acknowledgment of the contribution made toward voluntary plans by this oldest medically sponsored organization is without excuse. We would remind you that the metropolitan census of Tacoma is 275,000, and a definite, potent part of this ultra-liberal state of Washington.

If this "Grass Roots" program sponsored by the American Medical Association is to really be effective, those areas such as ours should not be ignored or by-passed.

We sincerely urge you to give consideration to this appeal in your advertising program, which should include the Tacoma News Tribune, the Tacoma Labor Advocate, and the radio stations aforementioned.

Yours very truly,
PIERCE COUNTY INDUSTRIAL
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THINGS TO DO TO LESSEN CHANCE OF INJURY IN CASE OF ATOM BOMBING

Before Any Explosion:

1. Be immunized against lockjaw (tetanus). See your doctor, employer, or health department about it.
2. Learn First Aid. See the American National Red Cross about it.
3. Dispose of all trash, leaves, oil rags, old newspapers and other material which may be readily set on fire, either by burning in an incinerator or by placing in tightly covered cans.
4. For protection against flashburns, wear long trousers or slacks and loose-fitting, light-colored blouses with full-length sleeves buttoned at the wrist, and a hat, brim down, to protect face from burns.
5. When attack is probable, fill all tubs, buckets, and sinks with water. Also draw water and keep it in clean covered dishes for later use if water mains are broken.
6. If adequate warning is given, seek shelter indoors. Close all doors, all windows, close venetian or other blinds, draw drapes over windows, close all fireplace flues and all cracks making house as airtight as possible.
7. Shut off all oil burners, all gas burners, all pilot lights of stoves, water heaters, furnaces, gas refrigerators, and others. Close fuel and draft doors on coal-burning furnaces and wood stoves.
8. If the warning is short but time permits:
 - a. If inside of a building, go to basement and lie flat on stomach, face in arms, eyes closed tightly, and remain so for 10 seconds after the explosion: be sure to lie close to a wall away from windows or against a strong supporting column.
 - b. If outside, lie in a ditch or gutter, or against base of some substantial structure.

After the explosion, if you are outside, get to a safe place as quickly as possible. Do not run. Do not use elevators. Do not use public transportation. Do not use public buildings. Do not use public places. Do not use public streets. Do not use public squares. Do not use public parks. Do not use public playgrounds. Do not use public swimming pools. Do not use public beaches. Do not use public restrooms. Do not use public telephones. Do not use public pay phones. Do not use public vending machines. Do not use public parking lots. Do not use public parking garages. Do not use public parking structures. Do not use public parking decks. Do not use public parking ramps. Do not use public parking bridges. Do not use public parking tunnels. Do not use public parking overpasses. Do not use public parking underpasses. Do not use public parking viaducts. Do not use public parking flyovers. Do not use public parking interchanges. Do not use public parking ramps. Do not use public parking bridges. Do not use public parking tunnels. Do not use public parking overpasses. Do not use public parking underpasses. Do not use public parking viaducts. Do not use public parking flyovers. Do not use public parking interchanges.

After the explosion, if you are inside, stay where you are. Do not run. Do not use elevators. Do not use public transportation. Do not use public buildings. Do not use public places. Do not use public streets. Do not use public squares. Do not use public parks. Do not use public playgrounds. Do not use public swimming pools. Do not use public beaches. Do not use public restrooms. Do not use public telephones. Do not use public pay phones. Do not use public vending machines. Do not use public parking lots. Do not use public parking garages. Do not use public parking structures. Do not use public parking decks. Do not use public parking ramps. Do not use public parking bridges. Do not use public parking tunnels. Do not use public parking overpasses. Do not use public parking underpasses. Do not use public parking viaducts. Do not use public parking flyovers. Do not use public parking interchanges.

1. Do not strike matches or ignite lighters. There is danger of explosion in case oil or gas lines have been broken. Use electric battery flashlights.
2. Promptly cover broken windows with cardboard or blankets, stretch over opening and tack or nail in place.
3. Bandage all cuts promptly.
4. If within $1\frac{1}{4}$ miles (approximately 12 city blocks) of center of atomic explosion, do not eat, do not smoke, and do not wipe face with sleeve.
5. Metal objects, chemicals, drugs, salt, etc., which were within $\frac{3}{4}$ mile of explosion at the time of the explosion probably possess induced radioactivity. Do not take such (silverware, coins, keys, salt, food, etc.) out of the area either intentionally or inadvertently with bodies of injured and dead. (The dangerous radiation occurs at time of explosion lasting only for a moment—and most radioactive fission products are carried 7 to 12 miles high into

the clouds in case of an air blast. After the explosion is over, there is little, if any, reason to fear radioactivity, except from prolonged contact with objects possessing induced radioactivity.)

6. The injured and bodies of dead are **NOT** radioactively dangerous. Do everything possible to help the injured. Use strips torn from undergarments of victim or of yourself for bandaging; they are cleaner than outside clothing.

7. Brush off any particles of dirt from your skin, hair, and clothes. As soon as possible, wash off thoroughly with soap and water and put on clean clothing, especially if wet from rain falling through radioactive cloud or wet from mist from under-water explosion.

8. Do not drive car out of City. All roads will be quickly blocked. There is no danger beyond $1\frac{1}{4}$ mile of center of explosion, except existing fires, collapsing buildings, and traffic accidents. Simply avoid these.

9. Keep calm, do not spread rumors, **REMAIN WHERE YOU ARE** until notified otherwise, unless forced by advancing fire, because you may be passing into a more dangerous area.

—Los Angeles County Bulletin

COLLEGE OF MEDICINE INCREASES ENROLLMENT

A significant step toward meeting the need for more physicians and surgeons has been taken at the Ohio State University. The number of freshman medical students admitted to the College of Medicine, effective next Autumn, will be increased to 150 compared with the present limitation of 88, it was announced by President Howard L. Bevis after authorization by the Board of Trustees.

This increase will rank Ohio State's College of Medicine among the leaders in total enrollment in medical schools of the nation. A survey covering 75 of the 79 medical schools last Autumn revealed that only Jefferson Medical College in Philadelphia and the University of Illinois admitted more than 150 Freshmen medical students. These two schools each admitted 166 Freshmen.

That survey, made by Junior Dean William S. Guthrie of the College of Arts and Sciences at the Ohio State University showed that 92,460 applications were filed by students for entrance to medical schools in the nation, which in the Autumn of 1949 provided only 6,387 openings in the 75 reporting schools. Guthrie estimated that these applications represented some 25,000 students and that about three-fourth of the applicants were rejected.

The Ohio State College of Medicine, headed by Dean C. A. Doan, M.D., will have available for clinical training next year a \$1,000,000 Medical Health Center, now being completed. The increase in number of medical students is made possible by the additional space provided by the new Medical Health Center.

—Columbus Academy of Medicine.

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PROPOSES FEDERAL INSURANCE FOR HEALTH PLANS

The recent introduction of a Voluntary Health Reinsurance bill by Congressman C. A. Wolverton of New Jersey is an attempt to insure insurance companies against loss on unlimited coverage similar to the insurance now issued to banks by the Federal Deposit Insurance Corporation.

The Washington office of the A. M. A. comments as follows on the proposal:

"Creates a Government Reinsurance Corporation to safeguard voluntary, nonprofit health insurance companies against heavy loss due to catastrophic illnesses, thus enabling such companies to write unlimited coverage. This bill would introduce a factor of safety into the health insurance field somewhat similar to the Federal Deposit Insurance Corporation plan which protects depositors."

Three directors would be appointed by the President and confirmed by the Senate to administer the Reinsurance Corporation.

The Reinsurance Corporation would be granted a \$50,000,000 appropriation by Congress to start business. It would insure two-thirds of all payments made in excess of \$1,000 per year to any one subscriber of a covered health insurance plan. Only nonprofit, voluntary plans would be eligible for reinsurance (no commercial companies). The Corporation would receive two per cent of the annual gross subscription charges from covered health plans.

Eligible health associations would be required to write health insurance contracts (hospital, surgical, or both) covering medical expenses except costs incurred for private nursing, dentistry or medicines. Coverage could extend to all types of illnesses including mental and chronic diseases. Contracts must be available to all persons whether or not members of groups. The premium charges to subscribers of plans must be scaled to income with a \$5,000 income being considered the maximum.

The total assets and income of the Corporation would include the initial \$50,000,000 from Congress plus two per cent of the subscription charges from covered health plans plus a matching sum equal to the total amount received from health plans which would be appropriated by Congress each year. Operational expenses for the Corporation would be appropriated by Congress each year in the absence of a surplus.

Coverage to individual subscribers of health plans would be complete except that physicians could permissively charge 25 per cent in excess of the established fee schedule, and subscribers would be required to pay one dollar a day on the hospital charges or five per cent of the total bill. Only 12 physician's office calls would be covered in a calendar year. Eligible companies would not be required to insure against charges of dentists or private nurses or the costs of medicines.

The bill follows a recent suggestion made by

Harold Stassen. It was referred to the committee on interstate and foreign commerce.

—*Bulletin Mahoning County Medical Society.*

AMA DUES FOR 1951

The House of Delegates meeting at the annual session of the AMA held recently in San Francisco set dues for the ensuing year at \$25.00.

Dues for membership in the American Medical Association for the year 1951 will be \$25.00. This will include a subscription to *The Journal of the AMA.*

Fellowship in the Scientific Assembly was preserved and Fellowship dues were set by the Board of Trustees of the AMA at \$2.00 per year. Fellows may elect to take a special journal in lieu of *The Journal of the AMA* which they would ordinarily receive as members. This privilege is not extended to members who are not Fellows of the Scientific Assembly.

AMA CLINICAL SESSION CHANGE

The December Clinical session of the American Medical Association scheduled for Denver, Colorado, has been forced to move to Cleveland, Ohio.

GOLF

Golf increases the blood pressure, ruins the disposition, spoils the digestion, induces neurasthenia, hurts the eyes, callouses the hands, ties kinks in the nervous system, debauches the morals, drives men to drugs, drinks and homicide; breaks up the family, turns the ductless glands into internal warts, corrodes the pneumogastric nerve, breaks the edges off the vertebrae, induces spinal meningitis and progressive mendacity, starts angina pectoris, and breeds wind on the stomach.

But golf keeps the doctors out in the open air, and gives the people in hospitals and sick-rooms a chance to get well. Public health is better because of golf, generally speaking.

—*Sioux City Punch.*

Karen Rynning

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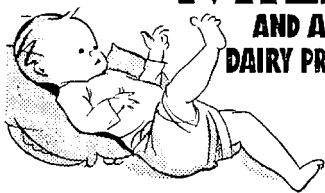
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THE RICH MAN

In the day of more and more taxes by government powers that be, the following story, though not new, is to the point.

An old superannuated minister had unwittingly told of his wealth and fortune, and the fame of his possessions got to the ears of the tax assessor. One day the government's representative came to the door to press him for a statement of his wealth.

"Is it so," began the assessor, "that you have capital?"

"Yes," said the preacher, "I am a rich man."

"In that case," said the visitor interestedly, pulling out his book, "I shall have to assess you. What are your possessions?"

"I am enjoying good health," said the man, "and health is worth very much."

"Well," said the caller, "what more have you?"

"I have a good wife—worth more than diamonds."

"Congratulations," exclaimed the tax man, "but don't you own more?"

"Yes, I have healthy, intelligent, upright sons and daughters, and that is a possession of which any man can feel rich."

"Do you own anything else?" asked the inquirer.

"Yes, I own citizenship in the United States, and an assured inheritance in heaven. What more could a man own?"

"But don't you own any money or real estate?"

"No, otherwise I own nothing," said the man happily.

"My friend," said the assessor, as he closed his book, "you are indeed a rich man, and your riches no man can take away—not even the government."

—*The Safe-Way.*

CORTISONE AVAILABLE

For the first time, cortisone now is available for widespread distribution to hospitals. Merck & Co. has the approval of Federal Drug Administration to allocate part of its increasing production to the 6,500 hospitals registered by A. M. A. Each will be allotted 900 milligrams of the drug. Increased production also has allowed the company to lower its price from \$200 per gram a year ago to about \$95.

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SOME NARCOTIC DON'T'S

Among some additional pertinent "Don'ts" for the physician prepared by the U. S. Bureau of Narcotics are the following:

Don't give a narcotic R to another without seeing the patient. Addicts have posed as nurses to get doctors to prescribe narcotics.

Don't write for large quantities unless unavoidable. Diversion to addicts is a profitable business, as much as \$1 for 1/4 grain of M.S.

Don't prescribe narcotics just because the "patient" has told you another M.D. had been doing it. Consult that physician or hospital records whenever possible.

Don't treat an ambulatory case of addiction. Addicts must be under proper control. Addicts go to several M.D.'s at a time.

Don't dispense any narcotics without keeping a record of it. Bedside and office administration are permitted without records.

Don't buy your office narcotic needs on an R blank in the name of a patient. The law requires you to use an official order form.

Don't resent a pharmacist's call for information about an R you may have written. The pharmacist is held responsible for filling forgeries.

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DOCTOR-DRAFT BILL AWAITS PRESIDENT'S SIGNATURE

Following are major provisions of legislation: Note: This is a grant of authority to the President. Details of administration wait on Selective Service and military regulations, to be issued on the basis of this authority. Pending these announcements, the following are all the known facts:

Who Must Register? Physicians and dentists who have not reached the age of 50 and are not members of military reserves. Veterinarians, optometrists, pharmacists, osteopaths and/or other specialist categories if specified by the President. (Law specifically states that it does not apply to military reserves; they are already subject to military orders.)

Who are Eligible for Draft, and in What Order Will They Be Called? Any registrant (above) is subject to induction if acceptable to the military. The law provides that registrants will be called up on the following priority:

1. Former ASTP and V-12 men who have not served on active duty (Military, Coast Guard or Public Health Service) and others deferred from service to continue their education during World War II, and who have had less than 90 days of active duty (Military, C.G., or PHS).

2. Members in the above groups who have had more than 90 days active duty (Military, C.G., or PHS) but less than 21 months.

3. With no reference to above groups, those who did not have active service. (Military, C.G., or PHS) subsequent to September 16, 1940; this could include postwar medical graduates as well as other physicians who have not served and have not reached their 51st birthday.

4. All others, including World War II non-reserve veterans. Men in this group to be called on basis of extent of duty; those with least duty first, etc.

