

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

VOL. XXI—No. 5

TACOMA, WASHINGTON

January - 1951



TACOMA NARROWS BRIDGE

# Pierce County Medical Society

1951

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 President-Elect ..... W. H. Goering  
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C. C. Reynolds	

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# Program

## MEDICAL ARTS AUDITORIUM

## PIERCE COUNTY MEDICAL SOCIETY

for the

Tuesday, January 9, 1951

## MEETING

## Symposium on Rheumatic Fever

The men on the team are:

Robert A. Tidwell, M.D., Seattle,  
PediatricianWm. M. M. Kirby, M.D., U. of W.  
Medical School.Leonard A. Dewey, M.D., State  
Dept. of Health.

\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.  
 \*Engraving donated by Dammeier Printing Company.

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

Had I been able to forecast the future a year ago, and could have had any idea that this country would be involved in another war, even though a small one, with its Procurement and Assignment; and that we would be breaking in a new Initiative for the care of Senior Citizens and other Welfare recipients; and that we would be up against a Civil Defense program, very different from any such program ever engaged in before; I think I should have answered with Cal Coolidge's famous statement "I do not choose to run."

Now that I am about to be initiated into this high office, however, I promise that I shall do my best to guide this Society through the year 1951 with the hope that it will not be too turbulent and with the wish that our Country will not be involved to the point where too many of us will be taken away from homes and families.

I feel very strongly that the doctor who saw many years' service in World Wars I or II, and who came back and built his home and practice, and is rearing a family should not be called upon to give these things all up and go back into the service, unless an all out war with Russia comes; then of course things will be very different, and everyone will be in there pitching one way or another.

I know that all of us are vitally interested in the Procurement and Assignment Committee, so I shall go back a bit and tell you the history of the formation of our Pierce County Committee. For the benefit of those who did not hear Dr. Yoder's explanation I shall repeat that the A.M.A. requested three names of doctors over the state, from the Washington State Medical Association. From these three names Dr. Howard Kellogg of Seattle, was chosen and asked to appoint a doctor from each county. He chose Dr. Charles Larson here to head the committee. Dr. Larson, in turn, requested me to appoint a committee, with Dr. Yoder's approval, so the Committee of Drs. Parrott, Jess Read, Harrington, Yoder, Jones, Magill, Kohl and yours truly was appointed.

As you notice, the Committee, including the Chairman, and the Secretary and President, as Ex-officio members composes nine members. The entire committee decided that at least six members would have to be present to officiate.

We shall be as fair and unbiased as it is possible to be. We are looking after your interests, our interests, and our Nation's welfare.

Every member of the Committee is an ex-Service man of World Wars I and II.

I am writing this before the Holidays, but I know you will not be reading it until after the New Year so I shall express my wish that you and your families have had a Joyous Holiday Season and that the New Year will bring Health, Wealth and Happiness to all of you.

JOHN F. STEELE

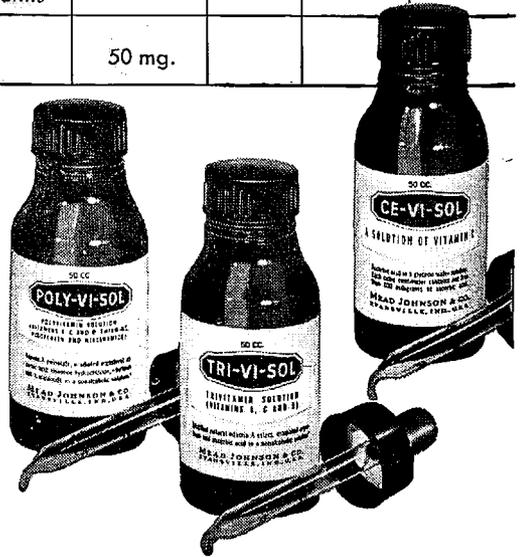


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# Editorially Speaking . . .

## THE DOCTOR SHORTAGE

In the December 16 issue of Collier's is a feature article entitled "Our Alarming Doctor Shortage" which every doctor should read. In heavy box there is a forward heading the article as follows:

### "IT'S NOT 'SOCIALIZED MEDICINE' "

"The article on this page sets forth a serious national problem that, in another all-out war, could become a national catastrophe. Few will bother to deny the present shortage of medical personnel. Few will deny the actual and potential dangers of such a shortage. Few will question its obvious solution. The country's medical schools must have money in order to expand and to reduce the sometimes prohibitive cost of medical education.

"There is strong public and professional support for financing an expansion program with federal funds. But the leaders of the American Medical Association are against the idea. So far they have blocked the passage of legislation which would make such a program possible.

"Collier's thinks that their stand is wrong. We appreciate the Association's great contributions in maintaining high professional standards and protecting public health and safety. Yet, in this case their attitude seems narrow, and their case weak.

"Federal aid to medical education is not 'socialized medicine.' And as long as the danger of general war and atomic attack against our civilian population exists, the argument that federal aid may lead to federal control of medical education is academic, to say the least.

"We hope that the A.M.A. leaders will withdraw their opposition. The Senate has already passed a bill which would provide money to end the doctor shortage. If the A.M.A. continues its fight in the new Congress, we trust that the lawmakers will have the courage to enact the measure anyway in the interest of urgent necessity."

The Editor

In plain statements which the lay public can appreciate there is traced the cause and the present financial scholastic crisis which according to the A.M.A. is shared by 71 of the nation's 79 medical schools. This situation causes Herbert Hoover, 84, to say "our medical educational system is woefully inadequate for the conduct of our national defense and doubly so for the needs of the people generally."

Nearly two years ago the Senate Committee on Labor and Public Welfare drew up a Federal Aid to Medical Education bill to provide public subsidies to help meet an annual medical education deficit of \$10,000,000 and provide for an increased medical student enrollment. The Senate passed this bill. In the House Sub-committee the effective and persistent opposition of the A.M.A. through their registered representatives, Dr. Joseph S. Lawrence and Whitaker and Baxter, kept the bill from being brought before the House and it must wait for action during the coming session of Congress.

For your general medical information the entire Collier article is well worth careful reading.

LEWIS HOPKINS



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## LOCALS

Dr. Joseph Hansen returned from California looking healthy and wise. He has been taking post-graduate work in Los Angeles covering Orthopedics and the basic sciences. He is returning south after the holidays.

\* \* \*

The winter fishing season has produced lots of salmon. Good luck has been the routine with Rigos and Hoyer.

\* \* \*

Homer Humiston has his whole family home for Christmas. Carl came from Stanford and Ruth from Radcliffe. Carl looks more like the old master every day and is now following his father's footsteps with a course in medicine.

\* \* \*

Drs. Staatz, Nietherhammer and Schultz all have tickets for the Rose Bowl. All are Michigan grads so you know where they will sit.

\* \* \*

Congratulations to Govnor Teats. He was recently elected to the Board of Directors of the Yacht Club. They couldn't have picked a better and more interested man.

\* \* \*

Lou Rosenbladt recently bought a sailboat but present indications are he will use it more for fishing than for racing.

\* \* \*

Your editor was driving back from Point Defiance last night and Scott Jones sure looked comfortable sitting on the davenport in his new glass house.

Attending the annual meeting of the Washington State American Cancer Society were Herrmann, Whitaker and Larson. All re-elected to the board and in addition they loaded your editor with the Vice Presidency. The day after the meeting ye editor took the guest speaker Dr. Stanley P. Reimann of Philadelphia fishing at the Point and he landed three nice big salmon. He had never even seen one before, let alone catch one, and stated he would be back for sure next summer.

\* \* \*

Ski enthusiast Drucker had a minor accident this month and has his arm in a sling.

\* \* \*

Ben Terry comes home again. He is setting up his lab. in the old nurses' home of the Tacoma General Hospital.

\* \* \*

Frank Maddison makes a fine bartender. He mixed all the Tom and Jerry's for Harold Mann's open house last week.

\* \* \*

Murray Johnson is doing a bang-up job as our new Civil Defense Medical Chief. Let's all give him our support.

\* \* \*

Dr. J. Edmund Deming, formerly practicing in Tacoma, is now stationed at Tripler Army hospital, Moano Loa, Hawaii, in the obstetrical and gynecological service as a Naval medical lieutenant attached to a unified Service hospital. Lieutenant Deming was joined recently by his family, Mrs. Deming, John Jr., Mark Scott and Suzanne, who are residing at Aiea Heights Naval officers quarters overlooking Pearl Harbor.

Lieutenant Deming has served on the staffs of the Tacoma General hospital and St. Joseph's hospital, was a member of the Pierce County Medical society. The Demings report that Hawaii is nice but they would still like to be back in Tacoma watching the Rockets play the Ironmen."

\* \* \*

Cecil Fargher has lots of headaches. The direction of Ref. No. 178 has been dumped right square in his lap.

\* \* \*

Reports have it that a new surgeon from Canada is teaming up with George Kunz. We hope he is not too big to get in and out of that new little red Nash Rambler. George's new theme song is "My Little Red Wagon."

\* \* \*

Bonica returns again. This time it was from Florida, Texas, etc., where he gave talks to various national societies. Rumor also has it that he is completing his new book on Anesthesiology. Where does he get all his energy?

\* \* \*

The 359th General Reserve Hospital (Tacoma General Affiliate) is growing by leaps and bounds. After the last meeting a Tom and Jerry party was enjoyed by all.

\* \* \*

Latest Army call—Captain M. D. Moon who reports in Texas January 1.

## 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 November 21, 1950, to December 20, 1950, inclusive:

Chancroid .....	2
Chickenpox .....	70
Conjunctivitis .....	2
Dysentery .....	2
German Measles .....	4
Gonorrhea .....	11
Impetigo .....	9
Measles .....	146
Mumps .....	4
Poliomyelitis .....	5
Ringworm .....	10
Scabies .....	10
Scarlet Fever .....	76
Syphilis .....	6
Tuberculosis .....	10
Whooping Cough .....	6

## \$500,000 TO MEDICAL SCHOOLS

Responding to the challenge voiced by its president, Dr. Elmer L. Henderson of Louisville, Kentucky, in his address to the House of Delegates December 5th, that the medical profession take the initiative in raising private financing for hard-pressed medical schools, rather than seeking Federal subsidies for medical education, the American Medical Association on December 6th appropriated a half million dollars as the nucleus of a fund to be raised for the aid of medical schools throughout the nation.

The half million dollar contribution was voted unanimously by the A.M.A. Board of Trustees and was announced by its chairman, Dr. Louis H. Bauer of Hempstead, New York, at a dramatic, early morning meeting of the Association's House of Delegates today.

Dr. Bauer's statement follows:

"The Board of Trustees of the American Medical Association is pleased to announce to the House of Delegates that it has appropriated a half million dollars out of its National Education Campaign Fund, which was raised to defend medical freedom, for the aid and support of medical schools which are in need of additional financing.

"This fund will be given to the medical schools for their unrestricted use in their basic training of future physicians.

"This appropriation to aid the medical schools has been made possible by the widespread public cooperation which the profession has received from the American people in its campaign against Compulsory Health Insurance. The fight against socialized medicine must go on until this issue has been clearly and finally resolved, but the pressure for regimentation of the medical profession has greatly lessened, due to the magnificent public support which we have received.

"The Board of Trustees, therefore, feels that it is keeping faith with the American people, who have given medicine such a splendid vote of confidence, when it contributes this amount to the medical schools of the nation.

"There is growing public awareness that Federal subsidy has come to be a burden, not a bounty, for it is bringing intolerable increases in taxation, and is dangerously increasing Federal controls over our institutions and the lives of our people.

"American medicine feels very strongly that it should not seek Federal aid for medical schools, until all other means of financing have been exhausted. The Board of Trustees announced December 5th its belief that funds for this purpose could be obtained from private sources—and as practical evidence of our sincerity of purpose, this appropriation has been made as the nucleus of a fund which we hope will be greatly augmented by contributions from many other sources.

"The Nation's medical schools are of the greatest importance to every American citizen and the A.M.A. has had the advancement of their standards as one of its main objectives for over one hundred

years. The Board of Trustees feels that if all other organizations and individuals will render support of this worthy cause in accordance with their financial ability that not only will the financial security of medical schools be assured, but that their freedom will be protected."

## PIERCE COUNTY INDUSTRIAL MEDICAL BUREAU, INC.

### HOSPITAL COSTS

Hospital costs on Bureau cases show:

	<i>Avg. Cost Per Day</i>	<i>Avg. Cost Per Case</i>	<i>Days Per Case</i>
Tacoma General	\$19.20	\$185.00	9.6
St. Joseph's	18.85	133.00	7.1
Doctors	15.55	119.50	7.7

## WASHINGTON PHYSICIANS SERVICE CORP.

(Insurance Company)

Since the need no longer exists, the stockholders of the Washington Physicians Service Corporation have voted voluntary dissolution of the same.

## OREGON DOCTORS' FEDERAL COURT DECISION

Following are quotes from the fifty-one page decision of the Federal Court Judge:

"I really doubt that the Government believes the operations of Oregon Physicians' Service are really monopolistic. Its two chief competitors are tremendously profitable; they have the cream of the business, going only into selected areas, whereas O.P.S. must go everywhere and has many other weaknesses inherent in cooperative enterprise.

"In a measure," he wrote, "this case is an attack on the professions. Everything critical of the doctors that has been said in the case could be said of the legal profession.

"Socialized medicine may overtake them, but the doctors claim the right to save the profession from socialism."

## SHAW BACKED ON BATHING

A distinguished medical journal has supported the late George Bernard Shaw in his argument that hospital patients get too many baths.

"From personal experience," said the Medical Press, "we have come to the conclusion that it (hospital bathing) has been and is being overdone and that it is time the mischief was abated."

The Medical Press said it might have been necessary 100 years ago when patients were likely to be dirty.

Mr. Shaw complained about the number of baths given him after he was admitted to a hospital at Luton with a fractured thigh. The 94-year-old playwright demanded a receipt from one nurse to prove that he had had his bath for that day.

—*Philadelphia Medicine.*

# WOMAN'S AUXILIARY

## *To The Pierce County Medical Society*

*"O wad some power the giftie gie us  
To see oursel's as ithers see us!"*

And that, dear friends, poetic as Robert Burns could make it, is a chastisement for almost all of us. The tea for the nurses last month was *more* than worth attending: the program was unusual and lovely, the decorations by Alma Olson were an inspiration, and the food was out of this world. The nurses were well represented but the members of the Auxiliary—we were the hostesses, remember! So make a worthwhile resolution for this new year. Our program chairman has done an excellent job and the best way to show our appreciation is to be at the meetings and give our support. (Did you know the above quotation is from "To a Louse" and now we feel like one—or several.)

\* \* \*

Dr. John D. Regester, from the College of Puget Sound, will speak to us on "Dr. Albert Sweitzer" at the meeting on February 12. Lucille Hurst will open her home at 3701 North Washington Street and Janet Moosey will serve as chairman of the lap luncheon at 1:00 P.M. Assisting Janet will be Barbara Teats, Mamie Reynolds, Miriam Kemp, Dorothy Schultz, Esther Avery, Helen Johnson, Beth Hennings, Mary McNerthney, Bertiere Heaton, Marj. Rich, Pauline Bader, and Madeline Kohl. Get out of your "after the holiday slump" and be there.

\* \* \*

Although we had only three Mondays in which to work at the Blood Bank in December, due to sickness of children or failure on the part of baby sitters, Oleva Jones worked two of the Mondays herself. Helen Jarvis and Marjorie Nace carried on on the remaining Monday. So here is another New Year's resolution for each of us. Please call Oleva, P.R. 2640, and volunteer. She is doing a wonderful job and deserves the utmost cooperation.

\* \* \*

Gudnie Howe called to report that a pair of black mesh gloves were left at her home way back in October when we met there. Her phone number is P.R. 2258. Will the owner of the gloves please dial same.

\* \* \*

Haskel and Dorothy Maier and family spent Christmas in California and she hopes to be able to stay on for a month. Won't we be green with envy when we see her tanned and sun warmed face on her return.

\* \* \*

For those of you who have not yet invested in a television set, check with Ruth Rigos on the proper reading material to present to your small fry. She will be the best authority for she has been taking a course at the college on Children's

### 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
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Recording Secretary .....	Mrs. Edward Wolf
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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

Literature and thoroughly enjoying it. Friend husband has been attending classes in Landscape Gardening, along with all of the other hobbies he enjoys. When he is finished, do you suppose he will offer expert opinion on our spring gardening problems? We are just a month ahead of the magazines on this—but they do suggest you start planning.