When Will Draft Take Effect? Not until the President sets a time for registration. Nothing official, but registration deadline probably in next few weeks. Men will register at "appropriate points of registration" in community. After registration, Selective Service will place the man in one of four classes listed above. Then, if to be called, he will be ordered up for his physical. Following this 21 days to set affairs in order before reporting to Armed Forces Induction Station. Subsequently he will be offered a commission and assignment to a service.

Can Registrant Get Reserve Commission? Yes, if acceptable to military. If the man applies for and is granted a reserve commission, he will come under military orders and Selective Service will not process him further.

Who Gets the \$100 Pay Bonus? Every reserve officer called to duty, on voluntary or involuntary basis, receives the extra \$100 per month. Men required to register under this act also may qualify

for the \$100—but only if they volunteer prior to their actual induction.

Who Is Eligible for Deferment? Actual deferment is at the discretion of local Selective Service boards. However, the law states that "the President is authorized to provide for" certain deferments. Action under this clause would be based on the registrant's previous military service, his dependency status and any undue hardship that might ensue.

Will Profession Advise Selective Service on Men to Be Called? Yes. The law provides for establishment of a National Advisory Committee "which shall advise SS system and coordinate work of state and local volunteer advisory committees with respect to selection of needed—" professional personnel. Committee will be composed of men "outstanding in medical, dental and allied services." Medical and dental professions must be represented on the National Committee, but representation of other professions not required. Law does not control local advisory committees; whether these are established and made effective depends on local conditions.

Will Draft Create Critical Doctor-Shortage Areas? Conceivably it might, but law itself attempts to set up safeguards. It says the National and state and local committees shall "give appropriate consideration to" civilian as well as military medical and dental requirements. Another section underscores this policy: "Maintenance of national health, safety or interest" should be considered in granting deferments. In calling up reserves Army commanders also under orders to give careful consideration to doctor-shortage areas.

How Many Will Be Drafted? Military medical officers hope enough men now will volunteer to meet requirements. They are prepared to use law's authority for mandatory inductions, but are confident that these cases will be rare. They are hopeful that the \$100 bonus, which is denied to men involuntarily inducted under this act, will attract registrants to volunteer.

Other Provisions: One section of law authorizes transfer of medical officers from one service to another, with consent of the officer and of services involved. Officer protected in promotion, retirement and pay . . . Another provided that any persons who have served in armed forces or PHS after September 16, 1940, and is recalled, may be "promoted to a grade commensurate with his education, experience and ability." . . . Law states "it is the sense of Congress" that Selective Service deferments will be granted to pre-medical, pre-dental and allied students in numbers equal to the present such enrollment. This ruling more or less formalizes present Selective Service policy and sets a total figure for deferments in each professional category . . . Inductees under doctor-draft required to serve 21 months . . . Anticipation is that Advisory Committees will operate like Procurement and Assignment of World War II . . . Bonus of \$100 now goes to all reserves, whether called up voluntarily or involuntarily; on this Congress re-

(Continued on Page 23)

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(Continued from Page 21)

versed comptroller general, who had ruled that reserves called up involuntarily not eligible . . . Doctor-draft law, an amendment to Selective Service Act, expires with that law next July, unless extended by Congress.

(Entire law has been covered by above outline. Copies of law itself will be sent to mailing list as soon as it has been designated as a Public Law.)

Two-Month Army Record Shows One ASTP Member Volunteering. During July and August, the Army reports only one former ASTP physician volunteering for duty. In addition, 29 other doctors volunteered for active duty as reserves, five were commissioned in the Regular Army and the reserve commission applications of an additional seven are being processed.

(Signed) Joseph S. Lawrence, M.D., Director

NOTE:—The above Bulletin by direction of the Trustees of the Northampton County Medical Society is reprinted for the better information of our members. —Editor.

"EACH ONE TEACH ONE"

In a recent issue of Collier's Weekly, there appeared a most interesting article captioned: "Each One Teach One." It had to do with the work of a Lutheran missionary by the name of Laubach, who for twenty years has followed the self-appointed task of teaching primitive peoples to read and write their own languages.

Realizing the impossible job of attempting to give personal instruction to the countless hordes of illiterates eager for even an approach toward education, Laubach established a rule early in his career that each of his pupils, after completing the course, should give instructions to at least one other person of his acquaintance. Thus, each one taught became a teacher, and the educational work went ahead in a sort of arithmetical progression.

The point we wish to make is that there is no satisfactory substitute for individual instruction. It makes no difference whether it follows strictly educational lines or branches out into some type of salesmanship, which is, after all, a form of instruction as to what the prospective purchaser should buy. Word-of-mouth teaching from the dissemination of propaganda to the intricate art of painting a picture, is more effective than a dozen books, because such teaching entails personal contacts, and most of us are prone to pay more attention to what we hear than what we read.

This accounts, in a large measure, for the important role the "detail" man plays in maintaining the popularity and patronage of his pharmaceutical house with the medical public. Leaflets, blotters, pamphlets galore may lie on the doctor's desk unnoticed and unopened, but when the company representative calls in person, he is usually given careful and thoughtful consideration. Man, being a gregarious animal, likes contacts with his fellow man, and certainly the physician is no exception to the rule.

Which brings us to the interesting—if controversial—subject of which accomplishes more, the

printed or the spoken word, in our attempt to indoctrinate the public with the ideals of private practice, in contrast to compulsory health plans as advocated by the present national administration. Will the reams and reams of "literature," pictures, slogans and the like, distributed, more or less haphazardly, by our own organizations, accomplish as much as individual "missionary" work performed in our own consultation rooms among our own, individual patients? Can the "Each One Teach One" principle be applied to the individuals who come to us for health guidance, or must we depend solely upon paid propaganda in the form of blunderbuss-coverage, as mentioned above?

Most of us unfortunately, were inclined to believe that when we paid our assessment for the establishment of "improved public relationships," our responsibilities rested there. True enough, it does take a great deal more time to help a patient with his personal problem than to hand him a little book explaining all about it, or presenting him with a copy of Sir Luke Fildes' painting, "The Doctor," in mute testimonial of what great guys we doctors really are. With no pretense toward being an authority on what constitutes good or bad publicity, nevertheless we feel that a little heart-to-heart talk with our patients on the matter of fees, hospital costs and the like, will do more toward maintaining the high ideals of medicine than will all the printed propaganda ever written. If the "Each one teach one" principle works in darkest Africa, it should be good medicine for enlightened America, and we feel it is worth giving a try.

—J. Phil. Edmundson, M.D.,
Jackson County Bulletin

BARBER POLE

Why are striped poles displayed outside barber shops? F. P.

It is a survival of a custom dating back to mediaeval times when barbers served the public as surgeons also, especially when blood-letting was the accepted cure for many ills. During the process of blood-letting patients used to grasp a pole tightly in order to make their veins swell and the blood flow freely. The pole, of course, soon became blood-stained and so it was painted red to prevent the stains from showing so readily. When not in use, the pole hung outside the barber-surgeon's door to show where he could be located. A white linen band, representing the bandage used on patients, was wound around it. Finally a creative barber-surgeon conceived the idea of substituting a spirally-painted red and white pole which could stand before his shop permanently. From then on, even after the barber became a surgeon, the striped pole continued as a symbol of his services.

The gilt ball atop some poles represents the brass basin with the notch-like cavity on one side, which was placed around a customer's throat to catch the lather when he was being shaved.

—Bucks County Medical Monthly.

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AIN'T IT THE TRUTH?

Recently the writer had an opportunity to experience a reversal of the usual patient-doctor relationship. This interval permitted some spare time to jot down a few observations, not all having to do with hospitals, doctors, nurses, etc., just things in general. But they all add up to the above-quoted title.

For instance, why do hospitals "get going" at 7 o'clock in the morning with pans, dishes, buckets, squeaky wheels, and various other noisy, clumsy, nerve-racking, clap-bang disturbances raising such a din at 5 a.m., in order to meet the rushing stampede at 7 a.m.? Why 7 a.m.? Why not 8 a.m.?

Or, who was the mental giant who figured out the "third-day enema"? The hospital attaches may miss taking temperature, pulse, blood-pressure; a patient may sit on the bed-pan for an hour at a time waiting for the signal-light to be answered, his pulse may be gone, his breath stilled; but to miss this third-day enema, Heaven forbid!

Or, the draping of the female patient for pelvic examination. With her most private parts exposed to the brightest light, her legs (which in modern swim suits, or in play suits are revealed to ice-men, milk men and delivery boys and to the whole world) are carefully cloistered in wraps. Who started that, so many centuries ago? Florence Nightingale, did you start that one?

Or, let's take the surgeon who scrubs so carefully, then with a towel wipes his elbows down over his hands, and virtually guarantees unsterile hands?

Or, consider the straight-haired blonde, who spends time and money getting her hair kinked and her skin sun-kissed to a crisp; or the kinky-haired ebony who wants her hair straight and her skin bleached. Truly, the neighbor's pasture is better.

Or, why is it that men got so holy after their gonadotropic influences are on the wane, as Hertzler pointed out? Or, how come politicians rejoice when their political supporters of dubious character are neutralized—but only after the solons have received enough support to be elected? The menopausal male and the successfully-elected politician both beat their chests, and declare their sterling virtues, they vehemently decry the sordid iniquities, they're "agin' sin"; but only after they have safely arrived!

Just some random, rambling thoughts: life's funny that way!

Vincent F. Williams, M.D.,

Jackson County Medical Society Bulletin

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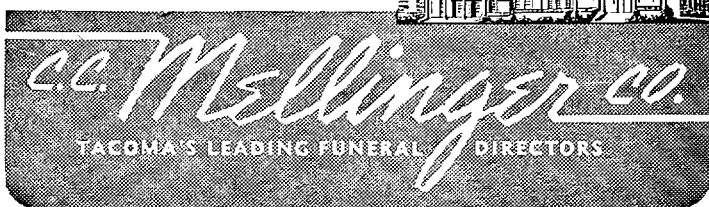
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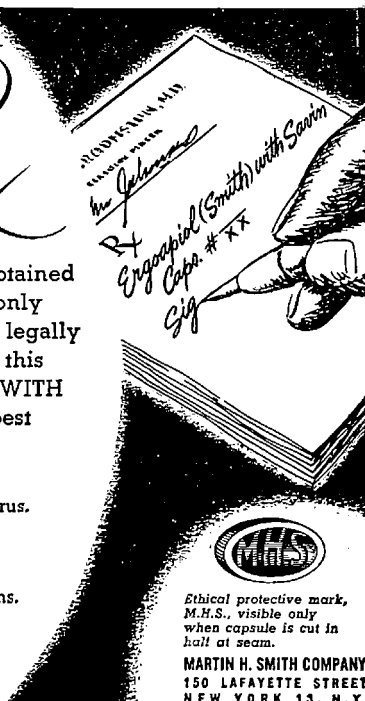
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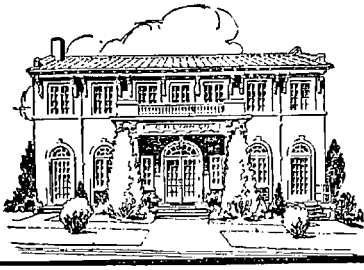
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXI—No. 3

TACOMA, WASHINGTON

November - 1950



Pierce County Medical Society

1950

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Program

MEDICAL ARTS AUDITORIUM

Tuesday, November 14

8:15 p. m.

SYMPOSIUM ON PEPTIC ULCER

Members of the Faculty of the School of
 Medicine, University of Washington

Medical Aspects of Peptic Ulcer:

Dr. Wade Volwiler, Assistant Professor of Medicine.

Psychosomatic Nature of Peptic Ulcer:

Dr. Thomas H. Holmes, Assistant Professor of Psychiatry.

Study of Banthine in Experimental Peptic Ulcer:

Dr. Henry N. Harkins, Professor of Surgery and Dr. Lester R. Sauvage, Research Associate in Surgery.

General Experimental Problems on Peptic Ulcer and their Relation to Surgical Treatment:

Dr. K. Alvin Merendino, Associate Professor of Surgery and Dr. L. B. Kiriluk Research Associate in Surgery.



The President's Page . . .

One interesting statement, made to me by one of our prominent citizens, regarding the huge advertising program the A.M.A. and local county medical societies recently promoted, was this, "Why don't you fellows, (meaning medicos) county societies, A.M.A., or some one tell the public how bad things are in England?"

Harold Stassen, President of the University of Pennsylvania, wrote extensively on this subject in the Readers' Digest in January, 1950, after an intensive on-the-spot study of the system. He is widely quoted by our publicity and public relations department of the A.M.A. Many leaflets of his speech were circulated and patients circularized so that most people should be at least slightly informed. He says, "The British program has resulted in more care of a lower quality for more people at a higher cost."

Many other adverse reports have come to us from both British and American sources, and from both lay and medical authorities. It may be that my friend has a point — that we should harp more on such reports from the British system, as follows:

- 1) Some doctors have as many as 4,000 patients on their lists.
- 2) Many see twenty patients per hour.
- 3) Many patients are expressing bitter disillusionment.
- 4) Workmen realize they are getting free medicine but are paying more for it than previously through taxes.
- 5) Those who require care suffer because those who don't need it make such heavy demands on the medical funds, facilities and personnel.
- 6) The death rate in Britain went up sharply following adoption of state medicine.
- 7) In the first year of the program in the London area alone, more than 5,000 emergency patients could not find beds.

On and on, facts and reports could be given almost endlessly. However, our two countries do not compare easily. The economic and living standards and resources differ widely.

The thing that impresses me most as an argument against state medicine (so-called) is the overall stranglehold the political state would have over the profession and hospital system. This is brought forcefully to one's attention even in this country if one attends public hospital trustees' meetings long enough. It is next to impossible to separate authority from financial support if that support is through a political set-up. This domination or threat of domination is even evident in private hospitals if they are seeking politically controlled funds. In other words, if the government helps finance a medical or hospital set-up, it naturally follows that political influence and discrimination immediately will play a part in the control of its policies.

To me this is the paramount argument against socialized medicine with all its ramifications, that we of the profession should inform the laity.

EDWIN C. YODER

New!



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Editorially Speaking . . .

ARE YOU A 1-A OR A 4-F

The privilege of freely expressing your own opinion regarding proposed legislation and legislators has always been one of the most valued rights of American citizenship. In this country we have our political battles but in every such struggle the fighting is with ballots and not with bullets.

What was your rating in the general election battle of 1948? If you took the few minutes necessary to register and then voted in the November election you are rated 1-A. That does not entitle you to any praise or pat on the back—you have only done your duty as a citizen. If you did not register and did not vote and did not have a bonafide reason, not an excuse, you have a 4-F rating.

The Bulletin was sufficiently interested in statistics of the 1948 general election to check on the voting records of a few professions and service clubs in Tacoma with information secured from the City Clerk's office, which records concern only those voters living within the city limits. We were chiefly interested regarding our own profession and for comparisons we included other professions and several service groups with which many of our members are associated. The result of the poll of the 1948 General Election is as follows:

Attorneys	9% did not vote
Dentists	24% did not vote
Physicians	26% did not vote
Druggists	35% did not vote
Ministers	37% did not vote

Service Clubs:

Gyro	11% did not vote
Lions	13% did not vote
Rotary	14% did not vote
Kiwanis	15% did not vote

The Medical profession cannot feel pride in the above voting record and ask why should we rate so much lower than the legal profession when we have more at stake in the immediate future than do they. How many of our doctors appear to believe much talk is a substitute for their ballot on election day?

If your name contributed to the 26% of physicians not voting, honestly ask yourself if you aren't entitled to a 4-F rating?

Election is Tuesday, November seventh and remember you will be a credit to your profession only if your name appears on the next voting record as 1-A.

LEWIS HOPKINS



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PERSONALS

Dr. John R. Campbell has a residency in Ophthalmology at Millard Fillmore Hospital, Buffalo, N. Y. He reports having a busy, profitable course.

* * *

Dr. D. F. McKay gave a review of literature on Cholesterol Metabolism and its relationship to Atherosclerosis at the monthly staff meeting October 16, at St. Joseph's Hospital.

* * *

Dr. Sig Herrmann attended the annual meeting of the American College of Surgeons held in Boston, October 23-27.

* * *

Dr. Robert Crabill, Senior Medical Resident at Pierce County Hospital reported at Fort Saus, Houston, October 25 for active duty with the Navy.

* * *

At this date we know of no other doctors in the county who have received definite orders for active service.

* * *

We understand Dr. Cecil Hurst guessed right on a recent football pool which netted him an undisclosed amount. Unfortunately it included an I.O.U. from radiologist B. H., the collection of which is even more uncertain than whether 1/10th of 1% of the winnings ever gets into the city's coffers.

* * *

Dr. Edward J. Johnson has been appointed superintendent of the U. S. Indian Hospital in Tacoma. Since July, 1949, Dr. Johnson has been acting head of this hospital—the largest Indian Medical Center in the United States.

* * *

The ability and energy of Dr. G. Drucker and his wife Emily as mountain climbers was proven this summer when they were in the first party for 1950 to reach the summit of Mt. Rainier.

* * *

Drs. Benjamin T. Terry and Charles Larson attended American Society of Clinical Pathology October 17-20 at Chicago.

* * *

The Society's movie projector is still in the lost column. The house committee will welcome any information as to its whereabouts. Better still they offer a reward for its prompt return and no questions will be asked.

* * *

Representatives from Tacoma hospitals including the three Record Librarians from Pierce County, St. Joseph's and Tacoma General are actively working on a plan for uniform hospital charts and records. Doctors having suggestions for improving the present system will please contact any member of the record committee.

Sailor: "Your eyes fascinate me—they're beautiful. I can see dew in them."

She: "Take it easy, Junior. That ain't do—that's don't."

HAPPY BIRTHDAY!

November

C. E. Kemp	1
Z. E. Miller	1
W. C. Paul	2
W. C. Cameron	3
G. A. Moosey	3
J. H. Kalkus	3
W. C. Brown	5
S. L. Blair	8
Bernice M. Hazen	9
W. E. Lewis	9
K. H. Sturdevant	11
T. H. Clark	14
J. A. Benson	20
W. A. McPhee	25
William Rademaker	29
B. H. Foreman	30
T. A. Smeall	30

* * *

I sneezed a sneeze into the air;
It fell to earth, I know not where;
But hard and froze
Were the looks of those
In whose vicinity I snoze.

* * *

Television gives the people who do nothing a chance to watch people who can't do anything.

NOMINATIONS FOR OFFICERS

Report of Committee No. 1 of the Pierce County Medical Society:

- President Elect—Miles Parrott.
- Vice-President—K. H. Sturdevant.
- Secretary-Treasurer—G. C. Kohl.
- Trustees—Hugh Larkin, H. F. Griffin, and Clyde Magill.
- Delegates—H. F. Humiston, G. G. McBride, F. M. Nace, B. N. Outkin, and C. C. Reynolds.
- Alternate Delegates—C. Hurst, S. R. Lantiere, H. A. Larkin, C. C. Ritchie, and Paul Smith.

REPORT OF NOMINATING COMMITTEE

Report of Committee No. 2 of the Pierce County Medical Society:

- President Elect—W. H. Goering.
- Vice-President—R. D. MacRae.
- Secretary-Treasurer—G. C. Kohl.
- Trustees—F. J. Rigos, K. H. Sturdevant, and T. H. Duerfeldt.
- Delegates—J. W. Bowen, F. R. Maddison, Wm. Rosenblatt, G. C. Kohl, and W. H. Goering.
- Alternates—F. M. Nace, M. L. Johnson, F. J. Rigos, J. W. Gullikson, and R. A. Norton.

A visitor at a golf club paid his green fees and fixed up a match. At the first tee he made a wild swing and completely missed the ball.

"By George," he exclaimed. "It's a good thing I found out right at the start. This course is at least two inches lower than the one I usually play on."

THE QUEST OF DIOGENES

If Diogenes had come to Kansas City, September 22, 1950, and had attended the inaugural meeting of the greater Kansas City Academy of General Practice, he would have found, in the person of Dr. John Glynn, "the Honest Man," for whom he had been searching. This quest would have been accomplished without the aid of a lantern.

Dr. Glynn, medical director of the Armour Research Laboratories, the producers of ACTH, delivered an honest talk on the potentialities of this drug. He explained the misconception under which most of the medical men are now laboring, concerning this "miracle drug."

Information about the functions of the adrenal cortex has been extremely rapid; in fact, it has been so rapid, that today we are more confused on this subject than we were three or four years ago. This is due to the fact that we must abandon some of our former concepts of adrenal cortex physiology. Also, that adrenal cortex plays a far greater role in the management of body functions than we had ever suspected. This role is so extensive that no one has yet been able to formulate a theory of cortex function comprehensive enough to include all its effects in health and disease.

Dr. Glynn pointed out that we are still in a state of confusion, and that at present the picture appears to be distorted. However, the picture we now see is of great value in the practice of medicine, but requires further study to evaluate the potentialities of this drug.

The relief of symptoms of disease by ACTH is interpreted to mean that it is only the host reaction to the cause of the disease that is modified by ACTH. Antibiotics control infections, ACTH controls the reaction of the host to those forces which initiate and sustain the disease, and this fact is equivalent to a cure in some instances.

Gout, idiopathic hypoglycemia, acute inflammatory diseases of the eye have shown remarkable response with ACTH. Allergic diseases, anaphylaxis and drug sensitivities also respond quite well.

Rheumatoid arthritis responded miraculously, but when medication was withdrawn, the disease returned in full force, because the disease itself was not affected.

In early rheumatic fever of childhood, good results have been observed, especially in preventing later cardiac lesions. Chronic rheumatic fever was

quite difficult to control. Poisonous snake bite and black widow spider bite have been given prompt and permanent cure with ACTH.

Likewise pain, regardless of the cause, is quickly controlled by ACTH, and temperatures are lowered in six to eighteen hours, but the diagnosis of the illness should be made before administration, so as not to mask the real causative factor.

He stressed that ACTH should not be used indiscriminately, as there are many conditions in which its use is contra-indicated, viz: Cushing's syndrome, hypertension, diabetes mellitus, chronic nephritis, congestive heart disease, blood dyscrasias, known psychotics, etc. It is up to the physician to properly evaluate his patient in every respect, including all possible laboratory procedures, before making a decision in the administration of this drug.

Dr. Glynn was honest and sincere in his presentation, and expressed the belief that the future promises greater discoveries in the physiology of adrenal cortex, so that suffering in a great many individuals, from chronic and disabling diseases, will not only be alleviated, but that cures can be anticipated.

—Jackson County Medical Society Bulletin.

NEW OFFICERS

The following officers for 1950 were elected at the Annual Meeting of the Washington Chapter of the American Academy of General Practice held in Spokane, September 12:

President: Carl B. Cone, M.D., Vancouver.

Vice-President: Joseph B. Finney, M.D., Spokane.

Secretary-Treasurer: Chas. E. McArthur, M.D., Olympia.

Board of Directors: Harold D. Fritz, M.D., Cathlamet; John S. Lingenfelter, M.D., Seattle.

The way to avoid trouble is to wrong no man and write no woman.

The family had overslept and the lady of the house woke with a start to the clanking of cans down the street. She remembered that the garbage had not been put out, and raced down to the front door, struggling into a robe, with her hair in curlers, and looking sleepy-eyed.

"Yoo hoo," she called. "Am I too late for the garbage?"

"No," shouted the collector. "Jump right in."

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

Our first meeting of this year went off well, despite the bugaboo of being on Friday, the thirteenth (remember the blizzard?) and the delightful program was enjoyed by the large number that attended. It was really good to get together again and did you notice the lovely fall outfits? Lorrie Norton in an ultra purple suit and hat, Kay Wright in mustard gold tweed with a matching bonnet, Helen Florence, petite in an English tweed of grey and rust with grey accessories, Jeanne Vadheim in that luscious new Black Rose shade with a matching feather chapeau. We could go on and on—. The members from Puyallup turned out en masse. Please keep it up for we do not see enough of you-
* * *

Oliva Jones reports wonderful cooperation in the volunteers for the Blood Bank. The months with five Mondays always seem harder to fill but Pearl Baskin, Gwen Hosie, Edith Trimble, Rose Monaghan, Kay Wright, Rose Griffin, Oza MacRae, Gudnie Howe, Verna Sleep, and Jeanne Vadheim were willing workers in October. Blue Mondays, with the fall weather setting in, will be bright if you are helping others. Just phone PR. 2640, or the new number which the telephone operator will give you when Oliva is finally in her new home, and your Mondays will be brighter, as well as hers and "The Blood Bank's."
* * *

Many of our members have been aiding in the Community Chest Drive. Our thanks to Mary Steele and Jeannie Schwind who served in the Medical Division.
* * *

Greetings to a new member and able worker, Mrs. John Flynn.
* * *

Our able treasurer reports *one hundred* paid up members. We can be proud of that but we can really whoop and holler when she says 100% paid up membership. How many would that be, Madame Treasurer?
* * *

It is a small world, isn't it? One of Jeanne Vadheim's close friends in the Mid-West is now in charge of the laboratory in the hospital where John Campbell is a resident. Sylvan has had her out for dinner in the Campbell home, which fronts on the boulevard which skirts the Niagara River on its way to the Falls. Their address is 725 Niagara Boulevard, Fort Erie North, Ontario, Canada.
* * *

They say you should never change boats in the middle of the stream—and the Norman Magnussens are not planning to, for their third boy arrived this past month. The Leo Annests, with a mixture already, welcomed their second girl on the 21st, giving them two of each.

OFFICERS FOR 1950-1951

President.....	Mrs. Edward Anderson
President-Elect.....	Mrs. S. S. Thordarson
First Vice President.....	Mrs. S. R. Lantieri
Second Vice President.....	Mrs. Fay M. Nace
Corresponding Secretary.....	Mrs. C. M. McGill
Recording Secretary.....	Mrs. Edward Wolf
Treasurer.....	Mrs. Robert Gibson

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Publicity.....	Mrs. Herman Judd
Program.....	Mrs. E. P. Nelson
Social.....	Mrs. R. A. Norton
Telephone.....	Mrs. Richard B. Link
Blood Bank.....	Mrs. Scott Jones
Legislative.....	Mrs. J. B. Jarvis
Today's Health.....	Mrs. W. J. Rosenblatt
Speakers Bureau.....	Mrs. Fay Nace
Public Relations.....	Mrs. Raymond Bennett

* * *

Merle Herrmann reports that her daughter, Evelyn Osborn, who was hit by polio this summer, is improving and will be walking soon. Her letters from Kay sound a little despondent and lonely though it is hard to picture Kay in those moods. But 430 Berkley, Elmhurst, Ill., is a long way from home and Arney is at the hospital most of the time. Why not drop Kay a line and tell her we miss her? For we do, don't I?
* * *

Among all their other duties are those of mothering Cub Scouts—Ruth Rigos, Jeanne Vadheim, Maxine Schwind. How do they cultivate the patience and fortitude?
* * *

While Mrs. Hellund's Tuesday Book Club is not held just for the wives of the doctors in town, you will find that many of said wives save the third Tuesday of each month in order to attend it. Among them are Emma Bonica, Kay Wright, Jeannie Schwind, Lorrie Norton, Kay Anderson, Bart Huff, Loraine Kunz, Helen Scheckner, Kay Willard, Jeanne Vadheim, Helen Florence, and Ruthie Sames. See what we mean?
* * *

Tripping this month: May Willard in Menominee, Wisconsin, with her sister Anne; Louise Bowen in Cleveland and will be joined by Bill soon to pick up a new Cadillac and drive home—through the wonderful Indian Summer of the Mid-West; Marge and Charlie Larsen in Chicago for a Pathology

(Continued on Page 11)

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The Hospitals . . .

PIERCE COUNTY

GOOD OR BAD?

For perhaps the first time in the history of the Pierce County Hospital there are no patients in any of the halls.—That is good! ! The halls look better and the patients are perhaps better pleased. In addition to the empty halls there are, also, many empty beds.—That is bad! ! !

It becomes increasingly difficult to explain to the taxpaying public the diverting of welfare recipients to hospital facilities that are much more crowded and for which the taxpayer is required to pay on an average of \$5 to \$7 more per patient day than in the hospital built in its entirety for all patients so directed to private hospitals. This is in reality a complete waste of taxpayers' funds. While it gives me considerable pleasure to dispel the myth of overcrowding at the County Hospital, one also finds reason for great concern for a wasteful usage of the taxpayers' money.