\* \* \*

Lewis and Bess Hopkins enjoyed a happy Christmas in Menlo Park, California, with their daughter and son-in-law and the grandchildren. Who played Santa Claus?

\* \* \*

The Don Willards' gift to their children and themselves was a dog—a pet for the children and a worthy companion when the pheasant season is open. Their hobby, and it is mutual, is hunting.

\* \* \*

Dr. and Mrs. E. W. Olson (she was Mrs. J. R. Brown) are living in Chicago, Illinois, now. Mrs. May Willard received a card from them and has their address, if you wish to drop them a line.

\* \* \*

What is the big romance on Prospect Hill? That budding affair between the son of the Kasses and the daughter of the Kunzes. Ask the Mommas, they will tell you all about it.

\* \* \*

We understand that the Max Thomases have a prospective Ice Follics member. She did very well at the Ice Arena and our congratulations.

\* \* \*

The David Hellyers had a novel party this past

*(Continued on Page 11)*

# McMILLAN BROTHERS, Inc.

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## WOMAN'S AUXILIARY

*(Continued from Page 9)*

holiday season—a cut your own tree gathering. They have lovely trees on their acreage and their guests had a wonderful time.

\* \* \*

The Leo Scheckners are apartment hunting and have their home up for sale. It is far too big for them, says Helen. And when we start the after the holiday clean-up, we can see what they mean.

\* \* \*

The Heatons incorporated their hobby in their Christmas cards. They are avid skiers—and the card, with skiers on a blue background, was lovely. The Hosie's card was clever too. We didn't know we had such talent. But we were going to put them away, weren't we? The cards, we mean.

\* \* \*

Dr. and Mrs. MacLean are vacationing in Florida. We hope the sunshine will refurbish them with vim and vigor.

\* \* \*

If our husbands are called to serve for Uncle Sam, we hope we can all manage as well as Ruth Arnold. She has even had time to take over the children of friends. And never a grumble or complaint from her. She deserves a crown.

\* \* \*

Future chairmen of teas, put this item in your notebook. The Madrona Orthopedic Guild has a large punch bowl and about 100 cups which they are glad to rent out. The price is \$2.00, with an \$8.00 deposit on said glassware. If you find you are in need of such, call Mrs. R. W. Copeland, MA. 5722, and she will be glad to help you. Betty Madison apologized when she called regarding this item—it would have been more noteworthy in the December news. But the open houses are over, the stockings and lights and stuff packed away. Have you gotten your cards sorted yet—personal, patient, and old friends? We haven't.

\* \* \*

Dottie Read has been in the throes of redecorating over the holidays. The carpet and walls are the same shade of blue, we understand, and the furniture is all being recovered to match. We are a little envious and still very anxious to see it, Dottie.

\* \* \*

Leona Yoder is confined to her bed, per her doctor's orders. Our best wishes to her and sincere

hopes that she can get out to a few of the spring meetings. Kay Wright has been up, but not at 'em, a little this past month and has high hopes for a healthy 1951.

\* \* \*

The pneumonia bugs have been busy in our families this year—Ruth Rigos had a light bout, Barbara McBride had a mean case and is slowly recovering. What is it—the story of the shoemaker's children?

\* \* \*

It is reported that Margaret McBride was seen trekking across Division with a violin case under her arm—so we have checked into it and find that she often plays for church and social affairs. When are we going to hear her? Her daughter Betsy is doing very well on the piano and played the bells at the program for the Lowell school children. It is no wonder that Margaret is so busy. There certainly is no more worth while project than bringing up our families, is there?

\* \* \*

A happy New Year to you all and may the peace for which we all pray be found in 1951.

## STANFORD SPRING POST-GRADUATE CONFERENCE IN OPHTHALMOLOGY

The Stanford University School of Medicine will present a post-graduate conference in Clinical Ophthalmology from March 26 through March 30, 1951. 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, Dr. Arthur J. Jampolsky, and Dr. Max Fine.

Programs and further information may be obtained from Office of the Dean, Stanford University School of Medicine, 2398 Sacramento Street, San Francisco 15, California.

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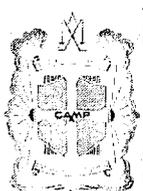


CAMP Scientific Support Fitting Courses stress the importance not only of theory but also the practical application of knowledge in clinical "workshops." Above is shown a group of fitters being instructed in the practical fitting of a patient (pendulous figure type) with a Camp orthopedic back brace.

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This year will mark the 23rd annual series of Camp Scientific Support Fitting Courses under medical supervision. Beginning in New York City, they will be held in principal cities throughout the nation. Estimated enrollment will include over a thousand representatives from reliable stores in all parts of the country. These courses are conducted by our Training Director, Medical Director, Designer and a staff of registered nurses. In addition to the formal sessions the nurses are constantly instructing smaller groups and individuals in countless other cities.

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# The Hospitals . . .

## WASHINGTON MINOR

The annual Christmas party for the entire staff of the Washington Minor Hospital was held at the Green Parrot Inn. A delicious dinner was served at 7:30 o'clock, preceded by cocktails. Gifts were piled high under the Christmas tree and were later distributed. A pleasant evening was enjoyed by all attending.

Mrs. Nancy Wasalino, receptionist has returned to her desk after an absence of 1½ months, during which time she was convalescing from surgery.

Dr. and Mrs. R. A. Button will be spending Christmas day in Rio De Janeiro, South America, and wish to be remembered to their friends here.

## ST. JOSEPH

On page 1533 of the December 23, 1950 issue of The Journal of the American Medical Association appears the following answer on the Treatment of Multiple Sclerosis:

"The course of treatment given by Dr. Hinton D. Jonez is purely for relief of symptoms of multiple sclerosis. It seems to combine the work done by other investigators with emphasis on possible allergic factors. The histamine therapy was tried some years ago at the Mayo Clinic, with equivocal results. Curare (and its derivatives) was carefully investigated by Schlesinger and others and is still in use by some as a muscle relaxant. Allergy studies have likewise been carried out elsewhere. Physical therapy and rehabilitative methods are being utilized in several places. Dr. Jonez is using a combination of these methods in the widest concentrated attack on the symptoms of his disease.

"The National Multiple Sclerosis Society (270 Park Avenue, New York 17) is convinced of Dr. Jonez' interest in the problem and of his integrity as a physician and scientist. In the absence of any more specific approach either to symptomatic relief of multiple sclerosis or to a cure, Dr. Jonez' program has much to recommend it and is well within the realm of ethical medicine. Neither he nor the society considers that his method cures multiple sclerosis. Further intensive investigation is under way.

"Before a patient plans traveling long distances for treatment inquiry should first be made as to whether such treatment is available through his own physician or medical center in his own or in nearby communities. Dr. Jonez has expressed his willingness to explain his methods to other physicians and is planning to publish his observations. The National Multiple Sclerosis Society strongly recommends that a patient ascertain whether he can be accommodated at Dr. Jonez' clinic before going to Tacoma."

Since the appearance of the Article in McCalls Magazine on November 24, 1950, the Multiple

Sclerosis Clinic has received 3,319 letters, 268 long distance calls, and 123 telegrams.

The Sisters of St. Joseph's Hospital wish to take this opportunity of wishing all "A Very Happy and Holy New Year."

## TACOMA GENERAL

Christmas at Tacoma General found most of the preclinical students at home for a two-week vacation. Those students who remained enjoyed a Christmas party in the Recreation Room of Jackson Hall on Monday evening, December 18th. Santa Claus was present, resplendent with the customary red costume, and each girl was given a Christmas remembrance by the Trustees of the hospital. The party was pronounced successful by those who attended.

Miss Helen Johanssen, an Instructor in the School of Nursing, left Thursday evening to spend the holidays at her home in Jamestown, North Dakota. She will return after the first of the year.

On Saturday evening, December 2nd, Miss Audrey Strandness, staff nurse on First North, was married to Larry Martin.

A beautifully decorated tea table and Christmas decorations transformed the office of the Director of the Hospital Thursday, when the annual Christmas tea was held for all staff members and employees.

## PIERCE COUNTY

The program of construction of the new tuberculosis hospital has been rather severely hampered during the past month by heavy rainfall. However, there is evidence of continued, slow progress, and the forms are now extending above the second floor.

\* \* \*

On December 19th, 1950, the eighty-fifth case of infantile paralysis was admitted to the Pierce County Hospital. It is of interest that over one-third of all these admissions were adults, which again reflects an increasing incidence of infantile paralysis in adults. Our experience fairly well reflects nation-wide reports that infantile paralysis has continued far later into the winter than it has during any previous epidemic. There is about the usual portions of severe and light cases with a fairly large intermediate group requiring extended, continuous medical care. As the close of another year approaches we have eleven cases in the house under active treatment in addition to the large number receiving physical therapy and other needed professional services.

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## INSURANCE REPORTS

Years ago, in my early days of the practice of medicine, I was glad to see a patient bring to me a report blank to complete that he might collect from an insurance company for professional services or disability. I was glad because it helped him and it helped me collect for my services. I completed my report readily and never thought of making a charge for doing it. It was just a service which was very infrequently required and which I had plenty of time to do, so thought nothing of it. It was just like answering questions over the telephone when some distraught mother called about her ailing baby. No thought was entertained of making a charge for such services.

As the years have passed and more people purchased policies, this service increased. Different kinds of insurance policies were sold, many of them questionable in reliability. Many different reports had to be completed, as Preliminary Reports, Attending Physician's Statements, Intermediate Reports and Final Statements. The questions asked and reports required included everything from past history, family history, and detailed findings to what treatment was rendered and the prognosis as to probable outcome of the condition. An occasional insurance company would agree to pay a fee of one or two dollars for making certain reports made, at the request of the company.

Nowadays the insurance business has grown to gargantuan proportions in contrast to its size twenty-five years ago. Their required reports have multiplied and are requested not only from the physician, but from the hospital, and only these reports directly requested of the doctor or hospital from the insurance company's home office are paid for by the insurance company. The large majority of report blanks are given to the patients by the insurance company and the patients are requested to have the doctor make out the reports, stating that the cost of filling out such is not chargeable to the company; or on the reports in small print may be noted a statement as follows: "Completing this report will be rendering a service to your patient."

The completion of insurance blanks has become such a burden that it requires the assistance of a secretary, and I have made a charge of one to two dollars for clerical services for each report. I have attempted in all cases to get the insurance company to pay for such services because I have felt that the insurance company should make provision in the cost of insurance to cover all overhead, and certainly the time and effort in completing reports costs somebody something. The reports are definitely made for the benefit of the company only, and not the patient. The report is the only means by which the company can judge or verify the claim of the patient.

Now that certain labor unions require that all of their employees be covered by insurance, as for instance C.I.O. Local No. 38, which has given to the John Hancock Insurance Company a blanket coverage for their members, it creates a condition

in which the insurance company can demand, through the Union, that the doctor fill out reports with no charge for service, and he has no recourse except to comply or be boycotted.

The fact that insurance is playing such a large role in the payment of medical costs makes it a factor to be considered with shrewd intelligence. It can play a great part in helping prevent socialized medicine if we are careful in its conduct. BUT, if we do not exercise caution and some control, it can boomerang and be conducive to the promotion of a socialized form of medical practice that will tie the physician hand and foot, not only in the kind of services that he must render, but in the charges which he must make and expect to collect for his services.

It is my desire to issue this warning to the Medical profession and to request that each County society study this problem closely in its community and make a report to the State Medical Association regarding its views that the State Association may act in accord with the wishes of the majority.

Boy N. Collier, M. D.

## SCIENCE FOUNDATION NAMED

President Truman has announced the names of the 24 persons he will nominate to the National Science Foundation Board. All have informally accepted, but nominations are subject to confirmation by the Senate. After members are sworn in on interim appointments they will select a Board chairman and make nominations to Mr. Truman for a Director. The Director, also subject to Senate confirmation, will receive a salary of \$15,000 and, like board members will serve for six years. Board members receive no salary but expenses and an allowance of \$25 per day while on Foundation business.

Three physicians are on the list. They are: Dr. Detlev W. Bronk, president of Johns Hopkins University and president of National Academy of Physicians and Surgeons, Columbia University; Dr. James A. Reyniers, director of bacteriology laboratories, Notre Dame University.

The National Science Foundation, created by the last Congress, has wide grants of power to promote basic research and education in mathematics, physical science, medical science, biology, engineering, etc. It will make research grants and loans and issue scholarships, in addition to correlating public and private research, acting as a research information clearing house and maintaining a register of scientists, to be known as the National Roster of Scientific and Specialized personnel.

However, certain specific restrictions are written into the law. The Foundation may not itself operate any laboratory or pilot plant, although it may make grants or loans to other agencies to perform such work. It may initiate or support projects dealing with nuclear energy only with the permission of the Atomic Energy Commission. It may sponsor projects related to national defense only if request comes from the Secretary of Defense.

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## THE OTHER FELLOW HAS A RACKET

The hackneyed adage, "The grass is always greener in the next field," is truer than somewhat in the field of medicine. The internist is certain that he has a monopoly on the headaches and problems, whereas the surgeon is very likely to regard the medical man merely as a middleman whose life may be boring but presents no real worries.

How often, after a particularly difficult operation, has a surgeon wished loudly and for the moment sincerely, that he had become an ophthalmologist or a dermatologist?

The oculist probably wishes he had taken up otorhinolaryngology when he has the first anterior chamber hemorrhage after an apparently uneventful cataract extraction. A sympathetic ophthalmia in a patient who has no vision in the other eye does not exactly promote restful nights for the eye man.

It is true that the dermatologist may not have any emergency calls but he must feel like screaming when the patient returns for the ninetieth time with the blotchy face a little blotchier and all his ointments exhausted. The treatment of psoriasis does not tend to add years to a man's life. Penicillin makes negative tests of positive ones so quickly that conventions of dermatologists are no longer necessary, whether to use bismuth before mercury, visa versa or together with a pinch of iodides was formerly good for much discussion and a few papers a year. Now the poor fellow must stay home with the little woman and adolescent acne sufferers. Benadryl and its related drugs has just about done away with his one-armed bandit, the skin testing box.

Of course it's all gray and roses with the internist. He only has to climb four flights of stairs in the wee hours of the morning to diagnose a case for the surgeon who will operate in the morning. His office practice consists of joyful hours of listening to the numerous complaints of neurotic females. Between night calls he can gripe about his unhappy lot while the surgeon collects the fat fees and emerges the dramatic hero. In the meantime however, the surgeon is fighting a post-operative ileus in the patient who has already decided to sue him.

Surely the ENT man has no worries. No? Have you tried to cure a chronically draining ear or to stop a stubborn nose bleed? Have you the patience to treat the deaf? Place yourself in his place, in that singularly tragic position, of losing a young healthy tonsillectomy with anesthetic anaphylaxis. eH can look forward to a few mastoid revisions; simple mastoidectomies, of course, went out with the advent of the sulfonamides and anyone caught doing one is put in the same category as an abortionist.

The obstetrician and gynecologist certainly has the racket. He has financial security plus the deep appreciation and love of his patients. This is very true but ladies have the unfortunate habit of

arriving at the most inopportune times. They aren't delivered on schedule except in Buffalo. But it's easy work, you say—ninety-nine out of a hundred deliveries are normal. 'Tis true but that hundredth one can be an awful headache. An arrested transverse lie in labor has been known to add grey hairs to the youngest head. Bleeding late in pregnancy is guaranteed to cause diaphoresis even in the coldest weather. A pelvic repair is back-breaking labor but occasionally coughs and sneezes have been known to bring disastrous results even after the use of fascia. A result about which the patient feels small gratitude. Pity the unfortunate gynecologist who attempts to cure low back pain with suspension of the uterus. The patient and back pain are likely to haunt him. Are you really looking for headaches? Get yourself a sterility problem to treat. If you can't locate one you will have to be satisfied with a real dysmenorrhea case or even a glandular amenorrhea. You say the operative side is easy, gratifying and plentiful. Thromboembolic disease following simple pelvic operations occur and even dicumerol has its worries. Season the above well with a little RH factor and you have the serene life of the ob-gyn man.