The Board of Trustees of the Pierce County Hospital, serving entirely without compensation, have requested that this matter be brought to the attention of the members of the Pierce County Medical Society.

For the information of the members of the Pierce County Medical Society there has been some alteration in the outline of treatment as indicated by a request of the National Foundation of Infantile Paralysis and through several meetings of the Medical Advisory Committee to the Pierce County Chapter of the Foundation, the following directive has been accepted:

"Statistically computing the incidence of Polio, were all Polio patients distributed equally among the doctors of this community, every doctor would see one case of Polio once in every ten years. Therefore, it is not expected by either the Foundation or the consultants that the referring physician should have expert current knowledge of the minutiae of differential diagnosis or be intimately familiar with changes in thinking concerning definitive care. It is with this in mind that the National Chapter of the Infantile Paralysis Foundation has made certain requests throughout the nation to establish uniform care.

1. Within as short a time as possible (usually within two days) following admission of the patient to the hospital for the treatment of Infantile Paralysis or suspected Infantile Paralysis, the diagnosis is to be confirmed by a neurologist, a pediatrician, an internist, or an orthopedist.
2. It is recommended that periodic consultation by a neurologist or orthopedist be made as an aid to improved treatment.
3. At the time of discharge of all such patients it is requested that a neurologist and/or an orthopedist review the case to assist in outlining definitive care.

It follows that the above recommendations are

in no way intended to interrupt doctor-patient relationships since the doctor continues to write orders on his patient and consultation can be arranged.

The above recommendations as requested by the National Chapter of the Infantile Paralysis Foundation, have been presented to the Board of Trustees of the Pierce County Medical Society and approved by the Board of Trustees of the Pierce County Hospital."

A copy of the above directive was sent to Dr. Van Riper and Dr. Kenneth S. Landauer. The latter serves as Director of Medical Services for the National Foundation for Infantile Paralysis. Their review of the above outline received the following comment in a letter of October 10th, 1950:

"From an analysis of our expenditures for patient care assistance it is evident that the cost of care in hospitals accounts for more than 85% of our load. It is thus imperative that we see to it that patients get the care they really need, and at the same time reduce unnecessary hospitalization. Your procedures should help greatly in these objectives. By screening suspects carefully and avoiding admission of non-polios we can also cut hospital costs; diagnostic admitting clinics and short-term observation beds for suspects would help in this effort.

"The National Foundation appreciates very greatly the cooperation manifested by you and your staff in helping with these serious problems."

In any question arises concerning further clarification of any part of the above or the admission or discharge of a patient, I should be very happy to help in any way possible.

TACOMA GENERAL

Much interest has been shown in the planning of an Institute on the care of older people, which will be given for the public by the Tacoma General Hospital. This, the first of such institutes for the people of Tacoma, will be held on Thursday, November 2, in Jackson Hall.

Attending a meeting of the Washington State League of Nursing Education in Walla Walla on October 20th were the Misses Jewett, Robertson, Schenk and Johannesson. Discussion of the recent Nursing Survey in Washington State occupied much of the time.

A one-day conference for the nurses of Tacoma was presented on October 18 in Jackson Hall, by the Conference Committee from the University of Washington School of Nursing. "The Newer Drugs" was the topic for the day, with discussions on Antibiotics, Antihistaminics and Radioactive Isotopes.

To take the place of the annual "White Cap Carnival," the student nurses are giving a minstrel show on Friday and Saturday, November 10 and

(Continued on Page 15)

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DONALD M. MOORE, Vice President
(In Charge of Casualty Insurance and Bonds)

E. J. POLE, Secretary

(Continued from Page 13)

11, in Jackson Hall. There will be games, booths and a restaurant in the recreation room. You cannot afford to miss this opportunity for an evening chuck-full of fun.

At an all-day meeting for nurses on Tuesday, November 7, in Jackson Hall, Dr. L. A. Sanderman, Professor of Physics of the University of Washington, will present basic principles of physics involved in suction, water balance and application of heat and cold. Nurses will discuss and demonstrate the application of these principles to nursing care.

Dr. John J. Bonica, Director of the Department of Anesthesia, is attending the annual meeting of the International College of Anesthetists at Miami, where he will present a paper, "The Role of the Anesthesiologist in the Management of Cardiac Arrest." He and Dr. Maher, Resident in Anesthesiology, will attend the annual meeting of the American Society of Anesthesiologists at Houston, where they will present a paper and exhibit on "Endobronchial Anesthesia for Intrathoracic Surgery."

REPORT ON CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of September 21, 1950, to October 20, 1950, inclusive:

Chancroid	1
Chickenpox	22
Conjunctivitis	1
Gonorrhea	18
Impetigo	1
Measles	63
Meningitis	1
Mumps	7
Poliomyelitis	15
Rheumatic Fever	3
Ringworm	1
Scabies	2
Scarlet Fever	9
Syphilis	4
Tuberculosis	15
Vincent's	2
Whooping Cough	9

Respectfully yours,

C. R. Fargher, M.D.
Director of Health.

IN MEMORIAM

GUY EVERETT GRIFFITH

Born—Hardin County, Iowa, July 19, 1889

Died—Santa Monica, Calif., Oct. 13, 1950.

SPOKANE ACADEMY OF GENERAL PRACTICE

The Third Annual meeting of the Spokane Academy of General Practice will be held on Saturday, November 4, 1950, at the Davenport Hotel, Spokane, Washington.

Guest speaker will be Walter C. Alvarez, M.D., Professor of Medicine, Mayo Foundation, University of Minnesota, Senior Consultant, Division of Medicine, Mayo Clinic, Rochester, Minnesota, Editor, "G.P." Journal.

INCOME SURVEY FOLLOW-UP YIELDS ADDITIONAL 10 TO 15 PER CENT RETURN

Commerce Department is now counting returns from a follow-up letter sent to those physicians who received coded income survey forms earlier this summer. The letter urges doctors who have not filled in and returned their questionnaires to do so immediately. Thus far this second appeal has yielded somewhere between 10 and 15 per cent return, which is considered by Commerce officials as very good. However, AMA, which is cooperating in the survey, still urges doctors who do not employ bookkeepers to answer the questionnaires in order to avoid disproportionately high income results. These last returns, when added to the original 40 per cent return of 125,000 questionnaires, leaves Commerce Department the task of tabulating well over 40,000 replies. There is some doubt that a second letter to those of the 25,000 who did not reply to the coded form will be found necessary.

"Your girl is spoiled, isn't she?"

"No, it's just the perfume she's wearing."

AN OVERSIGHT

Political name-callers seem to stop at nothing—although they may forget. There was Private Jackson, who was called on the carpet three times in as many days. The Captain asked him, "Private Jackson, did you call the sergeant a liar?"

"Yes, sir," admitted Jackson.

"And a louse?"

"Yes, I did, sir."

"And did you also say he was a cockeyed, knock-kneed, dirty-tongued stooge?"

Jackson hesitated and then said, regretfully, "No sir, I forgot that."

The hit-and-run driver was brought to trial. His lawyer pleaded eloquently in his behalf. "Your Honor, the plaintiff must have been walking very carelessly. My client is a very careful driver. He has been driving a car for eleven years."

"Your Honor," shouted counsel for plaintiff, "I can prove that my client should win this case without further argument. He has been walking for forty-five years!"

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EIGHT REASONS

Why Every Physician's Wife Should Join Her County Auxiliary

1. To be alert at all times to further the aims of the profession.
2. To fight socialization of the Medical Profession.
3. To work, as a unified group, in furthering the present system of medical practice, research and voluntary insurance programs.
4. To study and inform ourselves.
5. To assist with health programs in the community.
6. To further the Nurse Recruitment Program.
7. To advance or oppose legislation.
8. To establish good fellowship among physicians' families.

BY-LINES

By Maude Riche

Every physician's wife should consider it an honor and privilege to be affiliated with her County Auxiliary, which is indeed a progressive and alert organization with broad appeal. The officers have worked ardently to prepare informative programs and social activities of interest to all for the ensuing year.

In the midst of acute world problems and our own hurried defense preparation in a time of unprecedented change, it is of vital importance that we coordinate our efforts with the Medical Association. Hence, we are better able to meet the challenge of unlimited opportunities for service in our community and nation. We are definitely bound together by a feeling of mutual interest and only through this intimate association with our physicians can we better understand their aims and views and adjust ourselves to their thinking and needs. Without this unification of effort there can be no true success and expansion.

It is therefore imperative that every physician's wife yield herself and her efforts without reservation and with full commitment to the varied programs and topics incident to the Medical Auxiliary. By so doing she assumes her civic responsibility and achieves the utmost personal satisfaction, thereby greatly enriching her life.

Diaper Dermatitis can be prevented by inhibiting the formation of excess metabolic ammonia in the urine. Thiamin has been used successfully, but Louis S. Goldstein, M.D., of the Professional Hospital, Yonkers, N. Y., finds that methionine is more palatable and causes less gaseous discomfort. With a dosage of 3 gr. daily added to the infant's formula, excess ammonia usually disappears from the urine in three or four days and the dermatitis clears in about a week. If improvement is not shown in seven days, 6 gr. daily is tried. Good results were achieved in all but three of 500 cases. These three infants were then treated successfully with thiamin.

—Modern Medicine.

IT'S THEIR PRIVILEGE

Too many people think of physicians solely as some kind of an altruistic human agency, at the immediate call of anyone in physical trouble, who can be ordered about at will, criticized for not supplying preconceived answers to our troubles, real and imaginary, and in the end, whose bill can be stuck in the back of a drawer because they are notoriously lenient about such things.

Certainly, their oath puts them in the highest category of vocations, and on the whole the oath is practiced every day of their lives, for the call is always coming from men and women in dire need, and they respond, often above and beyond the call of duty.

But they also have to make a living, and as with all of us, they want to make the best living possible, and protect the interests of the medical profession as do all professional groups in their own categories.

The State Medical Society, meeting in New York, was urged by its president and president-elect to form political action committees similar to those of labor unions, to fight for legislation favoring physicians.

There will probably be widespread criticism of this and by any subsequent action on the part of 22,025 New York State doctors who are members.

That will spring from some kind of fuzzy notion that their oath of service to mankind's ills and the long and distinguished record of such service, precludes any interest, or right of interest, in fighting, politically of necessity, for their own best interests.

If medicine has felt forced to protect itself against socialized medicine or any other threat, by political pressure groups, then it is its right, and even its duty.

—Syracuse Post-Standard.

Someone was asking a police captain friend of ours the other day if it were true that he was brought up in a tough neighborhood.

"Tough?" replied the captain. "Why it was so tough in our neighborhood that a cat with a tail was a tourist!"

Karen Rynning

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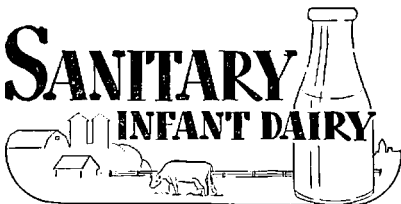


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BARBITURATE MENACE CONTINUES

It is no news, perhaps, that the sale of the barbiturate drugs constitutes one of the important problems of the Health Department of New York City. Too often one reads in the newspapers of suicides, or near suicides, caused by an overdose of these drugs. There is nothing the Health Department or the medical profession can do about suicides *per se*. The taking of one's own life is an age-old problem that is the result of the impact of life upon the moral, ethical and personality pattern of the individual.

There is something to be done, however, about the changing pattern of the means of suicide. It is here that the barbiturate drugs—and the doctors who prescribe them and the pharmacists who dispense them—can do something.

That barbiturate drugs can be employed to commit suicide is nothing new. But what may not be so well known is the extent to which these drugs have been employed for this purpose through the years. By a study of statistics it is quite apparent that the barbiturates are replacing other means of self-destruction. The over-all rate for suicides stays about the same but the rate for suicides by barbiturates goes up.

In 1918 there were three accidental deaths from barbiturates in New York City. In 1918 there was one suicide from the same cause.

In 1935 suicide from barbiturates had risen to 18 and there were 15 accidental deaths.

By 1945 overdoses of barbiturates caused 93 suicides and 61 additional persons died accidentally from the same cause.

Finally in 1948 barbiturate suicides totalled 87 and accidental deaths fell to 54 persons for the same reason.

Undoubtedly there were additional accidental deaths in traffic accidents from persons who were driving while under the influence of the barbiturates, but without complete pharmacology studies on every traffic victim it is impossible to even estimate this additional figure.

The above is a sad and sorry picture of the misuse of a valuable medicinal drug, but the interesting point is to see how the barbiturates have replaced morphine in the picture of suicides. As deaths have increased through the years, by bar-

biturates, they have fallen for the opiates. In 1921 morphine was attributed as the cause of death for 53 persons. In 1941 there were no deaths from morphine.

Numerous factors are at work to explain the current barbiturate menace, but all physicians should realize that first and foremost are the very large number of prescriptions issued by doctors for these drugs. There are only four standard barbiturates but there are upon the market over 1500 different preparations containing them. Former Health Commissioner Harry Mustard, M.D., has reported that in one area of New York City more than 30 per cent of all prescriptions for internal medication are for the barbiturate drugs.

Moreover, some physicians unwisely (in the interests of economy of prescription writing and to save the time of their patients in visits to the office) prescribe large numbers of capsules—as many as 200 or 300 in some cases. Further, some pharmacists may disregard the law in dispensing barbiturates.

If the picture is a sad one for New York City it may be even worse elsewhere for the City of New York has a stronger tighter law than does the rest of New York State.

—*New York Medicine.*

The plain, prim little old lady who stood beside a male customer at a department store counter was nervous and embarrassed; finally she said—“Please, miss, I'd like two packages of bathroom stationery.”

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THE PHYSICIAN AND THE OLDER WORKER

(Editor's Note: Because of the trend toward a compulsory retirement age we believe the following will be of interest to physicians. It is the text of a paper given before the Institute of Human Adjustment of the Graduate School of the University of Michigan at Ann Arbor on June 24, 1950, by Dr. N. E. Leyda.)

The Industrial Physician has for centuries been striving to prolong life, conquer hazards, and repair damage to the workers in industry. In 1700 Bernardino Ramazzini, an Italian physician, wrote a book emphasizing the existence of disease connected with the hazards of occupation. Since then many books and papers have been written by the Industrial Physician. An outstanding example is Charles Turner's book, "The Effects of Arts, Trades, and Professions and All Civic States and Habits of Living on Life and Longevity." The thesis of this hundred-year-old book was to analyze the effective relationship of labor and age upon the worker's life.

Industrial medicine and its Physicians have developed highly organized programs of health conservation of the industrial worker. These programs reach beyond the worker and into his family.

The 1900 census of the United States showed there were only three million people in the age group of 65 and over; most of these were employed. Today there are over eleven million in this age group. Less than 25 per cent of these have jobs. This increase in the number of people over 65 can be directly traced to the remarkable advances made in medical sciences in all its phases in the past 50 years. As time goes on, more rapid discoveries in ways to cure and conquer diseases, and more exact means of detecting and diagnosing physical impairments and diseases in their early stages, will be released to the public.

Longevity has increased more than 35 per cent in the last half century, making the life expectancy between 68 and 70. The medical knowledge that is available now and is so rapidly developing, will soon raise the age expectancy to 75.

It is obvious that new standards in evaluating the ages are necessary. The voting age of 21 should be lowered; the productive decline at 40 should be raised; and certainly the retirement age of 65 is not proper. How old you are is a combination of psychological, genetic and biological factors.

One of my most pleasant customs for the past several years is taking a patient of mine to Church on Easter Sunday. She was born in March of 1857. Last Easter as we were driving down town to the Church, she was apologizing for not having a new Easter dress. She had planned to have one. About a week before Easter the clerk at the dress shop called to say that she had a dress that was "just right for her." Mrs. Brown went to the store and took one look at the dress and said, "That dress looks like it was made for a woman 94 years old, and I am only 93." She did not buy the dress. It is obvious that today we find fewer people old at the age of 65.

Hard work is not a factor of age, but worry is. If one has the ambition and incentive for working he should be permitted to do so. Pension plans are fine, but the Medical Director of the Industrial plant should be permitted to say when the individual is ready for retirement. An Industrial plant has a complete record of the worker's skill, aptitude, and attendance. The Medical Department has a record of the physical and mental condition of the worker. These two records should be combined in evaluating the worker's ability to continue work.

Mr. C. E. Wilson, President of General Motors Corporation, in his latest speech printed in the June 1950 issue of the GM Folks, which explains the five-year agreement with the UAW, says, "Normal retirement age will be 65, but an employee at his own option, provided he is scapable of doing his job, may continue to work until the automatic retirement age of 68. At the option of the Corporation, an employe with unusual skill and good health may continue beyond the age of 68." This is a great step forward in the relationship of the older worker.

It is illogical to retire a person because he reaches the age of 65 when he is doing a good job, but is a little slower than he used to be. This worker's ability and knowledge of his job could be utilized to good advantage by shortening his work day to six hours instead of eight. His vacation-time should be increased each year in preparation of his retirement. During this tapering off period another worker could have the advantage of the training offered by the older worker. He would be ready to take over efficiently when the older worker was ready to retire.

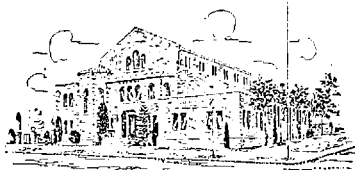
Conditioning for retirement cannot be an elaborate National Plan. To be successful it should be a local Community Plan in relation to the local industries. Planning for leisure time at retirement should be a project for every Community.

An overall program by the combined efforts of Industry, local Agencies, local Government, and the Medical Society should be established. Many say that this is the responsibility of Industry, especially the Personnel and Medical Departments. It is obvious that this method is too limited because when the worker retires he becomes more a part of the Community than the limited part of the Industry from which he has become disassociated.

The first concern of the worker should be his physical and mental health. A good rule is that on one's birthday each year after forty, he should have a complete physical survey. A written report from the examiner on the findings in the examination and recommendations to guide one for the coming year would result in better health.

The subject of illness and disabilities of the Aged is a challenge to the medical profession. The subject of retirement of the older Worker is a challenge to the entire community. The older Worker who first learns how to maintain his health and matures intelligently will go on working. If he keeps his hands busy and his mind alert he will not have time to grow old.

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SHOULD JACKSON COUNTY MEDICAL SOCIETY ADOPT AN OFFICIAL MILITARY SERVICE POLICY IF WORLD WAR III COMES?

As we stand on the threshold of a possible, if not probable, World War III, we, as practicing physicians of the Jackson County Medical Society are faced with many grave problems and decisions which need an answer in the immediate present.

Socialized medicine, the ever-popular whipping boy, must be placed in the back-ground and the study of survival in an atomic age given priority. "Uncle Joe" is a much more formidable opponent than Oscar Ewing, and, furthermore, he will fight a great deal harder and longer. Surely, our greatest efforts should be directed towards preparing for an all-out-offensive. Now is the time to start preparing a policy for the guidance of our members.

Some of the questions that have to be answered are:

1. Who has to go? I am sure that this question will cause an emotional outburst second only to the noise caused by the explosion of an atomic bomb. Nevertheless, somebody has to go and the Society ought to study the matter. An honest solution will require great moral courage. Perhaps more than has been in evidence in the past.

Naturally, the doctors who served from 3-6 years in World War I and World War II feel that they should be excused until "others" are given the opportunity "to serve." The so-called "Essential Men" of World War II must be re-evaluated to see if that classification still holds water. Perhaps, the essential classification can be passed around them.

Those physicians that were educated at government expense during the war and who have not yet served their country should certainly be among the first to go. However, this group has been slow in volunteering as has been shown in a recent survey in the J.A.M.A.

The "4-F" classification should also be carefully reviewed again. The nervous stomachs will soon begin to shake, the tired backs will again begin to ache, and the flat feet will drop still lower. That these conditions are compatible with a heavy work day is proven by the bank accounts of many of the civilian physicians during World War II.

2. What type of medicine must a physician be acquainted with in order to be prepared for atomic warfare? Careful reviews of the necessary subjects should be made available in the weekly Bulletin.

These and other questions must be faced. Therefore, I propose that the Jackson County Medical Society should immediately select an unbiased "pilot committee to study the previous military service records of its members as to prior service, length of service, present age, etc., and draw up a service availability list.

—Jackson County Bulletin.

MUSICAL ANESTHESIA

A middle-aged Italian woman who could speak no English recently underwent a serious abdominal operation in Billings Hospital. Her condition required a spinal anesthesia. She was nervous and excited, and there was no reasoning with her—in any language.

By the time she reached the operating room, however, she was calm and tractable. Before and during surgery, she listened to a concert of her favorite Italian opera.

Like all Billings patients who undergo local anesthesia — spinal, regional, or local — she was asked the night before to choose the selections. The hospital has a constantly growing library of classical, semiclassical, and popular music, and children are offered choices from "Cinderella," "Peter and the Wolf," "Pinocchio," and current favorites.

For almost three years the Clinics have been experimenting with the use of music to alleviate the tensions of patients undergoing surgery. Concerts are now standard practice in all six operating rooms, and five preparation rooms, including those in the new Nathan Goldblatt Memorial Hospital.

The U. S. Navy underwrote funds for the experiment, and Maurice Goldblatt, president of the University of Chicago Cancer Foundation, saw that equipment was provided. Music is aired through lightweight stethoscope-type earphones, and comes from tape recordings. It is audible to the patient, but not the surgeon, which gives the latter more freedom in his comments to visiting doctors or medical students. Occasionally, the anesthetist tunes in, to make sure the music isn't too raucous or exciting.

The innovation was the brain-child of Joel Willard, young veteran and Chicago electronics engineer, who heard a nurse talk about how restive many patients were during an operation. He suggested that music might drown out the sounds of clicking instruments and the conversation of doctors. Dr. Huberta Livingstone (Anesthesiology) thought the idea sounded fine, and so did Dr. Lester Dragstedt, '15, PhD '20, MD '21 (Chairman, Surgery), who gave the "go-ahead."

Music with anesthesia has proved especially helpful for peptic ulcer patients, who are already so tense and nervous that routine medical sedatives aren't very effective. It is comforting and calming too in cases where the patient is too old or ill to receive sedatives.

Music-with-surgery is no new idea. Pharaoh's physicians relied on incantations. In the Middle Ages groups of singers soothed the ill during epidemic manias. But the Chicago clinics are first to develop a practical 20th-century version of the principle.

—University of Chicago Tower Topics.

Motorist (barely avoiding a broadside crash): "Why on earth didn't you signal that you were turning in?"

Girl (who has just crossed into her home driveway): "I always turn in here, stupid."

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STANDARDS IN MEDICINE

Apropos the current accusation that physicians in this country have purposely made medical education very difficult in order to hold down the number of medical graduates, the following quotation from the Boston Medical and Surgical Journal of January 30, 1850, is of particular interest:

"The London College of Physicians and Surgeons have decided, that, for the future, the candidates for their fellowship shall pass an examination in Greek, Latin, mathematics and French."

—*New England Journal of Medicine.*

IN THE BAG

Not long ago one of our residents was examining an old fellow who had entered the hospital for investigation of a neurologic disorder. After the patient had performed the various tests of cranial nerve function, the resident said, "Now, show me your teeth."

The old fellow replied, "Well, Doc, you'll have to hand me that suitcase. They're in there."

SURGICAL SPONGE DEVELOPED

Government scientists have developed a surgical sponge that a forgetful surgeon may safely leave inside the patient. Made of starch material, the sponge would turn to sugar and be absorbed by the body. It has been developed by the Agriculture Department's research laboratory at Peoria, Ill., and can absorb sixteen times its weight in water.

She: Oh, doctor, will the scar from my operation show?

Doctor: That, young lady, is up to you.

Marshall Field Once Said:

"Should my building burn down . . . should all my merchandise be destroyed . . . I would not worry so long as I could retain the good will of my customers. Buildings and goods are trivial things. They can be replaced. But lose the Good Will of your customers and all is lost. Customer loyalty and Good Will are truly the greatest asset any business can possess."—*Note: Where Mr. Field used the word "customer" the doctor can substitute the word "patient." The impact of the message is still the same.*

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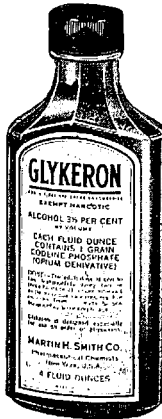
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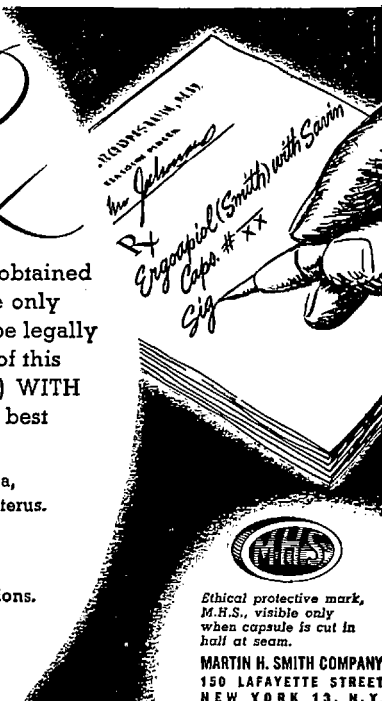
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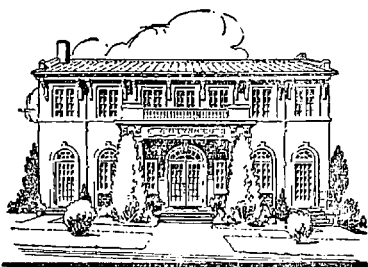
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The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXI—No. 4

TACOMA, WASHINGTON

December - 1950



Pierce County Medical Society

1950

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Program

MEDICAL ARTS AUDITORIUM

Tuesday, December 12

8:15 p. m.

"Neurosurgical Management of Pain":

By John T. Robson, M.D.

"Non-Surgical Management of Pain":

By John Bonica, M.D.

ELECTION OF OFFICERS



The President's Page . . .

As this year comes to a close I want to take this opportunity to express my gratitude to those who helped carry on through the year 1950. Since we have but one general meeting a month, it is not practical to put much in the way of business matters before regular meetings because of the lack of time. It, therefore, has fallen to the board of trustees, aided by the various committees, to transact all business possible and bring before the Society only such matters which are of sufficient importance, and which are prescribed for such action in the by-laws. Your trustees have been most cooperative, and have put real thought and practical application to the business at hand, discarding personal feelings for harmonious work, displaying, always, a spirit of helpfulness which was sincerely appreciated.

My thanks to the committees which have had work to do—the same spirit of cooperation was manifest here. The committee chairmen were responsive and got results. Thanks also to C. P. (Charley) Larson, the V. P. and Chris Reynolds—what chaos it must be without a good secretary-treasurer. I hope the membership realizes and appreciates the amount of work it takes to perform the job as Chris has done.

The various editors of the Bulletin staff and Mrs. DeWitt all deserve mention for the fine work they accomplished. I think sometimes the attendance at meetings has been cut down because "everything" is found in the Bulletin anyway.

I wish to thank the Society for the opportunity of serving you as president and am sure the incoming officers will receive your continued loyal support.

EDWIN C. YODER

New!



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of iron deficiency anemia

FER-IN-SOL is a concentrated solution of ferrous sulfate, to be used in drop dosage for prevention and treatment of iron deficiency anemia.

Ferrous sulfate in an acidulous vehicle is widely accepted as the most effective form of iron for administration to persons of all ages.

Because of its pleasant citrous flavor, Fer-In-Sol is taken willingly by infants and children. It blends perfectly with citrus fruit juices and leaves minimum aftertaste.

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Editorially Speaking . . .

Figures released to date by the Surgeon General's office indicate very few doctors are enlisting in any branch of our armed forces; this in spite of the certain prospect of their being drafted in the very near future. The excuse, alibi, or reason for not enlisting is the same in every case, namely, it is to their disadvantage to go into the service and so they will wait until they have to go, and because that point of view is so general it must be correct.

The fact is that our country is now building up a large armed force and millions of soldiers require the services of thousands of doctors who will have no personal choice regarding service. The most frequent criticism regarding medical duty during wars I and II was the excessive waste of time. This was true in the experience of most medical officers and was always the case whenever the doctor accepted the army schedule as the beginning and end of his daily activities.