The pediatrician's life is a happy one. There are no grievances here. It is filled with the pleasant routine of vaccinations, adjustment of formulae and weighing of babies. This is, however, broken too often with convulsions at three A.M. and sore throats which eventually become obscure, fatal neurological disease. To prevent monotony, of course, there are always developments and behavior problems which may last for years. Also the pediatrician has a two for one deal. He must treat the mother as well as the baby. All this happy routine is carried on to the harmony of wailing children. Then, too, there are the numerous phone calls with such questions as "Something must be wrong with Johnnie, he loses his appetite right after eating. What shall I do? Do you think you better come right over?" This does much to develop the doctor's sense of humor.

The radiologist certainly has the perfect set-up. His hours are regular. His work is clean and

(Continued on Page 19)

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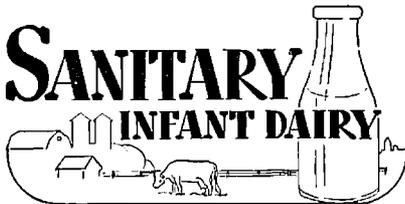


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(Continued from Page 17)

pleasant and he has no emergencies. He only has to see the far advanced cancers and give them a little different encouragement each time they come for treatment. He has to take the blame for not diagnosing a lesion which was not diagnosable at time of roentgenologic survey. He is blamed for not curing a lesion where the surgeon has already failed. Every day he is called upon to give an exact, quick diagnosis of patients in whom careful histories and physicals were not done. He is called on to depress or stimulate but if there are any side effects of radiation he and his modality are condemned and cursed.

The problems of the surgeon and urologist are too well known to need enlargement but some physicians in other fields still think the anesthesiologist has the perfect racket. He is alleged to have regular regular hours, no responsibility nor expenses and easy work. If, however, more than two minutes are taken for induction there ensues long recollections from the surgeons of how he used to put them to sleep with nothing but an ether can. The patient is always said to be pushing by the surgeon but to be in deep fourth plane by the anesthetist. The blood is invariably dark at the operative site but bright red at the head of the table. The anesthetist is not known as a vital factor by the patient and his bill is often not paid. All cases of post-operative atelectasis, ileus, headache, dilations, aspirations and phlebitis are of course blamed on the anesthetist. All other post-operative complications are usually rationalized to be the fault of the anesthetist. The anesthetist holds a position somewhat similar to the dietitian in the hospital set-up. They are blamed for all evils.

The orthopedist must contend with low back pain. What greater cross could any human bear? racket and yet none of us would give up his own

Yet, we are all sure the other fellow has the particular line of work. As for myself, I feel certain that if you can't cut it you can't cure it.

—E. H. G.

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

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## PIERCE COUNTY ACADEMY OF GENERAL PRACTICE

For the past month, on alternate Friday mornings, the Pierce County Academy of General Practice Breakfast Club has been meeting in the Tacoma General dining room. There, they have been enjoying a series of discussions led by Roger Dille on Syncope and the Fainting Syndrome.

The bi-monthly evening meeting on Tuesday, November 28th at the Medical Arts Auditorium although not quite as well attended as the morning sessions, was most profitable for hearing Scott Jones. His presentation of "Office Gynecological Procedures" was well-illustrated with excellent colored slides.

The present by-laws of the group call for an evening meeting on the fourth Tuesday of alternate months, at which business may be transacted and a scientific program presented. The Educational and Program committee formed the Breakfast Club for one-half hour of general practice subjects, the presentation of interesting cases, or a review of a journal.

Physicians, not members of the Academy, are also welcome as are those who although they limit their work, are still interested in keeping acquainted with the progress in other fields. Further information regarding meeting dates and time, or membership may be obtained from the Academy president, Herman Judd.

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## EMPATHY

Not long ago in some medical reading the word *empathy* was encountered. Hoskins in *The Biology of Schizophrenia* drew attention to the fact that one of the early signs of that disease is loss of empathy with the afflicted patient. One speaks to him as if separated by a glass wall. It is difficult or impossible to establish mental contact, rapport, or understanding. This comes within the field of the psychiatrist so this particular item will not be pursued beyond its immediate usefulness as an illustration of one sense in which the word is used.

The medical dictionary defines the verb to empathize: "To experience or feel empathy; to enter into another person's feelings." The word empathy is beginning to appear more and more in current writings. H. A. Overstreet uses it in *The Mature Mind* in the sense of sympathetic social imagination and goes on to suggest what an important factor this is in the social enlightenment which the times demand.

Offhand, as a result of investigation made, one would say that the field of labor relations has given more attention to the practical application of empathy than the latter day medical profession which is inclined to take it for granted since it is the core of the much discussed physician-patient relationship. Indeed, we are indebted to labor relations studies for acquaintanceship with *Three Lectures on Concrete Sociology* by Dr. L. J. Henderson, who emphasizes the extent to which the successful application of the Hippocratic method is based on this important factor.

However, in reviewing the studies and research being done in the fields of business, labor relations, the armed services, and other units to bring about better understanding between personnel groups, one may raise the question whether the medical profession is doing all it should to improve that basic therapeutic superstructure is erected. Work already done in some of the fields referred to by the Elton Mayos, the Roethlisbergers, the Pigors & Myers, the Joseph T. Meades and others, and particularly the years of field work known as the Hawthorne Experiment, would indicate that very limited empathy existed in situations where complete mutual understanding had been taken for granted. In view of findings such as this, it is reasonable to ponder on how well the physician-patient relationship would be maintained were it not for the concern, the apprehension or the fear on the part of the patient which tends to sustain it.

What specific rather than incidental training has the average physician had with a view to establishing, maintaining, and improving this relationship? How much space in current medical journals is devoted to this important subject? Is not the individual physician's ability in this field a measure of his intuitive sagacity, unimproved, as often as not, by the extensive formal knowledge which is available on the subject? Why do some physicians of good but not outstanding clinical ability develop a following which outshines that of the coldly scientific professor? And why do certain irregular

practitioners develop a following which causes despair in the hearts of earnest and able but inept practitioners?

The answer to all this has a good deal to do with empathy. Patients demand it else they will go where they find it. Not long ago a *Post* editorial, under the heading *Bureaucracy Can't Restore The Old Bedside Manner*, opined that the dissatisfaction with doctors, which supplies the impetus for the drive towards socialized medicine, is caused to a large extent by the inability of the busy, modern, scientific practitioner to give his patient the kind of personal attention his horse-and-buggy grandfather used to do; and that the increase in nebulous conversations over the telephone was an attempt on the patient's part to recapture something of that traditional relationship.

Within limits it was good reporting, but more important than that, it was an incidental indictment. If this be an approximation of how the collective patient feels, then it stands to reason that there is something at fault or something wanting in our current method. And it stands to reason that there is a need for study, research, and dissemination of knowledge within the profession as acute as that which labor relations discerned in its field.

It would be extravagant to overlook the efforts made already to preserve the Hippocratic method which is essentially a happy blending of humanism and science. The names of the great medical humanitarians need only to be recalled in order to emphasize the extent to which their teachings are overshadowed by current preoccupations with adverse social trends, the rush to pay expenses, and the struggle to keep abreast of advancing scientific facts. There is a danger that exigencies of this nature may force us — at least in the eyes of the patient — into that category of social do-gooders described in another *Post* editorial as having an extraordinary solicitude for the welfare of people in the mass but no time whatever for the problems of the individual.

Empathy as a refinement of humanitarianism has a significance in the current social scene which goes far beyond its immediate dollar value. The Mid-Century Convocation at The Massachusetts Institute of Technology held early this year underscored this. World leaders such as Compton, Churchill, Mudalier, Livingstone, Stassen, and others delivered opinions on the past, present, and future of science, politics, philosophy, economics, and allied subjects. It was considered significant that the chairmanship was entrusted to the Dean of Humanities. The convocation was centered on the question: "Where are we now, on our way from where to where?" The complexion of the future aroused much interest because of 'the impact of science'. W. C. Greene reports that though no clairvoyance was exhibited yet, there was optimism since the emphasis throughout was placed on those enduring values out of the past which are neither a part of nor the result of the machine. It was recognized and inferentially promulgated that science without humanitarianism is just as inutile to so-

(Continued on Page 23)

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"HOW YOU WASH DISHES CAN CUT COLDS AND FLU. Health authorities say, how you wash dishes, the kind of suds you use, can mean the difference between sickness and health. BLIP leaves no danger spots. Even dishes and glassware that look clean have been revealed as a source of much sickness—a carrier of such things as colds, flu, intestinal ills, measles, scarlet fever, and other epidemic diseases. But the new BLIP way of washing dishes guards against this danger—as no suds ever did before!"

Here's one health authority who says "Take it easy."

*According to the State Health Department's experts on sanitation and communicable disease there's an acorn of truth in this—but the mighty oak of alarm is mostly hokum.*

Let's take first the question of how contagious diseases are spread. In a public restaurant, the dish you're using might have been left twenty minutes ago by anyone, with any kind of disease. Sanitary precautions are mighty important in this situation. Most cities have strict codes to provide for proper washing and disinfection of eating utensils and dishes.

But in your own home, say that George, age 10, has a cold and you don't want it to spread to Sally, age 8—or to yourselves, the parents. George and Sally have been playing together all afternoon. George sneezes a couple of times, unleashing a bombardment of powerful germs that can infect up to a range of eight feet. You fix a couple of sandwiches—George picks one up, sees that it's the smaller, and hands it to Sally with his almost-certainly-germ-laden hands.

If you locked George in a germ-proof room, and picked up his dishes outside the door without entering, there's an outside chance that if you washed his dishes carelessly the germ might be thus transmitted to others. But in any normal family situation, even observing isolation precautions, there are too many other quick, easy and efficient ways to spread germs to make the dishes even worth considering.

How about dishwashing methods?

*You can get your dishes clean and sanitary by careful washing and rinsing, using either conventional soap or the new detergents. Just be sure that you wash all surfaces carefully in warm water, and don't let the rinse bath get too soapy.*

Detergents, in fact, have a number of advantages in dishwashing that even "eminent medical authorities" will agree to.

They lower the surface tension of water, which does the bulk of the work in dishwashing. This means the water can penetrate closer to the dirt to be removed. It also makes for easier, more thorough rinsing. Detergents emulsify oils and keep dirt in suspension, so it is redeposited. Hard water requires large quantities of soap, but has relatively little effect on the amount of detergent needed. Suds are a good indicator that there is enough detergent to do a good washing job.

Detergents are a wonderful invention, and a great thing to wash dishes with—but don't scare yourself to death if you happen to prefer to use soap instead.

—*Health Commentator, Feb., 1949.*

(Continued from Page 21)

ciety as humanitarianism without science. In other words, it looked as if on some fields at least Hippocrates was being led in for another innings.

In the *Harvard Alumni Bulletin*, Professor Raphael Demos has published an essay, *Education and Human Failure*, in which he contends that education that prepares one for success but not for failure is inadequate: that although one hopes for success yet failure is a possibility; that life is competitive; that one man's victory is another man's defeat; that there is not enough in the way of wealth, position, and honor to go around; and that one's capacities may not measure up to one's expectations.

Unfortunately, relatively few people have been educated to sustain failure; most people fumble it. Nothing should exceed in horror the way such problems appropriately disguised by symptoms, are thrown to the laboratories and the diagnostic machines.

What then is the answer? It might be well for the profession to take a leaf out of labor relations' book and try to find out what the public actually think of us, instead of going along blandly under the assumption that they think what we think they think of us. After that it will probably be announced that better understanding can be arrived at and dispensed by individual effort, whereupon it will be up to the individual practitioner to lay aside the notion that he is an astute psychologist merely because he made good grades in osteology. Wisdom and perception are not augmented naturally in the mind as caviar builds up in the belly of the sturgeon; some effort has to be made to put them there. When this has been done, it will have been established that in the overall Toynbee sense a return to the balanced Hippocratic method will be better for the patient and the profession than the one-sided scientific medicine we frequently indulge in.

—*Editorial from Westchester Medical Bulletin.*

The salesman was trying to "pick up" a beautiful blonde in the hotel. She said: "Don't bother me." He said: "Pardon me, I thought you were my mother." She said: "I couldn't be, I'm married."

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## SERVICES USE TOO MANY DOCTORS

Medical Adviser Expects Navy

The Defense Department's top medical adviser has come out against what he calls a "lavish" use of doctors, dentists and nurses by the armed services.

"We cannot afford the lavish call-up of medical talent which prevailed in some quarters during World War II," said Dr. Richard L. Meiling, Defense Department director of medical services.

### Navy Praised

Dr. Meiling did not say what branch he thought was guilty of taking too many physicians from civilian practice in World War II.

But he did praise the Navy for using only 3.5 physicians for each 1,000 men and women in uniform. That leaves the inference that he believes the Army and Air Force had more doctors, nurses, and dentists than needed.

### Ratio Criticized

For the services in the last war, there were six physicians in uniform for each 1,000 troops. If this ratio should be applied to presently planned force of three million armed men, that would require 18,000 doctors.

"Can you and I honestly explain to the American people that the armed services must have six physicians in uniform to care for each thousand military personnel, but that the rest of the population is expected to get along with 1.2 physicians per 1,000 civilians?"

Then he pointed out that during the war the Navy, including the Marines, Seabees and Coast Guard used only 3.5 physicians per 1,000 duty personnel.

"The excellent medical and health record achieved by the Navy can serve as a guide to all the military services today as we enter this present military expansion program," said Dr. Meiling.

In reply, Army and Air Force medical officials pointed out that there was a much higher percentage of soldiers than sailors wounded in action. Also, civilian kin of Army and Air Force members were taken care of in many Army hospitals in this country.

—Pittsburgh Press, Nov. 17, 1950.

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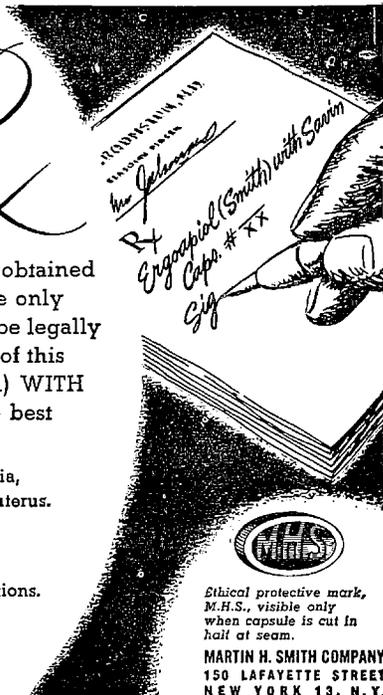
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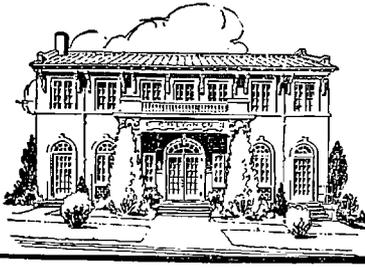
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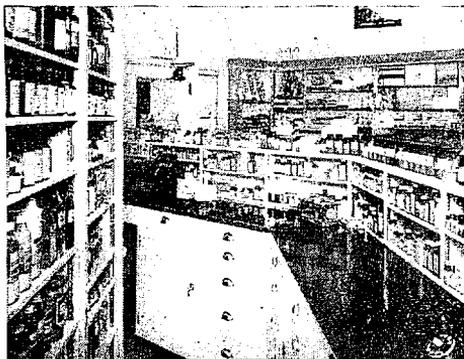
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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

VOL. XXI—No. 6

TACOMA, WASHINGTON

February - 1951



TACOMA NARROWS BRIDGE

# Pierce County Medical Society

1951

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# Program

## MEDICAL ARTS AUDITORIUM

## PIERCE COUNTY MEDICAL SOCIETY

for the

Tuesday, February 13, 1951

## MEETING

### Symposium on Burns

Considerations of theoretical, practical and disaster treatments.

Dr. Siegfried Herrmann, moderator. Member of Treatments of Burns, Civil Defense Committee, Washington State Medical Association.

Dr. Fred Schwind

Dr. Herman Judd

Dr. Ernest Banfield



\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.

\*Engraving donated by Dammeier Printing Company.

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

The statement has been made by someone that an organization is as strong as its committees and I am a firm believer in this when it comes to our Pierce County Medical Society.

We have an even dozen very excellent standing committees plus several committees not listed among these, but which help very materially to strengthen the back-bone of the Society.

Last month I wrote in the Bulletin about one of these, and I wish to say that this Procurement and Assignment Committee met on Wednesday night, the tenth of January with all nine members present and went over one hundred and fifty questionnaires. We classified them carefully according to Government regulations and we were all amazed at the number of men who had put in quite lengthy stretches in the service.