If you are one of those who will shortly go into the service may we suggest that it will be to your advantage to use your ingenuity and the superior mentality you should have to develop some sort of extra-service interest or avocation. One that is both feasible and profitable could be the taking of an observing interest in the community in which you are stationed, whether at home or abroad. We do not mean a superficial, sightseeing expenditure of time but a definite effort to learn something worth while regarding each community in which you spend any considerable portion of time.

There are those who during their war service put their leisure to intelligent use and brought home not only their war experiences, which most often they pushed back in their memories as far as possible, but an added appreciation of the people and the countries to which the Service had sent them. By this means they acquired a better understanding of the smaller world in which we now live, knowledge both real and satisfying because it was obtained first hand and the product of their own effort.

There are several types of extra-service interest and the above is offered only as a suggestion to any of our members when Uncle Sam puts his finger on them and says, "this way, please," only he will not say, "please."

LEWIS HOPKINS



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PIERCE COUNTY MEDICAL SOCIETY CANCER DETECTION CENTER

It is high time that the medical profession again be apprised of the status of their Cancer Detection Center. The center is actually owned and operated by your medical society. Each year the American Cancer Society mails a lump sum check to the treasurer of the Pierce County Medical Society to provide the funds necessary to operate the project for the year.

Whether you realize it or not, this is your operation and any suggestions, criticism or constructive ideas will be gratefully received by either your County Society president Dr. Steele or the members of your society's Neoplastic Committee. The policies and operation of the center are controlled by the Pierce County Medical Society.

In these days of gradual and subtle encroachment of both government and private "do good" charitable organizations upon the private practice of medicine we can feel proud that here is a clinic for the public that is operated one hundred per cent by the doctors without the slightest encroachment in any way on the private practice of medicine. Actually the Cancer Detection Center has been a valuable means of steering patients needing medical care into the hands of the physicians.

The center is still under the direction of Dr. Sydney MacLean who is at the present time temporarily in Florida recuperating from a surgical operation. Dr. Frank Rigos is the consulting radiologist for the center. Drs. B. T. Terry, C. R. McColl, John Whitaker and C. P. Larson rotate as consulting pathologists. One of the fundamental principles of the center has been that the staff be comprised of physicians who are not presently in private practice so that they could not conceivably gain financially by obtaining patients from the center.

The center is primarily a screening project whereby any person may secure advice regarding cancer. Routine physical examinations are not performed here. Patients seen are only those with some complaint which might indicate the presence of malignant disease. No therapeutic or diagnostic procedures are carried out at the center, such as x-rays, x-rays or laboratory tests. All patients are referred back to their own private physician with a letter from the center to the doctor concerned giving the opinions and advice of the physicians at the center about the patient's condition. A careful follow-up is made to see that these people actually reach their doctor and also to get a final diagnosis from the physician concerned. The staff of the center appreciates your cooperation in returning our follow-up post cards.

Approximately half of the patients seen at the center come in voluntarily without being referred by their own private physician. These patients are examined and in all cases sent back to the doctor of their choice. The other half of the patients are

referred in to the center by the members of the County Medical Society requesting our opinion as to diagnosis and treatment. The staff of the center is happy and willing to serve you in this capacity.

The center meets on the second and fourth Tuesdays of each month from 1:00 to 5:00 p.m. The City-County Health Department at 24th and Pacific Avenue has graciously supplied us with rental free space to conduct the meetings.

AMERICAN MEDICAL ASSOCIATION MEETS IN CLEVELAND DECEMBER 5-8

Family doctors are planning a four-day busman's holiday December 5 when Cleveland, Ohio, plays host to the fourth annual Clinical Session of the American Medical Association.

The clinical sessions, comparative newcomers to A.M.A. gatherings, are designed to help today's general practitioner get the latest information regarding medical developments and to keep him right in step with specialists in a variety of fields.

This year's meeting will be held in the Cleveland Public Auditorium and will deal with new treatment of medical problems ranging from the common cold to mental illnesses. Its technical exhibits will feature information on drugs, equipment, books and other products. Its scientific exhibit will offer special demonstrations on fractures, diabetes, rheumatism and arthritis.

Doctors will hear leading medical authorities discuss treatment of actual cases of cancer. And through the newest medium of color television family doctors will actually see a program of surgery, clinical treatment and examination direct from University Hospital in Cleveland. The telecasts, sponsored by Smith, Kline & French Laboratories of Philadelphia, are earmarked as one of the highlights of the meeting.

Another of the outstanding events of the December clinical session will be the election of America's typical family doctor to receive one of American medicine's highest honors, the General Practitioner's Award. Doctors in line for this recognition are nominated annually by local and state medical societies and elected by the A.M.A. House of Delegates. The award goes to the doctor who best exemplifies the medical profession's standards of service to patient, community and country.

Last year's clinical session in Washington, D. C., drew over 4,000 family doctors from every part of the United States. This year the A.M.A. has issued a blanket invitation to all members of the Canadian Medical Society, and an even larger attendance is anticipated at the Cleveland meeting.

It is well known that the heaviest burden resting on the disabled is not their disability, but their idleness; for the privilege of each person to go forth to his chosen work each day is the greatest gift that free men enjoy in a democratic society.

LOCALS

My wife wants to sell her light gray '49 Buick Roadmaster. With its white side-walls, special nylon and leather upholstery, 13,800 miles, radio, heater, defroster and loving care, there's no better buy at \$2,350 in town. I've looked. —Govnor Teats.

* * *

The gold dust twins Kyle and Kohl are already planning their annual Rose Bowl trek regardless of whether Washington plays or not.

* * *

The Society's motion picture projector is still missing. No questions will be asked on return.

* * *

M. J. Wicks, the Director of the Pierce County Blood Bank, attended the annual meeting of the American Association of Blood Banks in Chicago. Norm Magnussen attended with him and also served on the Nominating Committee for the national organization.

* * *

Bob Florence and John Whitaker both got a beckoning hand from the Surgeon General last month but both were fortunately deferred.

* * *

Congratulations to Gene Hanson. For the first time in the history of the Tacoma Rotary Club they have recognized the specialty of general practice. Gene was chosen to fill this classification in the club.

* * *

Warren Smith returned from a two weeks vacation. He spent most of it at home taking a post graduate course in carpentry.

* * *

Drs. McColl, Whitaker, Wicks, Reberger and Larson attended a two-day meeting of the Pacific Northwest Society of Pathologists in Victoria, B. C. Dr. Larson was installed as the new president of the society.

* * *

Our sincere congratulations to Dr. Frank James on his successful race for coroner.

* * *

Dr. Sig Herrmann was very busy entertaining a distinguished surgeon from Boston—Dr. Churchill. Dr. Churchill was the guest speaker at the Puget Sound Surgical Society meeting held here in Tacoma. Sig also brings honor to Tacoma by serving as the president of the society.

* * *

Drs. Annett, McPhee, Bader and Hoyer entrained to Fort Worden to have Uncle Sam feel their pulse. Now they just wait and see.

* * *

Burton A. Brown has been reappointed as chairman of the Washington State Medical Society's committee on the "Problems of the Aging Population."

When a person has no more illusions he is suffering from old age.

PROPOSED AMENDMENT TO CHAPTER VI, SECTION 1, OF THE BY-LAWS OF THE PIERCE COUNTY MEDICAL SOCIETY:

Section 1, No. 3. Delete Postgraduate Medical Education and substitute Grievance.

Section 6. Delete present section. New section to read as follows:

Grievance Committee. This committee shall consist of five members. It shall review complaints of patients against doctors regarding fees and other matters. The committee will consider only written complaints. The committee may conduct such hearings as they deem necessary to establish relevant facts. The purpose of this committee is to re-establish satisfactory patient-doctor relationships by the arbitration of complaints.

NOTES ON GRIEVANCE COMMITTEES:

"The House of Delegates of the American Medical Association adopted a resolution at their meeting in December, 1949, in Washington, D. C., which proposed the establishment of grievance committees by County and State Medical Societies. When this resolution was presented to the House, attention was drawn to the success of the committees already established in some states.

"The Board of Trustees believes that the medical profession will be pleased to learn that at least 18 medical societies now have grievance committees. These committees hear grievances concerning alleged improper practices or injustices; frequently fees are involved.

"The establishment of grievance committees permits fair hearings for patients and physicians wherever the patient has been unable to adjust the matter satisfactorily with his physician."

—A.M.A. Journal.

A resolution was passed by the House of Delegates of the Washington State Medical Association in Spokane, in September 1950, to establish a Grievance Committee on a State basis.

The Washington State Medical Association approves the formation of Grievance Committees at County levels.

Friend of the Judge (visiting the police court): You have a pretty tough bunch of customers this morning, don't you Judge?

Judge: Huh!—You are looking at the wrong ones. Those are the lawyers!

TWO DOCTORS' OFFICES FOR RENT!

Two ground-floor doctors' suits, each with private street entrance, in the new Park Towers Apartments at 3rd Street South and Tacoma Avenue. Space divided to meet tenant's requirements. Building ready for occupancy about June 1, 1951. One office has 700 square feet, one has 920 square feet. Address inquiries to the Park Towers Rental Office, 220 South Tacoma Avenue.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

"Christmas eve and twelve of the clock"—and so the holidays creep up on us. Is it possible that it is really December?

* * *

Our tea, honoring student nurses of the Tacoma General Hospital and Saint Joseph's Hospital, will be held, as in past years, at Jackson Hall, of the T. G. The Clover Park Nonettes, with Mr. Peter Bardon as director, will present Christmas Music for entertainment. The girls to whom we have given scholarships will be introduced to us. Laurie Norton and Helen Scheckner and the social committee are promising not too much of the open faced type of tea hour as "something to really sink your teeth in." By the time you receive this, we'll know what the plans resulted in—at present we are consumed with curiosity or is it hunger?

* * *

And speaking of Christmas and the holidays, we have been asked to help man the Tuberculosis Seal Booths again this year and the following have volunteered: Ruth Johnson, Marcy Peterson, Pat Flynn, Jeanne Judd, and Hilda Lantiere. Thank you, gals.

* * *

Boy, have we ever made the newsprint this past month—witness Lucille Hurst winning a first in the Mum show with her clever arrangement of flowers and a carved wooden figure. And Jeannie Schwind returned home with two special awards from the same show. Her "posies" were among the ten best shown and were runners up to the best chrysanthemum exhibited.

* * *

And Joy Heaton with her picture among other ladies of the Geiger preschool group. The dance sounded like lots of fun, Joy, congratulations and more power to you.

* * *

A name we see very often in newsprint is that of Clare Duerfeldt. She works and speaks for the Child Guidance Clinic and has really done and is doing things in this field. Another closely associated is Kathryn Humiston. After receiving her master's at the U. of W. this summer, she became associated with the Elementary School Counsellors. She works the regular school hours in advising and helping with the first, second and third grade sociological problems. Did you say "Come again?" Call Kathryn and she will explain it. We should have orchids for both Clare and Kathryn.

* * *

When we called Oliva Jones, we found her settled in her new home, where every room has a view. Scott has a den finished in mahogany that sounds wonderful and the kitchen is so cheerful in sunny yellow. When you stop in, don't be surprised if you bump into painters, carpenters and plumbers.

OFFICERS FOR 1950-1951

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First Vice President.....	Mrs. S. R. Lantiere
Second Vice President.....	Mrs. Fay M. Nace
Corresponding Secretary.....	Mrs. C. M. McGill
Recording Secretary	Mrs. Edward Wolf
Treasurer.....	Mrs. Robert Gibson

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Social.....	Mrs. R. A. Norton
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Blood Bank.....	Mrs. Scott Jones
Legislative.....	Mrs. J. B. Jarvis
Today's Health.....	Mrs. W. J. Rosenbladt
Speakers Bureau.....	Mrs. Fay Nace
Public Relations.....	Mrs. Raymond Bennett

There are still finishing touches to be added, but it won't bother you. It doesn't Oliva. They are in and at home. And in two seconds she found her list—to tell us that Ruth Murphy, Dorothy Grenley, Bess Drues, Dorothy Maier, Bess Hopkins, Ruth Light, Marj. Rich, and Ruth Johnson helped out at the Blood Bank this past month. Thank you very much, volunteers, and keep up the good work.

* * *

Our thanks, too, to the wives who have given subscriptions to "Today's Health" as gifts. Maxine Rosenbladt reports that we now have 8 one year, 4 two year, and 8 three year subscriptions to date. If you are stymied for a Christmas gift, give a Today's Health subscription. 'Twill be appreciated.

* * *

Regarding those on our sick list: Jeannie Schwind surprised us all by appearing at the November meeting, cast and all. The "broken ankle" about which we had heard had not dented her smile, nor her gait. We did miss Kay Wright and Muriel Nelson but the latest news is encouraging. Kay will have to take it easy until after the holidays but is allowed up for a small part of each day now. Muriel has improved enough to join Everett in a trip to Vancouver, so we can count on seeing her at the tea. A good way to open the festivities of the holiday season, eh?

* * *

Seen at the T. G. Nurses Alumnae dance, the Bechtolds, Lambings, and the Kunzes. A very successful evening, we've been told.

(Continued on Page 11)

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WOMAN'S AUXILIARY

(Continued from Page 9)

We missed on a couple of items last month and our sincere apologies. In addition to Mary Steele and Jeannie Schwind serving as able workers in the Community Chest Drive there were also Lillian Diamond, Pearl Baskin, Mamie Reynolds, Hilda Lantiere, Helen Kyle, Bess Hopkins. Ruth Johnson, Mary Marshall, Helen Johnson, and Erma Thordarson. Give credit where credit is due (a fine motto) and these girls deserve a lot of it.

And Carmella Lantiere boasts of a Brownie Mother. Hi, Hilda!

Ralph and Bart Huff had a wonderful time at Timberline Lodge in Oregon and are making great plans to get skis, pack up the girls and make it a family outing on their next visit there. And you should hear Emma Bonica rave about Florida. A very wonderful program had been arranged for the ladies at that meeting, swimming, luncheons, beach parties, tours. If you are dreaming of a Florida vacation, check with Emma and get the facts. She and John had a grand trip and returned to find their daughter Angela improved and all well on the home front. They have high hopes for spring and won't care if they join Lorraine and George, with their four girls.

Natalie and Bob Murphy, who are also infanticipating, are en route to Salt Lake City. Have a pleasant trip. Sheila Brown and Bill attended the National Barbershop Quartet convention last summer and are now wondering if the stork will leave a tenor or a bass.