We were also amused by some of the humorous answers such as "Obesity" as a physical reason for deferment and "I hate war" or "I'm a very poor soldier" and so forth as a statement to the Committee.

We were very pleased with the way all of you co-operated in sending in these forms. There are many yet to come in so Charley Larson will make another request, thinking that some of the others may have been mislaid, and I do want to say right here that he is doing a bang-up job of it, taking time from his busy days to get out these forms and mail them to you.

So much for this Committee. Now I wish to say a few words about our Civil Defense Committee, headed by Murray Johnson, with Chris Reynolds and Ed Yoder assisting him. This is an Advisory Committee to Cecil Fargher because the State Health Department with its affiliates are directly responsible.

As you can see by the material sent you through the mail this Committee is of far-reaching importance and although it is difficult, as a rule, to get the American public to do anything before the last minute to help prevent a catastrophe, we hope in this case we may be able to guide them sufficiently and cause them to see the light so that they will co-operate with us, thereby saving many lives that might otherwise be lost, and perhaps preventing untold misery, by instructing our Medical and Nursing personnel along proper lines.

Dr. Paul D. Mossman of the State Health Department, a very excellent gentleman by the way, met with the Committee some time ago and outlined his plans, which are, of course, augmented a great deal today by new plans coming from National Headquarters.

Our Clyde Magill spent most of one Sunday at a meeting in Seattle going over the plans. He outlined to them the three excellent lectures delivered here by Drs. Larson, Hartsuck and Link on Atomic Warfare.

I wish to congratulate about twenty-five of you, who took the Course of Instruction in "Medical Aspects of the Atomic Bomb" at the University of Washington on October 4, 5 and 6th. You will be a great help to the rest of us, who could not or did not avail themselves of the opportunity.

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January 20, 1951.

Chief Medical Officer,  
Veterans Administration,  
1403 Textile Tower,  
Seattle, Washington

Dear Sir:

This is to notify you that effective February 1, 1951, I will no longer take care of veterans under the present program. I have enough medical problems aggravating my ulcer without at the same time constantly fighting the red tape and constant round of forms which accompany each three dollar office call, and I have neither the time nor the inclination to do it any longer.

It seems to me, however, that 95 per cent of the red tape could be easily avoided. A man either is or is not a veteran. If he is, he remains one (barring an Act of Congress to the contrary). If he is, he either has or has not a service connected disability (subject, of course, to the reinterpretation of the V.A. as to just what constitutes a "service connected disability"). If he has, either the V.A. will or will not authorize a private physician to care for him. If you will, I can see no possible justification in necessitating a monthly referral (except, of course, to make it necessary for your office to have a larger payroll and hence increase the percentage of the \$3 office call necessary for taxes). Under both the County Welfare and the County Medical Service Bureaus once a man is authorized for treatment, he remains a patient and the authorization continues until the Welfare office or the Bureau officially notifies the doctor and the patient that the authorization is cancelled. The only necessary form in his case is a bill mailed in each month, giving the diagnosis, the dates of treatments, and the charge. This business of the physician having to request care by the 23rd of each month, then having to fill out five or six pages of forms, sign his name six times, give the dates of each treatment on five different pages—that is what is so senseless and annoying, to say nothing of being time consuming and frustrating. No wonder the Hoover Commission found that it costs the Government \$20 in paper work to write out each check under \$10!

If you decide to stream-line the whole process, you can notify me and I will be glad to resume care of veterans. Until then, I will not even bother to return any forms you send me.

Very truly yours,

L. E. Skinner, M.D.

The completely socialistic state would be a composite organization. One of the parts would be socialized medical schools. Talking is one weapon with which to fight socialism. A more effective means is described in the first editorial in the J.A.M.A. for Jan. 20, 1951. The chairman of the Public Relations Committee recommends that it be read, and . . .

—Homer W. Humiston.

The principal objection to old age is that there's not much future to it.

## WASHINGTON STATE MEDICAL ASSOCIATION COMMITTEES

The following Pierce County physicians are members of Washington State Medical Association Committees:

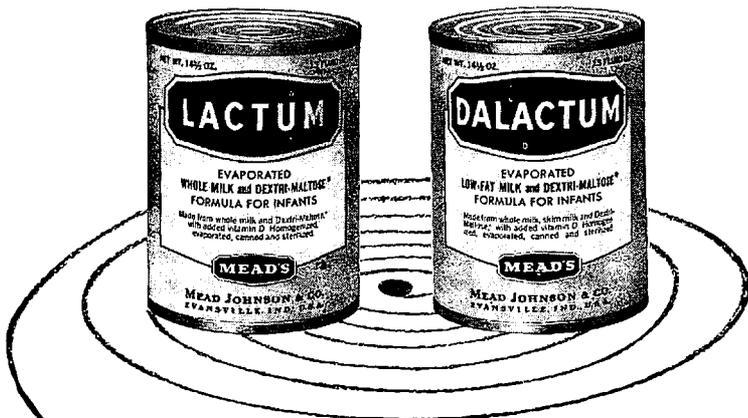
- DR. ROSS D. WRIGHT, A.M.A. Delegate, State Board of Trustees, Grievance Comm., Medical-Dental School Comm.
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- DR. HORACE A. ANDERSON, Diabetes Comm.
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- DR. LEWIS A. HOPKINS, Aging Population Comm., Publication Comm.
- DR. HOMER W. HUMISTON, Industrial Insurance and Health Comm., Public Relations Comm.
- DR. MURRAY L. JOHNSON, Civil Defense Comm.
- DR. P. C. KYLE, Maternal and Child Welfare Comm.
- DR. CHAS. P. LARSON, Neoplastic Comm., Aging Population Comm.
- DR. FRANK R. MADDISON, Aging Population Comm.
- DR. JAS. M. MATTSON, Diabetes Comm.
- DR. W. B. PENNEY, Chrm. Investigation of Hospitals Comm.

The State of Washington and especially the medical profession have reason to be proud of one of our members. Dr. Clarence A. Smith of Seattle was 90 years old January 24. One of his outstanding accomplishments was the founding and the editorship of Northwest Medicine during the past 47 years. In giving so ably and generously of his time and talents over these years he has made an outstanding contribution to medicine and to each member of the medical profession. During his long years of service he has always combined ability with judgment; professional honesty with modesty and kindness, and in the highest sense has proven himself to be a true gentleman.

Mr. Wrangle: "Why does a woman say she's been shopping when she hasn't bought a thing?"

Mrs. Wrangle: "Why does a man say he's been fishing when he hasn't caught anything?"

Young man to psychiatrist: "The trouble with me, sir, is that I'm from Texas and ashamed of it."



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# WOMAN'S AUXILIARY

## *To The Pierce County Medical Society*

What have you done, now that January of 1951 has been torn from the calendar, to have made it a month of accomplishments? The United Nations is still hard at it to make the rights of men a fact and not a dream, our Congress is struggling to protect our security, our State is doing its best to balance the budget, the City Fathers are endeavoring to keep Tacoma a fair and clean metropolis, and our Board and Legislative Committee have been laying the ground work for us, as individuals, so that we may take our part as vital and interested citizens of the world. All that you have to do is participate. Write letters to our representatives and tell them how you feel about measures important to you, about taxes and appropriations, and about issues to be raised. It never hurts to write them a thank you, either, when good deeds are done. Send for information regarding the work of the United Nations—your outlook will brighten and you'll find the world a pretty good place. You will feel, too, as if you really belong. Try it and see.

\* \* \*

Did you pay your dues by February first? We hope so, for you certainly wouldn't want to miss out on any of the future meetings. The men, under the chairmanship of John Gullikson, are making plans for the social get-together of the doctors and their wives, to be held later this month, and Alma Olson, chairman of the lap luncheon to be held on the ninth, is lining up her menu. Her committee is: Hilda Lantiere, Edith Trimble, Maxine Schwind, Marion Ludwig, Dorothy Grenley, Nancy Drucker, Georgia McPhee, Sally Bond, Margaret Clay, Lillian Diamond, Marjorie Cameron, and Jeanne Judd. We will be entertained in the home of George and Lorraine Kunz at 21 Orchard Road. The parking is a bit of a problem on the hill, so give a thought to sharing transportation or taking the bus or a cab. We will have as our guest Mrs. Raymond Schulte, our State President, who will journey from Wenatchee to be with us. We are lucky to have her here for a meeting so that we all may hear of the state activities. As our program, we will have Mrs. Louis F. Von Vanderhorst, who will give a portrait demonstration in oil and will pick out one of us there for her subject. Just think—IT MIGHT BE YOU! Better be there.

\* \* \*

Somebody lost a gold pen at the last meeting. Call Lucille Hurst, Sk. 2244, to check on it.

\* \* \*

Lorna Burt, with daughters Betty and Caroline, will join Robert in Rochester, Minnesota, soon. He is taking a Surgical fellowship there. We will miss you, Lorna.

\* \* \*

We hope to see Kay Wright at the next meeting. After a nice trip to Los Angeles and Palm Springs.

### OFFICERS FOR 1950-1951

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she is feeling loads better and up to getting out more. Leona Yoder has had a sojourn in the hospital but is now at home and, we are glad to report, is improving.

\* \* \*

When Marcy Peterson returns from Chicago (she and Pete left on the 23rd of January) we expect a detailed report on Kay and Arny Herrmann. They have plans for a get-together while they are all in the same vicinity.

\* \* \*

Mary Helen Gammon, who was a member of the Auxiliary in bygone years, is now a state officer of the Daughter's of the Confederacy, and is enjoying her travels around the state.

\* \* \*

Another name you no doubt remember is that of Dr. Moore, now deceased. His son, Dr. William Moore, has written a letter that was in the paper not so long ago. He is serving with the United Nations' Forces in Korea.

\* \* \*

Maxine Rosenblatt reports that the sales of "Today's Health" are about equal to those of last year, although the renewals through the medical society have not as yet been turned in to her. Idea hits us—give a subscription as a Valentine!

\* \* \*

Seen at the Lakewood Ice Arena—Gypsy Hoyer and Ruth Rigos, proudly watching their small fry. It sounds like a good way to spend a Sunday afternoon with your kids.

\* \* \*

Merle Herrmann is a grandmother again—twice.

*(Continued on Page 11)*



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# The Hospitals . . .

## MOUNTAIN VIEW SANATORIUM NEWS

Today I had the privilege of being shown through our new sanatorium which is being erected adjacent to the County Hospital. Mr. McClellan, working for Mr. Lumm, the architect, took me on a complete tour of inspection.

The men are now working on the third floor and even with just the floors and walls erected to date, it is very impressive. After studying blueprints for as many months as we did in the past, one can easily visualize the appearance of the rooms on the first two floors. It will be a structure of which we can all be proud. From the third floor level, which is the first floor where patients will be placed, one has a magnificent view of the entire city. To the southeast one has an unlimited view of the Cascade Range. To the north you overlook the entire City of Tacoma and can see Commencement Bay with the Olympics in the background. To the northwest one can see the buildings of the College of Puget Sound. From the upper floors and roof one can imagine what an unlimited panorama of Pierce County one will have.

Mr. McClellan tells me that the work to date is right on schedule and he believes that the building will be ready for occupancy early in 1952.

—Hollis R. Smith, M. D.

## ST. JOSEPH

The annual New Year's dinner for the Interns, Residents and their families was held on January 4, 1951. Those in attendance were Drs. and Mrs. A. Curza, R. Chambers, H. Kohler, R. D. McKay, L. Carefoot, Jack Lee and Dr. Dulce Perez. Staff members present were Drs. and Mrs. R. D. MacRae, John Flynn and C. R. McColl.

At the monthly staff meeting on January 15, 1951, the new by-laws were unanimously approved and adopted.

On February 15th Dr. A. Gurza will leave us to accept a position with the Rainier State School at Buckley. Congratulations to Dr. and Mrs. Gurza on the birth of their fourth child on January 22, 1951.

Dr. Jack Lee, the new intern, comes to us from Saint Catherine's Hospital, Omaha, Nebraska.

Dr. Louis P. Hoyer, Jr., has been doing an excellent job of arranging the program for the monthly staff meetings.

## U. OF W. SCHOOL OF MEDICINE WASH. STATE DEPT. OF HEALTH

During 1951 the University of Washington School of Medicine, in co-operation with the State Department of Health and Washington State Medical Association, will present a number of specialty courses.

These courses are informal; are free, and there

will be abundant opportunity for discussions. The courses as planned are as follows: Pathology of Surgical Diseases, March 19 through March 23; Gynecology, April 2 through 5; Practical Psychiatry, July 23 through 27; Electrocardiography, three days in July; Obstetrics, August 6 through 10; Hematology, September 10 through 14; Infections, Diseases, October 1 through 3; Neurology to be announced.

Any county medical society member is welcome to offer a lecture at any of these courses, and anyone wishing to do so is asked to communicate with Dr. J. F. Steele at once.

\* \* \*

Dr. Henry N. Harkins, Professor of Surgery has been appointed Special Consultant to the Public Health Service as a member of the Surgery Study Section of the National Institute of Health. This appointment will cover a period terminating Dec. 31, 1955.

\* \* \*

Grants for Research in the School of Medicine from July, 1947, to November, 1950, total \$1,600,000. Every department in the school, except one, has active research programs under way.

\* \* \*

At the recent meeting of the Association of American Medical Colleges held at Lake Placid, New York, Dean Turner was elected Vice President of the Association and made a member of the Executive Council.

## 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 December 21, 1950, to January 20, 1951, inclusive:

Chancroid .....	2
Chickenpox .....	77
Diarrhea .....	1
German Measles .....	3
Gonorrhoea .....	11
Impetigo .....	4
Measles .....	228
Meningitis .....	2
Mumps .....	19
Pneumonia .....	3
Poliomyelitis .....	3
Rheumatic Fever .....	1
Ringworm .....	2
Scabies .....	4
Scarlet Fever .....	79
Septic Sore Throat .....	1
Syphilis .....	8
Tuberculosis .....	6
Vincent's Infection .....	1
Whooping Cough .....	4

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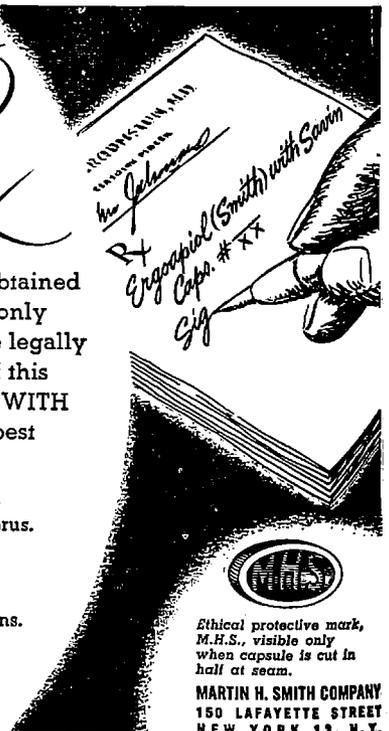
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The Pierce County Medical Society Bulletin:

May I express my sincerest appreciation of the excellent cooperation I have received from the members of the Pierce County Medical Society during my tenure as Director of Health for the Tacoma Public Schools. Great progress has been made in the past year in building mutual understanding between the Pierce County Medical Society and the Tacoma Public Schools.

The schools have benefited greatly from the sound advice which has been afforded by the various members and committees of the Medical Society, who have given so freely and generously of their time and knowledge. Similarly the Medical Profession has benefited by the promotion of greater amity and understanding by the personnel of the schools and the development of a keen appreciation of the great and intricate science of medicine.

I leave the field of Public Health to embark upon a residency in "Physical Medicine and Rehabilitation" with a great sense of gratitude to the members of the Pierce County Medical Society for their ready willingness to aid me in building a good school health department. I sincerely hope that the good work will be continued to the mutual benefit of both parties.

Very sincerely yours,

Albert Lewis Cooper, M. D.,  
Director of Health,  
Tacoma Public Schools.

## OUR ADVERTISERS

These are the advertisers who make possible the publication of our Pierce County Medical Bulletin. Patronize our advertisers.

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"Medical Care Problems in a Group of Patients with Chest Pathology." The above article by Dr. Lee Powers, published in the January number of Northwest Medicine should be read by every doctor. The study was initiated by the then Society President Dr. Homer Humiston and was accepted and paid for by the Pierce County Medical Society. This recognition by Northwest Medicine is appreciated.

## AMERICAN MEDICAL EDUCATION FOUNDATION

Established by the Medical Profession to Provide Unrestricted Funds for Use of Medical Schools in the Basic Training of Future Physicians.

Our medical schools stand in need of additional financial support if they are to continue to provide the American people with more and better physicians. The tremendous advances in raising our health standards in the last fifty years have been due in large measure to the great improvements in medical education. Adequate financial support of our medical schools is, therefore, essential to the continued advancement of the nation's health.

The American Medical Education Foundation has been chartered as a not-for-profit corporation under the laws of the state of Illinois to receive annual contributions from physicians and friends of the medical profession. The Commissioner of Internal Revenue has been asked to rule that contributions to the fund will be deductible for the computation of income taxes.

Contributions received by the Foundation will be distributed to all approved medical schools in the United States. The funds will be given for unrestricted use—each school being entirely free to determine how best it can use its share to improve the basic training of its medical students.

It is recognized that the members of the medical profession alone cannot meet all the needs of the medical schools. Others must help. If the medical profession will lead the way, many others should be eager to make their contributions. By such a combined effort success can be achieved.

Each member of the medical profession recognizes a debt to the medical schools with which he has been associated as student, intern, resident and practitioner. Every member of the profession must also recognize that without strong medical schools the future capacity of the profession itself to serve society will be in jeopardy.

To make the Foundation an effective force for the maintenance of medical education, it is suggested that each physician consider an annual contribution of \$100. Many of the contributions already received exceed this amount. A physician who finds such a contribution beyond his means can still demonstrate his support of the Foundation with a smaller contribution.

Mail to American Medical Education Foundation, 535 N. Dearborn, Chicago.

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## ABOUT PUBLIC LAW 779 REGISTRANTS

With the passage of Public Law 779, 81st Congress, better known as the Doctor Draft, many questions concerning the status physicians, dentists, and veterinarians, have been posed. The following questions and the best available answers to date cover most of the situations concerning this group of personnel in the Army Medical Service. As other problems arise, their answers will be published at the earliest practicable time in subsequent letters.

Question:

Can a special registrant obtain a reserve commission without volunteering for active duty?

Answer:

Yes. However, he is subject to involuntary call immediately thereafter.

Q:

If he receives a reserve commission, is he liable for active duty call earlier than he might be ordered up for induction?

A:

It is not possible to answer this question at this time. It will depend on the number who are appointed in the Reserve. The Army will not order any more reserve officers of special registrants to duty than are required to meet its minimum needs. The reserve officer ordered to active duty is assured of certain benefits while the inductee is not.

Q:

Can a priority I registrant appointed in the Reserve who is undergoing residency training expect to be delayed in call to active duty in order to finish his last year of training?

A:

The present military situation is such that delays of reserve officers classified in priority I on grounds of residency training cannot be granted.

Q:

If a registrant indicated his desire for a reserve commission on DD Form 390:

a. When will he be commissioned?

b. If he indicated a Department of choice—Army, Navy, or Air Force—will he be so appointed?

c. Will he be inducted before his appointment?

A:

a. After he is processed physically, his papers are forwarded to the area commander concerned where they are reviewed for professional and physical qualifications. Following successful review, letter of appointment and Oath of Office will be sent to him by registered mail. He will have a limited time to accept. Appointment will probably be tendered about 10 days after physical examination.

b. Not necessarily. In order to maintain an equitable balance between the Department, the Personnel Policy Board has established ratios of the numbers to be commissioned in each Department. The Army will receive the greater majority.

c. Ordinarily, no. A special procedure has been developed by the Department of the Army to expedite appointment in ORC of all special registrants who have requested commissions and are found qualified. However, the most important single

factor is the promptness with which the special registrant returns his Oath of Office.

Q:

Will a special registrant board certified specialist inducted or called to duty as a reserve officer be assured of following his professional specialty in the service?

A:

Yes. The specific assignment, however, will depend on the number of such specialists made available. If inducted, however, the registrant would have to apply for and receive a commission subsequent to induction since only then could he be properly assigned.

Q:

Will a special registrant physician who has had training in a specialty be assured of assignment in his elected specialty?

A:

This is a question of supply and demand. Until specialty spaces are filled the answer is yes. Assignments thereafter will be as near specialty as possible; however, field tactical assignments must be filled. Field medicine actually runs the whole gamut of medicine. When time will permit, officers so detailed will be given special courses in military medicine before assignment.

Q:

Can a physician receive specialty board credit for any part of his military service?

A:

Depending on the specialty and his assignment under qualified supervision varying degrees of credit, either resident or practice may be recognized. The officer will be advised to maintain a diary record, which will be supplied for this purpose, which, when authenticated, he will submit to his board for evaluation.

Q:

Are medical and dental reserve and National Guard officers, involuntarily called to active duty, entitled to the \$100 special pay authorized by Public Law 365, 80th Congress?

A:

Yes. Effective September 9, 1950, the only medical and dental officers not entitled to this emolument are those actually inducted under the Selective Service Act of 1949, as amended.

Q:

Are Veterinary officers eligible for the \$100 extra pay?

A:

No. P. L. 365, authorizing the special pay, applied only to physicians and dentists.

Q:

What is the cutoff date after which a special registrant would not be tendered a commission in the ORC?

A:

After pre-induction physical, if his answer is "no" to item 30 on DD Form 390 at time of registration with his local board, unless he voluntarily and subsequently requests a commission, his next contact if he is in class IA and has been notified that

(Continued on Page 19)

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*Literature on request*

MARTIN H. SMITH COMPANY · · NEW YORK

(Continued from Page 17)

he is acceptable to the Armed Forces would be an order to report for induction. The Army cannot assume responsibility for issuance of a commission thereafter until after induction.

Q:  
a. If a special registrant said "no" on item 30, DD Form 390 as to desire for a commission, can he, subsequent to preinduction physical examination and prior to orders to report for induction, request a commission? Will he be eligible for additional special pay if his order for induction arrives before his commission?

A:  
a. Yes. b. If he is appointed and accepted in the ORC before the date scheduled for his induction. If appointed and accepted in the ORC he is not thereafter liable for induction and would be eligible for additional special pay when ordered to duty.

Q:  
Will an inducted registrant be required to serve as an enlisted man?

A:  
Yes. However, unless the inductee applies for and receives appointment as an officer following submission of an application for appointment he would continue to serve as an enlisted man until administrative processing of the application was completed. This may take days and weeks.

Q:  
Will a special registrant called to duty as a reserve officer or inducted and commissioned be entitled to the \$250 clothing allowance?

A:  
Yes, if this is first appointment or if he has not previously received such allowance.

Q:  
Under what conditions can a special registrant delay in call as a reserve officer?

A:  
If he is an intern (until completion thereof).  
If his essentiality to a community is clearly established.

If he can substantiate extreme hardship to his family (this does not refer to reduced income).

If he is sole surviving member of a family who has previously lost a member in the Armed Forces.

Reserve officer request for delay, under the above criteria, may be submitted to the Commanding Officer of the Military District in which he is assigned.

Q:  
Is a reserve officer ordered to active duty entitled to reimbursement for travel from his home to first duty station?

A:  
Yes. A reserve officer ordered to active duty is entitled to mileage from his home to first duty station. The "home" is the permanent residence or domicile of the officer as recorded in the Adjutant General's office, Department of the Army, at the time active duty orders are issued.

(Note: Personnel assigned to any station for temporary duty, i. e., brief orientation courses, pending further orders, or temporary duty pend-

ing overseas orders (TDPFO) are not authorized transportation of dependents and shipment of household goods until further permanent change of station orders are issued. Dependents should particularly be discouraged from accompanying, at their own expense, sponsor to the Brooke Army Medical Center, San Antonio, Texas, due to the acute housing problem in that city.)

Q:  
Is a reserve officer ordered to active duty authorized travel by private automobile to his first duty station?

A:  
No. Travel by private automobile (300 miles per day) is authorized only for officers on active duty after they have reached first duty station, and then only when orders so indicate. However, this does not prohibit travel by private automobile provided there is no delay (based on time required to travel by train) in reporting for duty. An individual departing from his home or present location prior to the effective date of duty (EDCMR) shown in his orders does so at his own risk—pay, allowances, and benefits commence on the EDCMR. The effective date of duty (EDCMR) shown in orders calling for officers to extended active duty is the date the officer is legally required to proceed from home or present location to assigned station.

Q:  
Is a reserve officer ordered to active duty entitled to move household goods from home of record to first duty station at government expense?

A:  
Yes. The officer may, upon receipt of orders to active military service, apply to the nearest government transportation officer and request a Transportation Request, which will entitle him to railroad ticket providing for his transportation from his home of record to his first duty station. In the event the officer chooses to travel by commercial air, he will be furnished a transportation request, which will entitle him to commercial air passage. However, the officer will be required to reimburse the government for the difference in cost between the rate by rail and the rate by air. In the event an officer's orders direct him travel by commercial air, he is not required to reimburse the government for the difference in rates involved.

Q:  
Can a reserve officer, ordered to active duty travel from his home of record to his first duty station at his own expense, seek reimbursement for travel performed, at his first duty station?

A:  
Yes. A reserve officer ordered to active duty is entitled to reimbursement for travel performed from his home of record to first duty station within the continental limits of the U. S. at the rate of 8 cents per mile.

Q:  
Is a reserve officer ordered to active duty who travels at government expense (Transportation Request) entitled to any reimbursement for travel per-

(Continued on Page 21)

## IF IT'S GOOD FOR THE DOCTOR SHAW CAN SUPPLY IT

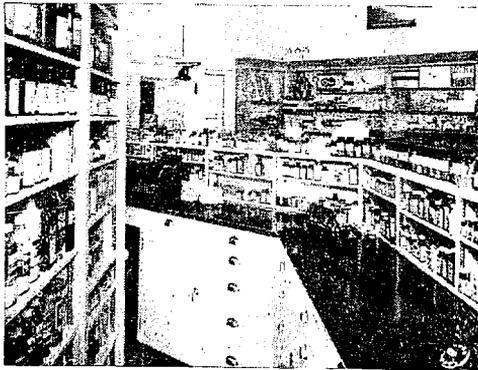
To whom would a manufacturer of surgical equipment seeking an outlet for his product look for its distribution in the Pacific Northwest but to the well established and reliable distributor in his line. There's one sure answer — Shaw's. Why not— wouldn't you?

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(Continued from Page 19)

formed in addition to the travel request furnished him?

A: Yes. In addition to the Transportation Request furnished by the Transportation Officer, the officer is entitled to reimbursement at the rate of 5 cents a mile for distance between home of record and first duty station.

Q: Are the dependents of a reserve officer ordered to extended active duty entitled to transportation at government expense from the home of record to the officer's first duty station?

A: Yes. Officer may apply to the nearest government Transportation Officer and request Transportation Requests, which will entitle his dependents to railroad tickets (travel by air not authorized) providing for their transportation from home of record to officer's first duty station.

Q: Can a reserve officer provide for the transportation of his dependents from his home of record to his first duty station at his own expense and later seek reimbursement at his first duty station for travel performed?

A: Yes. The officer is entitled to reimbursement for travel performed by dependent wife and children 12 years of age or over from home of record to first duty station at the rate of 4 cents per mile. The officer is entitled to reimbursement for travel performed by children 5-12 years of age from home of record to first duty station within continental limits of U. S. at the rate of 2 cents per mile. No reimbursement is provided for children under 5 years of age.

Q: a. Is a reserve officer ordered to active duty whose dependents have been furnished Transportation Requests entitled to any reimbursements in addition to the Travel Request furnished? b. If assigned to duty overseas, can dependents accompany him at government expense?

A: a. No. b. This will depend on existing policy which varies with each overseas command. If dependents are permitted to accompany officer they travel at government expense.

—Spokane County Medical Society Bulletin.

### MAKE IT 40 YEARS, TOO

Agent: "I take it you favor a straight life insurance policy."

Client: "Don't make it too binding; I like to step out once in a while."

\* \* \*

The preacher came along and wrote upon the signboard: "I pray for all."

The lawyer wrote underneath: "I plead for all."

The doctor added: "I prescribe for all."

The plain citizen wrote: "I pay for all!"

## A LETTER TO OUR FRIENDS, THE DOCTORS, FROM THEIR FRIENDS, THE PHARMACISTS OF PIERCE COUNTY

Dear Doctor:

Do you know the following facts about dangerous drugs and the Federal Laws pertaining to them?

1. All dangerous and habit forming drugs require prescriptions.
2. Unless otherwise specified these prescriptions cannot be refilled without the doctor's consent.
3. Narcotic prescriptions are not refillable! A new prescription is required each and every time! These prescriptions must be in the possession of the pharmacist before he is permitted to deliver the medication to the patient! Narcotic prescriptions must be written in ink or indelible pencil or typewritten and must be signed by the physician in ink or indelible pencil. They must also bear the name, address and registry number of the physician, as well as the name, address and age of the patient.
4. You can verify any hypnotic prescription by telephone: either a new prescription or a refill. But not narcotics. The State Law requires that the physician submit a written prescription within 48 hours after prescribing same. Prescriptions for narcotics must be in the possession of the pharmacist before delivery of same to the patient.
5. On preparations labeled "Warning—May Be Habit Forming" and/or "Caution: to be dispensed only by or on the prescription of a physician." These cautious mean exactly what they say. If you want your patients to receive the benefit of these drugs please give them the necessary prescriptions.
6. If your patient is to continue to purchase hypnotics or dangerous drugs without having to bother you each time a refill is requested, please identify your prescription properly: viz. "refill ad lib" or "refill (so many) times." This is providing the patient does not request renewal more frequently than the directions indicate, nor after six months from the date of the prescription.
7. Do not tell your patient to "Go to the drug store and get so-and-so." Your patient more than likely will make a mistake in his request. Also bear in mind the fact that your patient is not permitted to make purchases of drugs mentioned in paragraph 5 without a proper authority—which is your prescription!
8. Please, Doctor, don't ask your pharmacist to violate the above regulations. Give him the proper authorization: Your prescription!

At the present time there are very drastic penalties connected with violations. We want to cooperate with you 100 per cent. Won't you cooperate with us?

(Above message taken from a letter sent by The Santa Fe Druggists to their Physicians.)



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## WHAT IS FREEDOM?

FREEDOM is the man at the lathe or at the desk doing the job he likes to do, and speaking up for himself. It is a man in the pulpit, or on the corner, speaking his mind. It is a man putting in his garden in the evening and stopping to talk with his neighbor over the fence.

It is the unafraid faces of men and women and children at the beach, or looking out of the car window speeding along the four lane highway.

It is a man saying, "Howdy stranger," without looking cautiously over his shoulder. It is the people of the Country making up their own minds. It is the soprano singing the Star Spangled Banner off key meaning every word of it.

FREEDOM is the air you breathe and the sweat you sweat. It is you, and a hundred and fifty million people like you with their chins up daring anybody to take it away from you.

\* \* \*

## SECURITY

Why did the Negro slave frequently try to escape to the North. He was running from absolute security.

He received all of his meals for himself and his family for nothing. He received free medical care for himself and his family. He paid no rent. He and his family received free clothing. His house was furnished. He didn't have to pay any taxes. He didn't need to have any money. If anything happened to him, his family received the same benefit as when he was alive. Slaves preferred freedom and insecurity to slavery and security.

Our ancestors won a living from the wilderness, but they had freedom and what they earned was their own. They supported themselves, but not their masters. A slave has to support himself and his master.

\* \* \*

"The penalty that people pay for not being interested in Politics," according to Plato, "is to be governed by people *worse* than themselves." Our greatest danger today is not from Russia, but from ourselves, from our growing disregard of principles.

Citizenship is a two way street. It entitles one to privileges and to protection of the Laws of the Country; in return it requires allegiance and active participation in building the economic and political

integrity of the Community and Nation.

Our most important need today is for better men to lift the fallen banners of our integrity and lead us again toward the light. It is the duty of a loyal citizen to properly use his vote. If we do not use our vote, then we cannot consistently complain about the type of public officials we have in the U. S. There is a committee being formed to make people more conscious of this power of their vote and their slogan is: "Government by *Decision*, Not by *Default*."

—Bulletin of the Winnebago  
County Medical Society.

The tall, dignified man joined the crowd in front of a bargain counter, in an attempt to get a very special pair of hose for his wife. He inched his way patiently, but was buffeted here and there by the women, and made no progress.

Suddenly he lowered his head, stretched out his arms, and barged through the crowd.

"Can't you act like a gentleman?" inquired a cold feminine voice at his elbow.