Alma Whitacre will be leaving soon for California and possibly Mexico. We will miss you but hope you will have a most pleasant winter.

With 104 paid up members and I associate, we are doing well. And seven new resolutions against compulsory health insurance. That is definitely a feather in our hats. Be a personal missionary and get one of our speakers as the program for the get-together of, say, your church group. You will be surprised at how much you yourself will learn. Marjorie Nace, at PR. 0133, will be glad to help you. Give her a buzz.

Sandy and Lou Rosenblatt flew back to the Middle West on a rather distressing mission this past month. An operation upon her father revealed a serious condition. May the treatments give you and your family hope for his welfare.

Gen and Paul Smith went to Palo Alto for the Stanford Army game. Paul, Jr., is a student at "The Farm" and though the weather was damp, they had a wonderful week.

Joining the gals with their fingers crossed are Gypsy Hoyer and Verna Annest. Lou and Leo have had their physicals. It can be likened to sitting on a picket fence, can't it?

A gala holiday season to you all from all of the members of the Board. Make a New Year's resolution to get to every meeting, and to join in the activities. One of the girls on the luncheon committee in November said, and we quote—

"You never know how nice each of the members is until you work with a committee. It has been a pleasure."

HAPPY BIRTHDAY!

December

H. B. Allison	3
S. R. Lantiere	5
H. W. Humiston	6
Clyde Magill	6
W. A. Niethammer	6
A. P. O'Leary	12
D. H. Johnson	14
W. F. Smith	15
G. G. Geissler	21
Philip Grenley	21
C. J. Scheyer	23
J. R. Flynn	24
F. E. Shovlain	26
W. M. Karshner	27
J. M. Mattson	30
L. A. Hopkins	31

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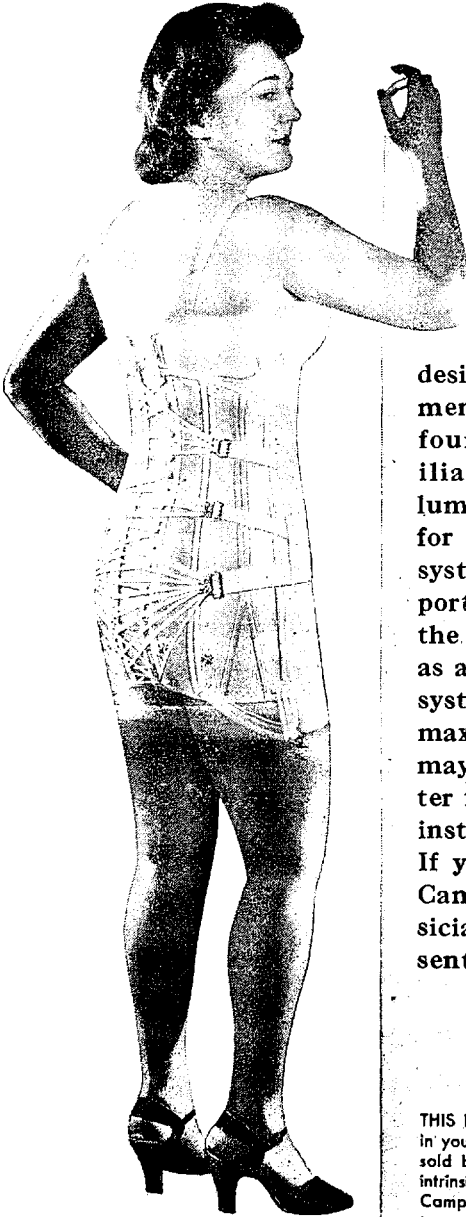
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TACOMA GENERAL

The Minstrel Show and carnival given by the student nurses on November 10th and 11th swelled the coffers of their "White Cap" fund. Star performers among the hospital staff were Dr. Herron, Junise Nelson, Signe Marsh, Dorothy MacIntyre, and Mr. Rasmussen.

Twenty members of the nursing staff at Tacoma General are taking a course in Ward Administration, taught as an extension course by the faculty members of the University of Washington School of Nursing Education. Faculty members have also conducted an Institute at Jackson Hall for graduate nurses. Subjects have included New Medicines, New Equipment, Physical Basis of Nursing Techniques, and Cancer.

The Alumnae report they had a merry time at their annual dance. The affair was held at the Top of the Ocean on November 17.

At a formal wedding at St. Leo's Church on Saturday morning, November 18th, Mary Jo Deary, Pharmacist at Tacoma General, was married to Jack Minor. They are now on a wedding trip in California.

Under the leadership of Mr. Heath, an Institute on Caring for the Aged was held in Jackson Hall on November 2. The purpose of this Institute was to help those who are responsible for the care of the aged to understand better the elderly, and in so doing, be able to keep them happier. Subjects for discussion were Physical and Mental Changes in Growing Older, Skin Care and Hygiene, Wearing Apparel, Dietary Needs, Social Adjustments and Family and Church Relationships. Speakers for the morning session were Dr. Judd, Dr. Light, Mrs. Edith Mitchell of the Pierce County Health Department, and Miss Carolyn Sullivan from the College of Puget Sound. Luncheon at the New Yorker was followed by the afternoon program, with Miss Frances Wiley, Dr. James Shanklin, Mrs. M. H. Williamson, and Dr. Walter O. Macoskey as participants. A movie "Life with Grandpa" concluded this very successful Institute.

ST. JOSEPH

At the recent Staff meeting the following members were elected to the Board of Governors:

President Murray L. Johnson
 Vice President J. Robert Brooke
 Secretary-Treasurer H. Herbert Meier

The new Medical Library and Doctors' Lounge located on the main floor has been receiving the praise from all. It was principally through the efforts of Dr. Charles Arnold that we have such an outstanding Library. At the present time the Library Fund has over \$3,000 to be used for the purchase of new books. Any suggestions that will

enable our Library group to make a more complete selection will be greatly appreciated.

The School of Nursing held their annual Carnival on December 1st. The Mothers Club served a delicious dinner in the hospital cafeteria as a forerunner to a most enjoyable evening.

A group of prominent men and women from Tacoma have been appointed to the Advisory Committee to the School of Nursing.

Dr. Douglas Buttorff conducted a most informative discussion in Acute Endometritis at the monthly Staff meeting on November 20th.

The Medical Record Department, under the supervision of Sister M. Bonaventura, O.S.F., is to be commended for the manner in which charts are now handled. Dr. H. Herbert Meier devoted much of his time toward the achievements of the Department.

Mr. Laurence J. Evoy, the new Business Manager, is in his new office on the main floor.

The new coat and hat racks installed for the Staff Doctors have been very much appreciated. Under the watchful eye of Mrs. Nish any pilferage that could occur should now be eliminated.

PIERCE COUNTY

In spite of a rather unusual amount of inclement weather the construction of the new tuberculosis sanatorium continues. From a survey this morning with the consulting engineer, we are pleased to report that not only the basement walls but the pilasters and walls for the first floor have been completed and the cement is now curing. The forms are now in place for the main entrance and even at this stage of construction it appears to be progressing very satisfactorily.

The plumbing and heating contractors have been working for the past month preparing pipe connections and fittings for the heating plant. During the past week a 20,000 gallon storage tank has been installed and conversion of one of the existing boilers has already been started.

It is further anticipated that the bulldozing will be completed for the new parking lot immediately back of the acute County Hospital within the next week or two in preparation of an adequate parking space for the staff at all times. I feel certain that this will be good news for all concerned. We sincerely appreciate the tolerance of our staff of the inconvenience of finding parking space wherever possible along the street and hope this condition will be corrected in the very near future. It is further anticipated that within the next thirty days the new linen storage room and shop and storage room may be virtually completed.

During the past two months the Medical Record Librarians have conducted a survey of hospital records. This study was predicated upon a desire to unify hospital records throughout the County

(Continued on Page 15)

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(Continued from Page 13)

to select the type of record that would reveal the most information with the least paper work. After revision, the individual hospital records should be identical, or so sufficiently similar, that the attending physician may have comparable familiarity with the charts of all the hospitals.

This planning was extensively discussed at a meeting of the Pierce County Council of Hospitals October 26, 1950, and again November 20, 1950. It was agreed that the plan carries a dual purpose in that hospital records constitute 25% of the hospital's efficiency rating of the American Medical Association as well as the American College of Surgeons in addition to establishing reasonably uniform administrative policies.

For general information, the Pierce County Hospital Council was organized in 1941 for the express purpose of promoting a better interhospital relationship and to permit the pooling of comparable problems. The current, active membership of this Council includes the Tacoma General Hospital, Saint Joseph Hospital, Doctors Hospital, Washington Minor Hospital, Northern Pacific Hospital, Puyallup General Hospital, and Pierce County Hospital. It is apparent that the activities of this group will have a direct bearing on meeting and promoting the type of hospital care consistent with adequate patient service.

The general trend of an increase in wages brought about by and reflected in, the increased cost of all materials used in hospital operation, from potatoes to hypodermic needles, has placed a particularly severe burden on all hospitals; a situation more keenly reflected in the operation of voluntary hospitals. Within the next thirty days there will definitely be an increase in the salaries of general duty staff nurses of \$15.00 a month. It is further anticipated that a number of other raises, both in the professional and non-professional groups, may be anticipated. There is only one manner in which this financial dilemma may be solved and still keep voluntary hospitals open,—this is to increase hospital rates. In the San Francisco Bay area and Spokane there has been an increase of \$2.00 per day per patient. The hospitals in King County are considering a comparable increase and it is to be fully expected that there will be a similar increase in rates in Pierce County in the near future.

INITIATIVE 178

Initiative No. 178 has been passed. The care of welfare recipients and medical indigents presents a number of problems for the profession. The Trustees are considering this matter and we should all start thinking about it, as it will come up for discussion before the society, probably this month.

A FINE ANTIQUE

"I know he's rich, but isn't he too old to be considered eligible?"

"My dear, he's too eligible to be considered old."

A DIFFERENT MEDICAL RECORD

The rapid increase in population in the city of Tacoma, with its attendant necessity for added medical care and hospitalization, a rising percentage of patients admitted under a contract or insurance plan, and the decreased length of hospital stay per patient have placed an added emphasis on the medical record. Heretofore our hospitals, although staffed, for the most part, by visiting physicians and surgeons who may, at the same time, have patients in two or three different institutions, have not attempted to use the same type of report for its medical record nor to approximate a similar arrangement of the completed record.

Exactly one month ago representatives of all hospitals in Tacoma met with members of the medical group to review the composition of our medical records with the plan of standardization of the component parts as their ultimate goal. Judging from the immediate interest displayed by hospital superintendents, directors of nurses, medical record librarians and the medical group, as represented by the Chairmen of our Medical Record Committees, namely: Dr. Lewis A. Hopkins, Dr. Murray Johnson and Dr. H. Herbert Meier, the plan, both from an economic and functional point of view is considered to be worthy of recognition and support. Countless record forms have been reviewed and discussed; each portion of the report has been scrutinized and carefully screened from the standpoint of the internist, the surgeon, the obstetrician and hospital personnel; inadequate sections have been revised or replaced; format has been changed in some cases; color and arrangement will be discussed in subsequent meetings.

The members of this group have been meeting once a week. Anyone interested in medical record forms may attend. Indeed, if you have something of a constructive nature to contribute to our effort, we need you. The time and place of our next meeting may be readily obtained from your Medical Record Librarian. This week we are inviting the departmental heads of the Clinical Laboratories and X-ray Departments to meet with us for discussion on their portions of the medical record. We hope to be able to discuss the question of color in the record too, at this time, which will very nearly complete our survey. We shall soon be able to present to the Tacoma Hospital Council for its approval and support a medical record which will be standardized as much as its practical and possible, for use in the hospitals of Tacoma.

Respectfully submitted,

Helen E. Myers,

Medical Record Librarian,
Tacoma General Hospital.

James Wong and his mate were a happy Chinese couple. One day a blessed event occurred. Mr. Wong was suspicious. The child was not almond-eyed, it didn't have black eyes, and its hair wasn't straight. Wong sued for divorce and explained the situation.

The Judge weighed all the evidence and said, "Divorce granted. Two Wongs don't make a Wife."

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TRENDS IN DEPENDENT POPULATION RATIOS

It is not generally realized that until very recently the burden of dependency on the productive population had been decreasing continuously for about a century. Stated in more specific terms, the population under age 18 and at 65 or over as a ratio to the population at ages 20-64 has decreased two-fifths since 1850.

A century ago there were 113 children and elders to every 100 men and women at the main working ages of life. The ratio dropped steadily to a minimum of 63 around 1942, after which the trend was reversed; the ratio is now almost 68 per 100.

Although the relative importance of the dependent population as a whole has declined, the segment at ages 65 or over has been increasing. One hundred years ago there were only about 6 aged persons for each 100 population at 20-64. By 1900 the ratio had climbed to 8; since then it has risen even more rapidly and is now 13.

This sharp upswing reflects the fact that the number of persons at ages 65 or over has almost quadrupled in the past half century alone. The number of persons at the productive ages meanwhile has little more than doubled, as may be seen from the table at the bottom of the following page.

From these trends it is evident that the ratio of children o the population at the main working ages has dropped rapidly. This is not to say that the number of children in our country has declined; actually it has risen steadily, except for the period 1930-1940, but its rate of growth has been much smaller than that for adults. In consequence, the number of children under 18 per 100 persons at ages 20-64 has been cut in half, from 107 in 1850 to about 54 in 1950.

The composition of the population at the dependent ages is now significantly different from what it was a half century ago. In 1900, persons at ages 65 or over accounted for less than one-tenth of the total dependent population, as here defined; in 1950, they constitute two-tenths of that group. The productive population itself is also undergoing a gradual aging. A century ago only 22 per cent of the people at ages 20-64 were 45 years of age or older. This proportion rose to 27 per cent in 1900, and it is now 35 per cent.

In the years immediately ahead, it is almost certain that the population at the dependent ages will increase in relation to the productive population. This trend, as noted before, has already been in evidence for several years. Owing to the war and postwar spurt in the birth rate, the child population has increased at a more rapid rate than people at ages 20-64. The trend, moreover, will continue for at least a decade, even if allowance is made for a steady decline in the birth rate from its present level. At the same time the population at the older ages will continue its long term upward trend. As a result, by 1960 the ratio of the dependent to the productive population will

reach the highest point since 1910. Thus, we are now entering a period when the country will have to provide for the expanding social and economic needs of both its child and aged populations, each growing at a faster rate than the population at the main working ages. Fortunately, we have the productivity to meet these needs.