"I've been acting like a gentleman for the past hour," replied the man, still charging forward. "From now on I'm going to act like a lady."

\* \* \*

Twenty years ago people never thought of doing the things they do today—that's why they didn't do them.

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## THE PIERCE COUNTY DOCTOR'S HOSPITAL FUND

The purpose of this fund is the paying of hospital bills for doctor's families while the doctor is serving in the armed forces. The fund was started in October, 1942, by a voluntary monthly assessment of \$2.00 from those doctors in the county not in uniform. Contributions were discontinued January 1, 1944, by which time \$2,800 had been raised. \$1,045 in hospital bills have been paid, the last bill being paid in August, 1946. Interest has accumulated and the fund now amounts to \$1,939.40.

As was stated the fund is available now and will be added to should the need arise. Any doctor's family incurring such hospital expense will be reimbursed if they will send the receipted bill to The Doctor's Hospital Fund, c/o Dr. L. A. Hopkins, Medical Arts Building.

## ARMY MEDICS TEST NEW BURN DRESSING IN KOREA

Two new oversized dressings for burns or wounds will soon join other medical advances which help to provide the best medical treatment obtainable to G.I.'s fighting in Korea, according to Major General R. W. Bliss, Army Surgeon General.

One of the projects of the Army Medical Service's Research and Development Board, the new dressings consist of an inside or wound layer of highly absorbent fine mesh gauze, which may be treated to reduce irritation to wounds; and an outside, non-absorbent layer that prevents bacteria from entering the wound or burn. These qualities will permit the dressings to be worn for as long as 14 days, whereas present type burn dressings must be changed every day or two, depending upon the degree of the burn.

Smallest of the dressings, 19 by 34 inches, are about five times larger than the largest size now in use. The larger one, for more extensive burns or wounds, is 34 by 45 inches. These dressings were developed for use during the first aid phase of treatment to give the casualty every benefit of Army medical research possible, and to improve his chances of reaching a hospital for definite treatment.

## COMMISSION ON CHRONIC ILLNESS

What is known today about preventing cancer? heart disease? diabetes?

What can be done to find more cases of these and the other chronic diseases in early and more controllable stages?

Over twenty national health organizations are now participating in the preparation of authoritative summaries of *what is now known* about prevention and early detection of *arthritis and rheumatism, heart disease, cancer, poliomyelitis, multiple sclerosis, cerebral palsy, epilepsy, diabetes, blindness, deafness, tuberculosis, and syphilis.*

Statements are also being prepared on emotional disorders, heredity, occupation and malnutrition as they may be related to the causation of chronic disease.

These statements will be used at the National Conference on Chronic Disease: Preventive Aspects, March 12-14, 1951, at the Edgewater Beach Hotel in Chicago, announced Morton L. Levin, M.D., Director of the national Commission on Chronic Illness.

## THE WIFE OF THE MAN WHO WASN'T THERE

*Juliet B. Fuhrman (a doctor's wife)*

Oh for the life of a doctor's wife!  
 It's a wonderful life, it's fine.  
 You struggle to fix his dinner by six  
 And he doesn't come home till nine.  
 You play the host, you carve the roast,  
 And pray he'll come home from his call.  
 He's invariably late to a play or a date  
 Or he doesn't turn up at all.  
 Oh for the life of a doctor's wife!  
 It's a wonderful life, I've found.  
 Your finger gets cut and it's falling off,  
 But you can't find a doctor around.  
 So pity the spouse of a doctor's house,  
 The spouse of the house, sublime.  
 For tho she is wed, it may truly be said  
 She's husbandless most of the time.

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## THIRD ANNUAL SCIENTIFIC ASSEMBLY TO BE HELD IN SAN FRANCISCO

What appears to be a completely new approach to postgraduate training for G.P.'s was announced late in November by the American Academy of General Practice. The Academy's Third Annual Scientific Assembly, to be held in San Francisco on March 19-22, 1951, will be built around this new concept.

Briefly, the Academy reasons that in addition to an understanding of specific diseases and specific therapies, the man in general practice also needs to understand the emotional, familial and environmental backgrounds which influence the life and well-being of the patient. Through such better understanding, the general practitioner becomes a better Family Doctor.

Consequently, the program of the next Assembly will not be made up of the usual list of papers on unrelated medical and surgical conditions. Instead, it will hinge on two principal areas of interest: "Counseling Factors in Family Life" and "Functional or Psychosomatic Disorders in General Practice." One afternoon of the meeting will be devoted to a panel discussion of each subject by seven top authorities. Other speakers will discuss specific phases of these two subjects, assuring a balanced, integrated approach to each basic problem.

There will also be a dozen other papers dealing with important aspects of general practice, but even these are designed to send the G.P. home better equipped for his role of Family Physician. Another innovation in this Assembly will be the integration of the scientific exhibits into the teaching program—nearly half of them will relate to and supplement the teaching periods on the formal part of the program.

Program speakers will include such prominent instructors as William C. Menninger, Paul Popenoe, Dorothy Walter Baruch, R. B. Robins, Walter C. Alvarez, and twenty-two other equally authoritative names in their respective fields. According to AAGP President, Stanley Truman, and T. R. Rardin, Executive Chairman of the Program Committee, every instructor is a good speaker and well trained as a teacher.

It looks as though the American Academy of General Practice may have a sound basis for its boast that this Assembly will be "the outstanding medical convention of 1951."

—Erie County Medical Bulletin.

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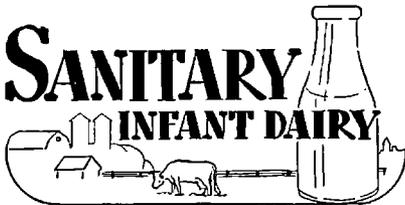


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**PIERCE COUNTY MEDICAL SOCIETY**

VOL. XXI—No. 7

TACOMA, WASHINGTON

March - 1951



TACOMA NARROWS BRIDGE

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1951

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## Program

**MEDICAL ARTS AUDITORIUM**  
**PIERCE COUNTY MEDICAL SOCIETY**

for the

**Tuesday, March 13, 1951**

### MEETING

Address by

**DR. DANIEL LABBY**

Assistant Professor of  
 Clinical Medicine,  
 University of Oregon  
 Medical School.

TOPIC

**"Recent Advances in the Study  
 of Arteriosclerosis"**



\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig--Astoria Marine Photo Service.  
 \*Engraving donated by Dammeier Printing Company.

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

## **TIME AND TESTS**

You may remember when in grade school your teacher would write on the blackboard ten questions about arithmetic or geography and then say, "you have thirty minutes for your test." When the papers were collected did you often wish the day would come when you did not have to take examinations? Maybe that wish extended through your college and medical school training. But regardless of our wishes during those comparatively care-free days, we have since discovered that time and tests are the controlling factor in our life's activities.

Time, in varying amounts, has always been the greatest gift granted to each one of us without any apparent cost. Only in a wishful sense is this true because time's freedom from cost is always balanced by the continuing demands of tests. Time and testing go together, hand in hand, until the final accounting is made.

This same payment has been exacted of peoples and civilizations that are now passed away, and each nation, now currently active must continue to successfully meet the demands of time and tests if they are to survive. It is not difficult to agree that such a measurement applies to countries other than our own and to individuals other than ourselves, but the same testing includes each one of us.

During these present years the practice of medicine is rapidly increasing in complexity, not only as regards scientific discoveries but for most of us, with the more baffling social and economic problems which are ours to solve.

Although time continues to be a generous and a free gift, the ever present examinations will continue and the sum total of the grades received as we take our daily individual and group tests will determine our own, our professions, and our country's future.

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## In Memoriam



### Mrs. Blanche G. DeWitt

Every member of the Pierce County Medical Society was saddened by the sudden death of our librarian on February 15th.

Mrs. DeWitt had not been in good health for several years but with rare courage and determination she continued her work until February 13 when she suffered a cerebral hemorrhage.

As our Medical Librarian for over twenty-five years she was responsible for its orderly growth from a virtual beginning to the present size of over six thousand volumes.

Mrs. DeWitt had a remarkable fund of medical knowledge, concerning which she was always modest, but it enabled her to be of valued help to every doctor in his search for special medical information.

Many doctors have come and gone during her years of service and she always endeared herself to each one with her friendly sincerity, her gracious personality and her able assistance.

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# WOMAN'S AUXILIARY

## *To The Pierce County Medical Society*

It is hard for us to decide, with February such a short month, whether to pounce on the news of the present and the future or tell you how wonderful the last meeting was. Despite the weather, which was a trifle damp to say the least, the turnout was good. The table looked beautiful and the luncheon tasted, as children say, "num-num." Our able State President gave us some good pointers and it was nice to meet the President-Elect. And did you see how we made the newspapers regarding the portrait of Jane Laming? Mrs. Vanderhorst is certainly talented. What did friend husband think of the portrait, Jane? All in all, it was a most successful meeting.

\* \* \*

Emma Bonica will entertain us on March 9, and again there will be a bit of a problem if we don't share transportation, to her home at 44 Summit Road. Helen Florence is in charge of the lap luncheon with Eileen Radamaker, Marcy Peterson, Lorraine Kunz, Anita Parrott, Dorothy Maier, Bart Huff, Pearl Baskin, Bess Drues, Merle Herrmann, Opal Whitaker, Beatrice Kalkus, Helen Kittredge, and Leila Robson assisting her. The author of "Till Fish Do Us Part" will journey from Seattle to give us a talk on "A Doctor's Wife Writes a Story." Reports have it that Bea Cook, said author, has as much if not more personality than Mary Bard Jensen—so we will 'spect to see you.

\* \* \*

Speaking of getting out, maybe we will see some spring bonnets in March, with Easter arriving so early this year. We look at the calendar and shudder—it just simply can't be time for house-cleaning and gardening. Oh me—we can't argue with the calendar, can we? We wondered what had happened to the party for the husbands and wives—but were told it is now planned for March. We are counting on it.

\* \* \*

Bess Hopkins has been very ill in the hospital but is hoping now to be home in two or three weeks. We hope so too and that all will be well with her then.

\* \* \*

We should hand orchids to our legislative committee and their chairman. They have been working very hard on letters and material—and then Helen Jarvis, the chairman, and Helen Kittredge and Ruth Light and Elizabeth Thomas, in Beth's car, journeyed to Olympia late in February to see our legislature in session. They heard the presentation of bills in the morning, had luncheon with representative Bassett, and then in the afternoon they were tickled to watch the defeat of Bill No. 13, which had to do with licensing of chiropractors without taking the basic science examination. Mrs. Schulte, our State President, mentioned that bill

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in her talk to us in February, remember? The girls certainly enjoyed their day—and say that it would be a worthwhile trip for each and every one of us. Not only educational but at times, entertaining. Let's go!

\* \* \*

Mrs. Schulte also made a noteworthy suggestion that each of us could make a mental note to remember. When an organization of which we are a member has a rummage sale, call Helen Jarvis or the public relations chairman and get some small leaflets which can be slipped into the clothing that is sold. In that way, the purchasers think they are getting something for nothing and we are reaching people that otherwise we are unable to contact. It would be an easy way for you to salve your conscience, when public relations are nagging you and it is truly a good psychological angle. In other words, we think it a worthwhile idea—be good missionaries and do your bit.

\* \* \*

We speak of our public relations chairman in a rather unidentified way—but as yet we do not know whom it will be. For you all saw and were surprised as we were that the Ray Bennetts are leaving us. And we had a job all lined up for Helen for next year! Ray lived near Albuquerque before he came to the Northwest and that section of the country has always been their favorite vacation spot. The whole family enjoys sunnier climes, it seems, and so they will be moving to El Paso soon after the first of the month—have a home all purchased and the Tacoma home curtains are with

*(Continued on Page 11)*



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## WOMAN'S AUXILIARY

(Continued from Page 9)

the seamstress now. We will miss you so much, Helen. Here's to you.

\* \* \*

The Baskins have been enjoying skiing this winter. Let's don't have any casualties now, Pearl. We would hate to see you battered up.

\* \* \*

We thought that Edith Link was going to school but upon checking up, we find that she is working—and for a most worthwhile organization. She has a full time job with the Red Cross, and with the help of Dick's office nurse and the YMCA swimming and sports activities, she is thoroughly enjoying herself. And thriving on it all.

\* \* \*

The Petersons report that the Herrmanns are very homesick—and anxious to get back. Kay has no help and sitters are almost impossible to get—so when they do get a chance to go out, they tote the kids way across town, and you know how Chicago is—big and wide, and leave them with relatives so that they can have much needed recreation. Now you know how lucky you are. You have our sympathy, Kay, and do hurry home. Marcy returned to find the family fine—but in no time, they all had the flu. They are recuperating slowly, you know how that bug is, and Marcy is very grateful for the presence of Pete's mother in their home. Mrs. Peterson is visiting from Oakland, California, and when we asked Marcy how long she would be with them, she answered, and we quote—"As long as I can keep her" unquote.

\* \* \*

Do you know what Dorothy Grenley's hobby is? Nothing ordinary like you and we do but at present it is working with the rehabilitation of tuberculosis patients. It sounds most interesting and worthwhile. And Dorothy has little ones too. More power to her.

\* \* \*

And speaking of worthwhile things to do, may we remind you that we still help out at the Blood Bank on Mondays? Those who served in February are: Janet Moosey, Oza MacRae, Anita Parrott, Rose Griffin, Mary Ritchie, Rose Monaghan, Ruth Johnson, and Edith Trimble. Our sincere thanks to all of you.

\* \* \*

We had a nice letter from Sylvan Campbell this past month and she made us feel so good. Said our bulletin news is like a long letter from home each month. We are sorry the items are on the skimpy side this month—mid-winter doldrums, we guess. She also said that the children, and her girls, of Ontario, Canada, are all budding Barbara Ann Scotts—and talk ice skating 8 hours a day. As for us, we are sure fed up on the cowboy lingo—and are looking forward to the baseball season. Also, she wrote—"Please tell the girls hello and that I miss them."

\* \* \*

Margaret McBride received the nicest valentine we have heard of yet—for that was the day she

and Glenn purchased their new home. You should see her eyes when she talks about it—makes you green with envy. It is, we understand, on Fairview Drive overlooking the Narrows—and has a huge recreation room in the basement. When is the house-warming going to be, Margaret?

\* \* \*

Bart Huff is taking driving lessons, we understand. When we told friend husband about it, the only remark was "When are you going to start?" Were we squelched!

\* \* \*

Poor Marg Larson—the measles have invaded her domicile and it seems the family got them en masse! We don't know whether that is worse than having the siege prolonged over a period of two months or not but she certainly has our sympathy.

\* \* \*

The G.P.'s are meeting in San Francisco just before Easter and the news so far is that the whole Reynolds family, the whole Wahlberg family and the whole Judd family are attending. They may need another vacation, the mommas we mean, after they return—time will tell. Have a happy spring vacation!

\* \* \*

Lucille Hurst and her husband welcomed a son on February 20—as far as they know at the time we go to press he is to be named Jonathan. He weighed 5 pounds, 7 ounces and joins Richard, age 8, and Jan, age 4. Our congratulations to all of you.

\* \* \*

Kay Willard has been hibernating and we'd best add she has been forced to. Dougy had a mean session with the measles and as soon as he returned to school, Ravel seemed ready to start in with the blasted thing. And their new recreation room, progressing in the basement, has been no help to quiet and peace of mind. Spring will be here soon, Kay, and all will be well, we hope.

\* \* \*

Did you see the lovely picture of the Kohl girls? We still wonder how Madalin can look so untouched by the problems of raising children. And to have three beautiful daughters—young Alex is growing handsomer by the day too. You have the right to be proud, Madalin.

\* \* \*

"The year's at the spring And day's at the morn;" But it is high noon—and also high time we get this to the printers.

## SELF ASSURANCE

The old man and his wife had saved money for a long time to buy an auto. At last they got it and took their first drive: they soon had a number of mishaps; each time, the old gent took out his driver's license and looked at it with care.

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# The Hospitals . . .

## TACOMA GENERAL

The census at Tacoma General continues to be high, particularly on the medical floors, with hall beds being in almost constant use. The situation will be eased when, in the not-too-distant future, the pediatrics department will be moved to Floor B. First East, will then be changed to a medical floor.

Mrs. Mary Major, who has been Assistant in the Nursing Office and in the Admitting Department, will leave on March 15th, to establish her home in Monterey. Her husband is with the Army at Fort Ord.

Also leaving, but at a later date, is Mrs. Dorothy MacIntyre. Her husband has been called into the Air Force, and will be stationed at Hamilton Field, California.

Dr. Bonica recently returned to Tacoma from Calgary. He and Mrs. Bonica left almost immediately for New York City, called there by a death in the family.

The Diabetic Classroom has been moved from Floor B and is again in Room 111, on First North.

## 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 January 21, 1951, to February 20, 1951, inclusive:

Chickenpox .....	76
Conjunctivitis .....	1
Diphtheria .....	1
German Measles .....	5
Gonorrhea .....	26
Impetigo .....	2
Measles .....	519
Mumps .....	21
Pneumonia .....	1
Poliomyelitis .....	5
Rheumatic Fever .....	1
Ringworm .....	2
Salmonellosis .....	1
Scarlet Fever .....	96
Syphilis .....	10
Tuberculosis .....	12
Vincent's Infection .....	1
Whooping Cough .....	3

A tramp knocked on the door of the Inn known as "George and the Dragon." The landlady opened the door and the tramp asked, "Could you spare a hungry man a bite to eat?"

"No!" replied the lady, slamming the door in his face. A few minutes later the tramp knocked on the door again. The landlady came to the door again. This time the tramp asked, "Could I have a few words with George."

## ST. JOSEPH

The Tacoma Police department has informed the hospital that effective immediately there is to be no vertical parking on the north side of 19th Street. Any violation of this order will result in a police ticket. Reserved parking for doctors' cars is on the west side of Eye Street directly in front of the main entrance to the hospital. Emergency parallel parking has been reserved for the north side of 19th Street.

Miss Katherine H. George, an instructor in the School of Nursing, was married on Saturday morning, January 27th, to Frederick D. Dupille.

Mr. John McDonald, from the University of Wisconsin General Hospital, is the new X-Ray technician.

## ALERTING TACOMANS

Concise facts on the American Economic System has reached thousands of Tacomans in their homes, offices and factories during 1950 through an organization created by several local public spirited citizens who believe informed citizens make better citizens.

This sponsoring group have chosen "Citizens Information Committee" as its name and regularly publishes a periodical "Read and Repeat" distributed to those particularly interested in why the family budget doesn't balance any better than our Federal budget appears to.

No argument is anticipated from practicing physicians that the majority of grievances made against the medical profession stem from the economics involved, though an argument is inevitable should economics come up for discussion among physicians. This suggests that basic economics affecting all citizens in our country may be studied with profit to our doctors.

It is proposed that we as doctors give our support to a civic project with the single motive of better citizenship for Tacomans, by subscribing to "Read and Repeat" at a nominal \$5.00 annual cost.

Sustaining memberships through contributions to the Committee activity is thoroughly recommended to physicians in Tacoma in the firm belief there is no greater constructive effort being undertaken in the city with the interest of more alert citizenship at heart.

The Committee welcomes medical cooperation in this project and Mr. Ted Sullivan, it's capable manager, and staff with offices 1306 Washington Building, phone BR. 5188, will give all inquiries careful attention.

How can we as doctors, dentists or anyone allied with medical service better serve or discharge our responsibility as a citizen than to be informed and to aid others in becoming better informed on a sound American economy which in the final analysis is the balance wheel in world affairs today?

—Ross D. Wright, M.D.

CARL E. WALLACE, B. S.  
Bacteriologist

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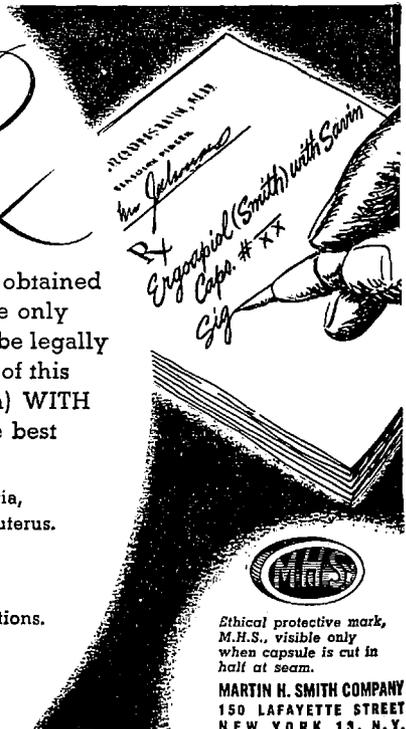
**INDICATIONS:** Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

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

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

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**ERGOAPIOL** (SMITH) WITH **SAVIN**



## TAX DEDUCTION?

At the request of the Bulletin Dr. Ross Wright, our A.M.A. delegate, wrote to the A.M.A. Bureau of Legal Medicine and Legislation and the following is taken from information received from J. W. Holloway, Jr., Director: "I can give you the following information relative to the deductibility for federal income tax purposes of the assessment levied against members of the association in 1949:"

"There is no provision of the Internal Revenue Code allowing deductions for assessments as such. If payments made for assessments are deductible, they must qualify as ordinary and necessary expenses paid or incurred in carrying on a trade or business. However, the allowance of any deduction is subject to the provision of Bureau regulations to the effect that 'Sums of money expended for lobbying purposes, the promotion or defeat of legislation, the Exploitation of propoganda, including advertising other than trade advertising, and contributions for campaign expenses, are not deductible from gross income'. (Section 29.23 (o)-1 of Regulations 111.)

"Careful consideration has been given to all the information submitted in connection with your inquiry. The file indicates that the principal reason for the \$25.00 assessment levied upon your members was for use in connection with your National Education Campaign, a program designed for the primary purpose of defeating any compulsory health insurance legislation. The file also indicates that a substantial portion of such assessments was expended in connection with the above-mentioned program.

"Accordingly, it is held that the special assessment of \$25.00 levied by the American Medical Association upon members would not constitute an allowable deduction for Federal income tax purposes."

The above information answers a question in the minds of some of our doctors, all of whom we will gamble included the \$25.00 in their medical deductions when they filed their tax returns for 1949.

## CHANGE IN BY-LAWS

Delete from present section 3, paragraph 1, the sentence "The annual dues of this society are due January first, annually from each member excepting those specifically exempted. The annual dues shall be \$65.00 . . ." Substitute the following paragraph:

Section 3, paragraph 1: The annual dues of this society are due January first, annually, from each member excepting those specifically exempted. The dues for the County Society shall be \$40.00 per annum plus the annual dues of the Washington State Medical Association, and the American Medical Association.

The above change in the By-Laws was acted at the regular Society meeting February 13. It will be voted on at the regular meeting April 10.

## NEW LIBRARIAN CHOSEN

The Society Library Committee announce their selection of Mrs. Katherine A. Rogers as the new Medical Librarian.

Mrs. Rogers did her library work at the Seattle City Library and is doing advanced work in English and Psychology at the College of Puget Sound. For three years she led a discussion class in the University of Chicago's Great Books course.

Library hours will be 12 to 5 Monday through Friday; 9 to 12 on Saturday. Doctors are requested to look through their medical books in their office or at home and return any books which should be in the Library.

## ANNUAL PARTY

The annual medical party will be held March 15 at the Top of the Ocean. Cocktail hour will start at 6:30, followed by dinner, entertainment and dancing. Dress will be semi-formal. There will be door prizes and an excellent program is being arranged to assure a good time for everyone.

Further notice with a return card will be mailed out shortly.

The regular Entertainment Committee composed of Drs. Gullikson, MacRae, Vadheim and Willard has been enlarged by the addition of Drs. E. R. Anderson, Brady, Brooke, and F. Schwind.

## POSTGRADUATE CONVENTION

The Eleventh Annual Postgraduate Convention of the Oregon Academy of Ophthalmology and Otolaryngology will be held in Portland the week of March 25 to 30, inclusive. Ophthalmology sessions are scheduled on March 26, 27, and the morning of March 28. The afternoon of March 28 and March 29 and 30 will be devoted to otolaryngology sessions. The guest speakers are:

Dr. R. Scobee, professor ophthalmology Washington University Medical School, St. Louis

Dr. Bruce Fralick, professor ophthalmology University of Michigan Medical School, Ann Arbor

Dr. Theodore Walsh, professor otolaryngology Wash. University Medical School, St. Louis

Dr. Maurice H. Cottle, professor otolaryngology Chicago Medical School, Chicago.

Dr. Fralick will deliver the second annual John E. Weeks Memorial lecture in ophthalmology.

—David D. DeWesse, M.D.

Secretary-Treasurer.

The employment clerk, checking over the applicant's papers, was amazed to note the figures 127 and 123 in the space reserved for "Age of Father, if living" and "Age of Mother, if living."

"Are your parents that old?" asked the surprised clerk.

"Nop," was the answer, "but they would be if living."

There was a little country girl who always went out with city fellers because farm hands were too rough.

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## WHO OWNS THE FILMS?\*

The American College of Radiology has adopted the following statement of policy regarding ownership of radiograms for the guidance of hospitals and physicians:

1. Roentgenograms should be used for the best interest of the patient.

2. The roentgenograms are the legal property of the radiologist or of the hospital in which they were made.

3. The radiologist should make the films available for inspection by the physician who referred the patient for x-ray examination, along with a copy of the report of the radiologist.

4. If the referring physician, or if the patient in behalf of the referring physician, takes the films away from the office or the hospital, it should be clearly understood that the films are "on loan" and should be returned.

5. If the patient dismisses the referring physician and goes to another physician, the films and the report should be made as freely available to the second as they are to the first physician who originally referred the patient.

6. If the referring physician objects to the submission of the films to the second physician or to giving to the latter a copy of the radiologist's report, the radiologist is obligated to do so in spite of this objection.

7. All films should be legibly and permanently marked so that the patient can be identified and the date on which they were taken can be determined. This is important because, under some conditions, a comparison of films just made with others made previously may be the crucial factor necessary to establish a diagnosis or to estimate the progress or regression of a disease.

8. When a medicolegal situation exists, the radiologist has a right to refuse the involved films if necessary for his own protection, except on a court order.

9. A liberal attitude regarding the release of films is more desirable than strict insistence on one's legal rights, in order not to engender the enmity of a patient or of a physician by strict adherence to the rule.

10. In recognition of the universal importance of radiological method of examination, the principles outlined regarding the use of roentgenograms are deemed by the American College of Radiology to be equally applicable to roentgenograms made by physicians other than those who are specialists in radiology.

\*The question as to whether the patient owns roentgenograms has frequently been asked of the Society by lay persons. We are reprinting this statement of policy in order that our members may have this pertinent information.

It's a bottle of hair tonic, dear.'

'Why, thank you—it's very thoughtful of you.'

'It's for your secretary—her hair is coming out rather badly on your coat.'

## HOW MUCH LONGER WILL YOU LIVE

*This Chart Will Tell You How Many More Years the Average Person Your Age Has Left*

<i>If your age is</i>	<i>Your remaining years are:</i>	<i>If your age is</i>	<i>Your remaining years are:</i>
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31	40.2	59	17.2
32	39.2	60	16.5
33	38.3	61	15.8
34	37.4	62	15.2
35	36.5	63	14.5
36	35.6	64	13.9
37	34.7	65	13.3
38	33.9	66	12.7
39	33.0	67	12.1
40	32.1	68	11.6
41	31.2	69	11.0
42	30.4	70	10.5
43	29.5	71	10.0
44	28.7	72	9.5
45	27.8	73	9.0
46	27.0	74	8.5
47	26.2	75	8.0
48	25.4	76	7.6
49	24.6	77	7.2
50	23.8	78	6.7
51	23.0	79	6.3
52	22.3	80	5.9
53	21.5	81	5.5
54	20.8	82	5.1
55	20.0	83	4.7
56	19.3	84	4.4
57	18.6		

## A NEW VENTURE IN COLUMBUS

Recently two nice young men called on me at my office and discussed a new business they have started here in Columbus. They are Bill Schroeder and Gordon Sarchet and their Medicus Laboratories propose to manufacture Chorionic Gonadotropin from the urine of pregnant women.

Twenty-four hour urine specimens collected from the 50th to the 85th days after the last menses are desired. Volunteers will be remunerated at the rate of seventy-five cents a day for a period of thirty to thirty-five days, making a total of about twenty-seven dollars which could be applied to the obstetrical fee. The laboratory will furnish sanitary containers and collect the specimens daily.

If you are interested in helping your O.B.'s make a profit on an excretory function, and in seeing a new business succeed, give these young men the benefit of your good will and cooperation when they call on you.

—Columbus, Ohio, Bulletin.

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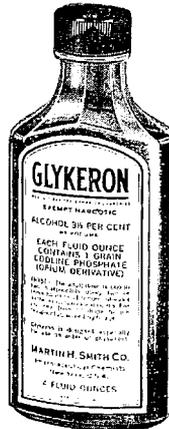
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## THE PRESENT STATUS OF THE CLINICAL USE OF RADIO- ACTIVE ISOTOPES

At the meeting of the Pittsburgh Roentgen Society held January 10, 1951, Dr. Campbell Moses, School of Medicine, University of Pittsburgh, spoke on the present status of the clinical use of radioactive isotopes. Dr. Moses devoted the major portion of his discussion to radioactive iodine. Because of the avidity with which the thyroid absorbs and concentrates iodine from the blood stream, this isotope might well be expected to have a place in the diagnosis and treatment of some diseases of the thyroid. As a tracer, radioactive iodine has a place in the study of thyroid function, but the techniques and apparatus have not as yet been perfected to the point of replacing older methods, particularly the measurement of the basal metabolic rate. Dietary or therapeutic iodine blocks absorption of the agent, vitiating the accuracy of the test, sometimes for as long as six weeks. It appears to be of definite clinical value, however, as a test for hyperthyroidism in cardiac patients in whom the BMR is not a reliable test. It is of course also of value in planning isotope therapy of thyroid disease.

In the treatment of hyperthyroidism, surgery still remains the method of choice, but radioactive iodine may be of value in treating recurrences after surgery, very severe thyrocardiacs who are poor surgical risks, and perhaps in treating small or inaccessible hyperplastic thyroids. Its use is contraindicated in nodular goitre on account of possible malignant disease, which is also best treated by surgery. Of particular disadvantage, the optimum therapeutic effect may be delayed as long as six months, during which time the disease may produce considerable damage to the patient, a delay not encountered after surgical treatment. Furthermore, the recurrence rate after isotope therapy has not yet been established.

Although radioactive iodine would appear to be ideally chosen as a means of concentrating a high dose of irradiation in a malignant tumor of the thyroid, the failure of the overwhelming majority of such tumors to concentrate iodine to any significant degree renders such treatment ineffective in most instances. However, absorption of iodine may be promoted in metastases from thyroid tumors either by thyroidectomy or by the use of

propyl thiouracil, rendering them susceptible to treatment in a few instances.

Radioactive phosphorus, sodium, strontium, and colloidal gold have also been used in the treatment of malignant disease, but only the former has proven to be of definite value. The effectiveness of radioactive phosphorus in the treatment of polycythemia vera has been established by several workers. It also appears to have a place in the treatment of chronic myelogenous leukemia in patients with small spleens and low leukemia without adenopathy, but with anemia as a primary symptom, may also benefit from such treatment.

The localization of brain tumors by di-iodofluorescein shows promise of becoming a valuable diagnostic procedure.

—Pittsburgh Medical Bulletin.

## CADUCEUS 1950

Last month the long awaited volume containing recent portraits of 192 of our County Society members was distributed gratis.

The book was sponsored by business and professional associates. The portraits were by Bert Perler Studios and the printing by Dammeier Printing Co.

These companies are entitled to well earned praise for the excellence in every respect of this successful venture.

Our sincere thanks and we trust our appreciated patronage of the advertisers who made this valued volume possible.

We anticipate another volume will appear in 1960.

The cover of the February number of the Los Angeles County Medical Bulletin showed a portion of the Methodist Hospital of Southern California. This hospital offers a unique feature in having an Oxygen Therapy Unit. This unit consists of small private rooms which compose a separate nursing unit where critically ill patients suffering from vascular problems may be treated adequately on general duty nursing care, thereby precluding the expensive necessity of the patient requiring special duty nurses. Oxygen is piped to each room from a manifold located in the basement of the hospital building. Therefore, many patients are accommodated in this Oxygen Therapy Unit who otherwise could not afford the cost of hospital care.