—Statistical Bulletin, Metropolitan Life.

THREE OBSERVATIONS

One of our doctors recently had his medical bag stolen from his car. Such misfortune always occurs when the car is decorated with an official M.D. emblem and so comes under the observing notice of a narcotic addict. We think the use of such an emblem is an expensive form of advertising, in fact the Bulletin offers a reward for any good reason why they should ever be used.

A recent issue of a Seattle newspaper reported a prominent surgeon as claiming that if he received thirty fees of \$10.00 each every day in the year the amount would not be sufficient to pay his yearly office overhead and his income tax. Figure it up yourself and see if you don't think the good doctor was doing a little bragging.

Comparative silence has settled over the field of television advertising. Johnny and Mary need no longer avoid their schoolmates and fail miserably in their studies because a criss-cross antennae does not decorate the roof of the family home. Dad and Mother now breathe easier and are full of thanksgiving that this menace to their children has subsided.

HAPPIER THAN KINGS

John Hay (1838-1905) studied law in Lincoln's office. One lovely spring day 85 years ago he dashed off these lines:

"I think that saving a little child
And bringing him to his own,
Is a derved sight better business
Than loafing around the throne."

Karen Rynning

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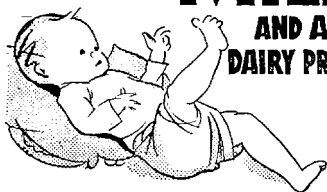
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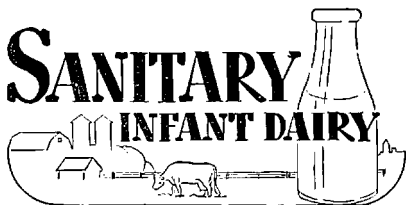


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CALLS ON DOCTORS TO CLEAN OWN HOUSE

The American medical profession must "clean its own house" or it will lose its freedom, a medical leader said on Nov. 14th.

Dr. Hamilton W. McKay of Charlotte, N. C., president of the Southern Medical association—second largest general medical group in the country—told the annual meeting of that organization:

"If the people can not convince themselves that organized medicine is taking vigorous steps to correct its own shortcomings, they will insist that the initiative for action be transferred to other hands."

"Unless and until the doctor on Main St. faces up to the deficiencies of his profession and wants those weaknesses corrected, there will be no progress."

For one thing, he said, doctors should take the initiative in improving "medical practice acts which in many states permit doctors to carry out procedure—operative and otherwise—for which they are neither trained nor competent."

"I am not speaking about criminal abortion, violation of the Harrison narcotics act or other like offenses," he said. "Neither am I thinking about the honest mistakes that each of us makes every day."

"I am referring to the medical man or surgeon—usually in the small hospital—who can not or will not make proper studies to arrive at a diagnosis or have a diagnosis made. Often these men are responsible for the health of hundreds of people."

He said at another point:

"Another area in which we have done a sorry job is in professional self-discipline."

"The doctor who has a license to practice medicine and joins a county medical society is usually fixed for life."

"Unless he is convicted by a court for some criminal offense, he can continue to enjoy the rights and privileges of responsible doctors even though he, himself, practices overcharging, neglect of patients and non-support of organized medicine."

The doctors are trying to find out what makes men tall or short. We'll gladly explain why we are short.

REPORT ON CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of October 21, 1950 to Nov. 20, 1950, inclusive.

Chickenpox	68
Conjunctivitis	1
Gonorrhoea	13
Impetigo	1
Measles	87
Mumps	7
Poliomyelitis	12
Scabies	2
Scarlet Fever	38
Syphilis	7
Tuberculosis	14
Whooping Cough	7

A home owner was mowing his lawn dressed in his oldest clothes. A woman in a fine car stopped and asked him: "What do you get for mowing lawns?"

"The lady who lives here let's me sleep with her," replied the home owner. The lady in the car drove away without a comment.

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REPORT ON A SWEDISH HOSPITAL

He was rather talkative and did not seem to mind at all being interviewed by the American visitor. "I understand," he said, "after all you have seen you wish to complete the picture by talking to the patients. Maybe I can help you and tell you our secret. You see, the last time our country had a war was about 30 years ago. And while the French were building Maginot lines and the Germans their rocket bombs we were building this hospital and a few other things."

We had our pleasant talk in one of the conversation rooms of the best planned and equipped hospital of Europe. Södersjukhuset (Southern Hospital) in Stockholm is an example of the results achieved by the concerted efforts of all parties involved in the running of a hospital. As a matter of fact the initial steps were taken by the International Hospitals Association, and the guiding principles were developed by investigation and accumulation of material in 20 different countries.

Under the leadership of the Chief Architect Hjalmar Cederström a completely new approach was taken to find the solutions to the perfect hospital. After having developed the guiding principles in seven years of investigation in fully a hundred trips to hospitals in all parts of the world, full scale models were equipped with all the fittings and furniture and actually worked in by staff physicians and nurses. The actual experience of the professionals was taken in consideration in the shaping of the room units making the hospital grow around its most important occupant, the patient in bed.

These are the leading principles of the Södersjukhuset construction:

1. It is an establishment entirely confined to acute cases;
2. The block system was preferred for facilitating better cooperation between the various specialists and close arrangement of the related departments. Example: the pathological laboratory is located next door to general surgery, instead of being in a world of itself in some removed pavilion;
3. The size of the hospital was determined as a purely mathematical function of the frequency estimates for a population of 250,000, arriving at 1,200 beds and accommodations for 1,000 outpatients daily.
4. Health is a three-sided problem: bodily, mental, and economic. The dignity of the patient as an individual human his organic ills are being taken care of by a giant apparatus.

This last principle seems to be the clue for a better understanding of some of the unusual features one encounters during a visit.

The main unit is the ward department comprising two groups with 16 patients each. In addition to Nurses' Aides and student nurses there are three registered nurses in charge. The largest room has four beds, and in the whole hospital are only 93 single bed rooms which are not reserved for the

financially stronger patient but are occupied according to medical indications only. The most remarkable feature of the ward departments is the perfect maintenance of the patient's privacy by making all beds easily movable and providing special rooms for extensive medical examinations, for interviews with physician or minister, and for the ordinary bodily needs. To put it more blandly, no enema is administered in the ward room itself. Each bedstand is equipped with a number of electric controls for lights, bell, bed adjustments, and the radio earphones.

Speaking of the specialty departments one would expect a particularly extensive outlay for Physiotherapy and Rehabilitation. As a matter of fact the department occupies a whole floor and is equipped to handle 200 patients at one time. An ingenious arrangement provides also here each patient with his individual dressing room.

The principle of privacy is most astonishingly carried out in the obstetrical department. Here we find labor and delivery rooms combined, and there are not less than 28 of them, each fully equipped with instrumentary, anesthesia apparatus, etc. While this arrangement necessitates an unusually high number of attending nurses it strikes the American observer even as more unusual to find in this ideal obstetrical set-up midwives attending to all not too complicated deliveries.

The surgical department is divided in three organizations: Neurosurgery, General Surgery, and Extremities and Accident Surgery with X-ray equipped operating tables. The operating rooms are provided with humidifying appliances that maintain the relative humidity at about 60%. It is considered that with this humidity the air is so conductive that no risk of static electricity remains.

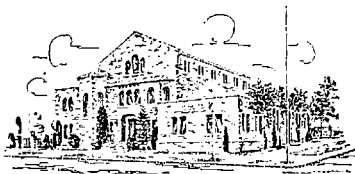
Many small technical innovations contribute to make this hospital what it is. Only a few can be mentioned here: The express elevators that carry the food from the kitchen to the wards in eight seconds; the side doors of the 52 passenger elevators that allow evacuation of patients in case of fire; the facilities for the visitors including children's playroom and cafeteria; the beauty parlor establishment to give the female patient the same moral uplift that man gets from his barber; the staff locator that reverses the usual procedure having each staff member register his location with the switchboard by dialing a code number from the room he enters.

As interesting as these technical improvements are the most amazing fact is the duplication of the entire hospital underground as air raid shelter with complete facilities for 700 bed patients including X-ray department, surgery, etc., and separate power and water supply. All this is protected by 24 feet of prime Swedish granite as roof.

Södersjukhuset's problems related to the nurses and physicians are not different from that of any other Swedish hospital. The nurses are organized somewhat differently than in most American hospitals. The medical staff is working on a full time

(Continued on Page 23)

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(Continued from Page 21)

basis with obvious advantages as well as disadvantages. All these are problems intimately connected with the Swedish system of semi-socialized medicine and constitute a separate chapter. But what makes Södersjukhuset singularly outstanding among the Swedish hospitals is its technical perfection elevated by the preservation of human dignity for the people it serves.

—Suffolk County Bulletin.

WILL THIS HAPPEN AGAIN?

The loud little handful, as usual will shout for war. The pulpit will warily and cautiously object, at first. The great mass of the Nation will rub its sleepy eyes and try to make out why there should be a war and will say, earnestly and indignantly, "It's unjust and dishonorable and there is no necessity for it."

Then the handful will shout louder. A few fair men on the other side will argue and reason against the war with speech, and pen, and at first will have a hearing and be applauded. But it will not last long. Those others will outshout them and presently the anti-war audiences will thin out and lose popularity.

Before long, you will see this curious thing: the speakers stoned from the platform and free speech strangled by hordes of furious men who in their secret hearts are still as one with the stoned speakers, as earlier, but do not care to say so now. And the whole Nation, pulpit and all, will take up the war cry and shout itself hoarse, and mob any honest man who ventures to open his mouth. And presently such mouths will cease to open.

Next the statesmen will invent cheap lies, putting the blame on the nation that is attacked, and every man will be glad of those conscience-soothing falsities and will diligently study them.

And thus he will, by and by, convince himself that the war is just and will thank God for the better sleep he enjoys after this process of grotesque self-deception.

—Mark Twain.

It is reported that Thomas A. Edison said: "I never worked a day in my life; it was all play." We, whose principal use in life is to give validity to statistics, but seldom are under this magnificent delusion. Work is work, play infrequent. We grow stale, weary,—pack our kit as we murmur with the Tramp Poet, W. H. Davies:

"What is this life if, full of care,
We have no time to stand and stare.

No time to stand beneath the boughs
And stare as long as sheep and cows.

A poor life this if, full of care,
We have no time to stand and stare."

Protect the birds. The dove brings peace and the stork brings tax exemptions.

WHITE HOUSE CONFERENCE

Dr. D. A. Dukelow of the A.M.A. Bureau of Health Education is assisting in the preparation of health data for the Mid-century White House Conference on Children and Youth.

The A.M.A. has loaned Dr. Dukelow's services to the conference for about 30 days. He is serving on the staff of experts who are writing a Fact Finding eReport. This report, said Melvin A. Glasser, Washington, D. C., executive director of the conference, will be discussed by more than 5,000 delegates from all parts of the country when they attend the conference meeting which will be held, December 3-7, in Washington. The report also will be used in designing permanent programs for improving the mental and physical health of children.

The Midcentury White House Conference is the fifth of its kind. The first was held in 1909 and resulted in the creation of the Children's Bureau. The second, held in 1919, led to the passage of the Child Labor Law. The third, in 1930, produced the now famous "Children's Charter"; and the 1940 conference, although handicapped by the war, nevertheless resulted in the establishment of several state and community services for children.

In addition to the A.M.A., hundreds of professional, voluntary and official organizations, with memberships that cross-section the entire population, are working on the conference. They are examining the environment in which children are growing up, studying ways in which it can be improved and, later, will make recommendations for action programs in which both children and adults can participate.

—Los Angeles Bulletin.

LADIES "FIRSTS"

In an appeal to the public for support, The New England Hospital for Women and Children, "founded in 1862 to take care of the wives and children of Civil War soldiers and to educate women in medicine and nursing," lists no less than eight "firsts" among its accomplishments.

"FIRST hospital to be staffed entirely by women physicians.

FIRST lying-in hospital in Boston.

FIRST School of Nursing in the United States, graduated the

FIRST American trained nurse, Linda Richards, in 1872.

FIRST to admit a colored woman for training as a nurse . . .

FIRST to originate the idea of Visiting Nurses.

FIRST to start social service . . .

FIRST to hold evening classes to teach the care and handling of babies to new fathers."

All this was accomplished, on their own, by women physicians in Boston. With the support of the public it may well be anticipated that the ladies will continue to add more "firsts" to their list of achievements.

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ACCIDENTS

In 1949 Motor vehicles were responsible for 31,500 deaths. According to the National Safety Council 91,000 lives were lost through accidents in this year. An additional 9,400,000 men, women and children were injured accidentally. The cost of all accidents was estimated to be \$7,200,000,000. This cost included wage losses, medical expense, insurance, production delays, damage to equipment and property damage. Motor vehicles caused the most accidents. Home accidents accounted for 30,500 deaths, occupational activities for 15,000 and public accidents other than motor vehicles for 16,000. Falls caused deaths for 24,200, burns for 7,800, drownings for 6,800 and firearms for 2,200.

Although the accident rate in 1948 declined 3%, representing a saving of 3,000 lives over 1948, the figures are still shocking. Many of these accidents could have been prevented. When new traffic control measures to reduce traffic toll are instituted, the results are convincing of the importance of such programs. When educational efforts are initiated they too provide results that justify the programs.

The role of the physician in programs to reduce accidents and deaths from accidents is apparent. He knows the health problems. However, his participation has not always been as active as it might have been. When thousands of persons die needlessly and billions of dollars are spent that might have been saved, there is evident need for careful study. Physicians should be invited to participate in the study to offer this special knowledge. However, if such studies are not being undertaken in their communities, physicians who are interested need not await for invitations.

—Journal A.M.A.

She: You look very downhearted.

He: Yes, my wife has been away six weeks and she's just come back.

She: And does that make you unhappy?

He: Well, I told her I spent all my evenings at home. Today the light bill came in . . . and it's only for 50 cents.

GI Medical Education. A ruling by Veterans Administration has ended an argument over extending the time in which veterans will be eligible for medical education. The deadline now is July 25, 1951. If the GI hasn't started his course by that time, he will be no longer entitled to educational benefits.

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