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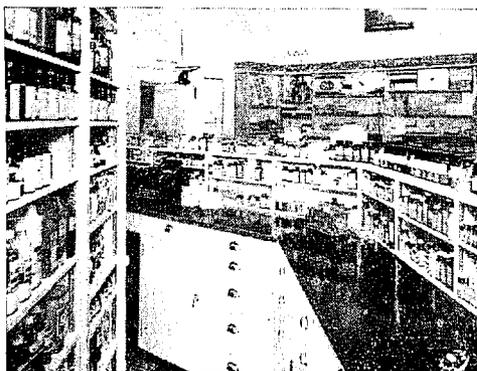
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## PUBLIC HEALTH SERVICE

Public health physicians holding administrative positions in State health departments spend 70 percent of their time in activities requiring medical judgment and 30 percent in other types of work, Surgeon General Leonard A. Scheele of the Public Health Service, Federal Security Agency, in announcing the results of a survey recently completed by the Public Health Service.

The survey was made because of the increasingly serious shortage of medical manpower for public health programs, Dr. Scheele said. All physicians in State health departments were invited to keep records of their activities over a one-week period and to indicate which tasks involved medical judgment. The 173 physicians who responded represent a cross section of medical public health personnel and comprise 45 percent of all physicians holding administrative positions in State health departments.

The tasks which they reported as not involving medical judgment dealt chiefly with purchasing supplies and with checking and supervising the use and installation of equipment.

Specific programs on which the physicians spent most time were: tuberculosis, venereal disease, laboratory work, communicable disease control, and cancer control. These programs accounted for 37 percent of all time reported.

Activities most frequently reported were, in the following order: correspondence, conferences, and telephone calls. Activities taking the largest single blocks of time were travel, correspondence, research and field investigations.

That the various health department programs are closely interwoven was indicated by reports that physicians specializing in one program were also active in many related programs, Dr. Scheele pointed out. Directors of tuberculosis programs, for example, were also participating in mental health, industrial hygiene, hospital, laboratory, and several other public health programs. State health officers and State directors of local health services were active in practically all of the public health programs which were included in the reports.

The majority of the physicians reported a work week of five or five and one-half days, although a few worked seven days a week. Work hours varied from six to 12 hours a day.

The study is expected to help health departments in planning maximum utilization of the special skills of medical personnel, Dr. Scheele said. It also is considered an aid to educational institutions in determining what kinds of academic preparation and field work are needed to prepare their students for administrative positions in health departments. The study highlights the need for experience in several fields in the training of physicians for public health work.

Waiter: And how did you find your steak, sir?

Patron: Why, I just moved this little piece of friend potato, and there it was.

## ROUGH ON RATS

The days of lush living for the rats of the United States, and eventually those of the world at large, are numbered, according to the report of experiments conducted at the Army Medical Service Research and Graduate School and published in the current issue of the *Journal of the American Pharmaceutical Association*.

The substance which may revolutionize the life of the rat is an antibiotic called actidione, reported on by Major Robert Traub and Miss Doris Newman of the Army Medical School, and Dr. James B. DeWitt and Jack F. Welch of the Interior Department's Fish and Wildlife Service. First identified by the Upjohn research laboratory early in 1947, it was subjected to tests at the Army Medical Center to determine its efficacy, if any, in parasitic infections. During the course of these experiments, the Army researchers noticed that laboratory mice and rats would rather die of thirst than drink water which contained even minute quantities of actidione. This led to a separate line of investigation which resulted in the findings now reported, to the effect that rats will not gnaw through thin cardboard treated with tiny amounts of actidione.

Unfortunately, actidione, a by-product in the preparation of streptomycin, is still expensive to produce. It is expected, however, that growing demand may lead to the development of mass production methods and lower cost, as was the case with penicillin and other drugs whose original cost was prohibitive.

Actidione is too toxic and too irritating to be actually mixed with food or liquid intended for human or animal consumption. Its use as a protecting coating or impregnation in inexpensive forms of packaging, however, may result in an enormous reduction in the world's current rat bill, as well as in incalculable benefit in overcoming present periods of hunger and even famine in large areas.

Actidione shows promise in other directions, too. It may be used to prevent field mice from gnawing fruit trees and electric wiring. Browzing deer will not chew the bark from trees treated with an actidione solution. The antibiotic may also be useful as a fungicide in controlling plant diseases.

—Columbus Medical Bulletin.

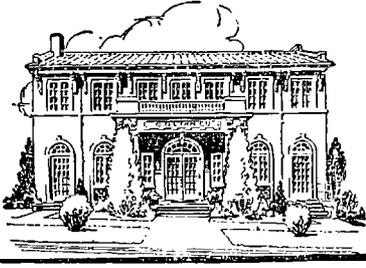
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## DR. CHARLES KEMP

From its local Easter Seal funds the Pierce County Society for Crippled Children and Adults, in the interest of providing further services to cerebral palsied children, has awarded a scholarship for two weeks of special graduate work in new cerebral palsy trends to Dr. Charles E. Kemp.

Dr. M. A. Perlstein will present this two-week training course at Cook County Graduate School of Medicine, Chicago, starting July 9.

The course which Dr. Kemp will attend is given each year to doctors interested in this field in order that they might keep abreast of new trends for the treatment and training of cerebral palsied children. Dr. Kemp graduated from Northwestern university school of medicine in 1939 and served in the armed forces during World War II from 1943 to 1946. Because of his special interest in cerebral palsied children he was appointed medical adviser to the Pierce County Spastic society in 1947.

The scholarship award is provided by the local Easter Seal agency from funds raised in last year's Easter Seal drive. This year's campaign will begin February 25 and will run through Easter Sunday, March 25.

Once upon a time a man got up early on Sunday morning to let the iceman in, and being unable to find his bathrobe, he slipped on his wife's kimono. When he opened the door he was greeted by a nice kiss by the iceman. And the only way he can figure it out was that the iceman's wife had a kimono just like the one he had on.

"How you have changed! You used to have thick, black hair, and now you're bald. You used to have a ruddy complexion, and now you're pale. And you used to be quite stout, but now you're thin. Whatever has happened to you, Mr. Jones?"

"But I'm not Mr. Jones."

"Indeed. So you've even changed your name!"

The legitimate object of government is to do for a community of people whatever they need to have done but cannot do as well for themselves in their separate and individual capacities. In all that the people can do as well for themselves the government ought not to interfere.

—Lincoln.

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## SNO' EDITORIAL

How many times have we heard Grandpa remark about the good old-fashioned winters when the weather was colder, the snow deeper, the winds icier? Also he has often stated that in the olden days people were friendlier, neighborliness was more apparent, and the average individual was more self-reliant.

Our recent blizzard has left Grandpa a little quiet these days, and we of 1950 have just witnessed nature outdo herself providing us with a bigger and better show than has ever before been recorded in this area.

While the weather itself was a big item, the response of the individual was an even bigger one. Even in the "Good Old Days" no spirit of greater friendliness or cooperation could have been exhibited. Strangers on the streets spoke to strangers, and lent a hand to less fortunate neighbors whenever possible. Understaffed hospitals were manned by neighborhood volunteers who worked long hours to prepare meals and provide other necessities. Everyone on a blocked street turned out to shovel a path for an expectant mother so that she might reach the hospital. Doctors trudged miles through drifts to provide emergency services, performed deliveries, etc.

Ah, yes, children of posterity and Greatgrandpa, too, how well do we remember the Big Blizzard of 1950!

—Pittsburg Medical Bulletin, Dec. 2, 1950.

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## A BRITISH PHYSICIAN VIEWS SOCIALIZED MEDICINE

By Derrick Rowley, M.B., B.S., B.Sc., Ph.D.

(Ed. Note: Dr. Rowley is assistant to Sir Alexander Fleming of the Wright Fleming Institute, St. Mary's Hospital, London, the birthplace of penicillin. He is over here for a year on a Commonwealth Fund Fellowship, doing medical research work at the College of Physicians and Surgeons in New York.

The Editor of this publication recently had the pleasure of meeting Dr. Rowley and at that time they discussed socialized medicine, both as to its present form in England and as to its feasibility in this country. The Editor was impressed by the clarity of Dr. Rowley's thinking and suggested to him that he write an article for the Bulletin. However, Dr. Rowley countered by suggesting that the Editorial Staff of the Bulletin submit to him a list of questions for him to discuss. This was done and the results are printed below:

We wish to point out that this does not express the views of the Editorial Staff nor of the County Medical Society but is published because it was thought of great interest and expressed a different viewpoint than that usually presented to the medical profession).

"Since coming to America eight weeks ago I have been bombarded with questions by doctors over here about the socialized medical service as it exists in Britain today. The thinking American is much concerned by the trend towards the welfare state which is going on throughout the world; the American medical man in particular is concerned since he feels that his profession may well be one of the first to be "overrun." There is, naturally, a great deal of sales resistance to any such plan and many disadvantages, both real and imagined, are being emphasized in order to affect the trend of opinion on the matter. It is possible that there are a few advantages to be set on the credit side of the picture and in order to help you get a true perspective, the questions set out below have been given me to answer about the British scheme to the best of my limited ability.

1. Do the British people really like the present form of socialized medicine and what about it do they like?

In general, the richer a person the less he likes the scheme, since there is a great tendency to think that money can buy better treatment, which, of course, it cannot for the great majority of illnesses. The working classes are very much in favor of the scheme simply because medical treatment is free and every man, woman and child in the country can have the best medical attention available without having to worry about where the money is coming from to pay the bills. This, obviously is the greatest advantage the scheme has to offer and is surely in keeping with the high ethics of medicine.

2. What are their main objections to this form of medicine?

The main objections come from the richer classes as I said above, who feel that their doctor now

gives them less attention than they previously could command when they paid for each visit. These wealthier people used to occupy a disproportionate part of the practitioner's time since they contributed a large fraction of his income but comprised only a small fraction of his patients. The objections are naturally rarely voiced in such a blunt form. How many times I have heard people say, "Doctor X used to call every week to see how I was getting on; now that I don't pay him he doesn't care and never calls unless I send for him."

There are two answers to such complaints. Firstly, Doctor X probably never did care much except for the money he got for these social calls and, secondly, he is now much too busy seeing other, poorer patients.

The generalizations I have given in answer to this question so far can, like all generalizations, never be entirely true; there are certain specific complaints which are well founded. In some districts there are excessive delays for certain special procedures. In London, where I work, we are favored in that the best hospital services in the country are to be found there and X-rays, E.C.G. and laboratory tests, etc., can be easily and promptly dealt with. The faults in this direction in other parts of England lie not in the Health Scheme but in the lack of trained specialists and equipment.

3. What is the feeling of the medical profession toward this program? We would like to know the feeling of the specialist and of the general practitioner.

A good deal of the feeling of the profession can be boiled down to pounds, shillings and pence; in this matter those doctors who were already well established are probably worse off financially, whereas the younger men are considerably better off than they otherwise would have been in the early years of their career. This fact is bound to prejudice many older men against the scheme. Apart from these considerations I think the general opinion is that the infant socialized medicine is doing quite well after a difficult forerunnership.

4. What effect has this program had upon the standards of medical care? We are interested

(Continued on Page 26)

## Karen Rynning

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(Continued from Page 25)

not only in your opinion as to its present effect, but also as to its possible future effect.

This is not an easy question to answer. I feel that, on the whole, the standards of general practice have gone down somewhat. This is partly inevitable, as at the moment each G. P. is seeing so many patients that he tends to act mainly as a sorting machine. He refers the obviously sick patients to the hospital, sends the mildly sick patients away with reassurance and a bottle of homeopathy and treats the few cases which fall in between these groups himself. The time available to him for treatment and visiting is much less than hitherto so he includes fewer patients in this personal treatment category. This means that the general practitioner is rapidly losing his position as the family physician, confidant and counsellor.

So far as the specialties go, I think the standards at the moment are as high as ever. It is a deplorable fact that all doctors, being human, are subject to the usual temptations, in particular I mean money. The standardization of conditions of advancement and pay which goes with any government service will, I fear, remove from us one of the incentives to do better work than the next man.

5. Economically, what effect has this program had? We are especially interested in this as far as taxes, as far as relative costs, and as far as

its present and future effect on Britain's recovery and buying power is concerned.

The average family man is happier paying approximately 30 cents a week for the medical care of his family than he was previously with the threat of sudden large expenses. Nevertheless, I do feel that economically Britain can ill afford such an expensive scheme. Like all government institutions it involves its own costly bureaucracy. In my hospital in London the only visible effect of the scheme has been to produce a new army of secretaries and clerks whilst not one more hospital bed has been added. Many of these people could surely be better employed making goods for export.

It might even be a less expensive scheme if doctors were to send in their bills to patients as before and the patients passed them on to the government for payment. If this could be so arranged as to avoid sharp practice I think it would satisfy doctors and patients more and possibly cost less.

6. You have now seen a little bit of medicine in the United States. Do you feel that socialized medicine is desirable in this country, and if so, why?

I do feel that some form of socialized medicine is desirable in this country. I believe that medical care is such a basic necessity that it should be available to all men equally, irrespective of class, creed or color. I think that when the head of a family is sick that is a big enough worry in itself, without having to add the mental strain of wondering where the money is going to be found. In this country that ideal is not realized and many of the middle class people I have met here have been and are worried about doctor's bills.

From the medical profession's standpoint, also, I think socialized medicine to be desirable here. I am quite sure that a diagnosis of appendicitis comes more readily to the mind when it is associated with a nice fee than it would be otherwise; there is a similar case to be made out for tonsillectomy, etc.

7. Have you any general or specific remarks you would like to make, not covered by these questions?

You must remember that what I have said is partly tinged with jealousy of the financial side of your system. Fifteen years ago British doctors were a wealthy and respected class. They still have the respect of the population but they naturally fought hard to retain their admirable position just as you are fighting now.

I am sure that the time will come when American medicine will be socialized in some way. I am equally sure that the campaign now being waged in such a childish manner by the A.M.A. (e.g. Waiting Room Willie — comics, etc.) against socialized medicine can only result in a loss of face in the eyes of thinking people.

—Bergen County New Jersey Bulletin.

Wife: "Dear, I believe a burglar is trying to open the living room window."

Husband: "Good. I haven't been able to move it since the painter was here."

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## TITLE CLEAR

The Post Office Department at Washington, so the story goes, was making a careful investigation of titles to proposed post office sites in Louisiana. In due course the Department received an abstract of title to a site under consideration.

Replying, the Post Office Department commented on the fact that the title record began with the year 1803 and stated that, while the title seemed to be complete and satisfactory as far as it went, still, as a justification for the expenditure of the sum contemplated, the Department would require to know more of the origin of the title involved in the records prior to the year 1803.

In due course a reply was received from one who signed himself as attorney for the owners of the land. He wrote:

"I note your comment upon the fact that the record of title sent you as applying to lands under consideration dates only from the year 1803, and your request for an extension of the record prior to that date.

"Please be advised that the Government of the United States acquired the Territory of Louisiana, involving the tract to which your inquiry applies, by purchase from the Government of France in the year 1803.

"The Government of France acquired title by conquest from the Government of Spain.

"The Government of Spain acquired title by discovery of one Christopher Columbus, traveler and explorer, a resident of Genoa, Italy, who, by agreement concerning the acquisition of title to any

lands discovered, traveled and explored under the sponsorship and patronage of Her Majesty, the Queen of Spain.

"The Queen of Spain had verified her arrangement and received sanction of her title by consent of the Pope, a resident of Rome, Italy, and ex-officio representative and vice-regent of Jesus Christ.

"Jesus Christ was the Son and Heir Apparent of God.

"God made Louisiana.

"I hope this complies with your request."

—*The Bulletin, Enid, Oklahoma.*

## FIRST X-RAY PICTURE MADE IN AMERICA AT DAVIDSON COLLEGE, N. C.

In 1895 the first X-Ray Picture made in America and the second ever taken was made at Davidson College, North Carolina. Paul Barringer, M.D., of Charlotte, North Carolina, established at Davidson the first pre-medical course of study ever offered in this country. His efforts led to the founding of the North Carolina Medical College, a famous old institution whose mark is still felt in southern medicine. Davidson College is 114 years old and is this year celebrating 100 years in science.

—*Bucks County Medical Monthly.*

It was their first date and they were both thinking of the same thing. She called it mental telepathy. He called it beginner's luck.

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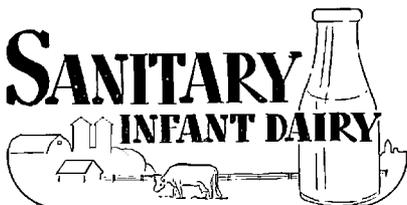


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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

VOL. XXI—No. 8

TACOMA, WASHINGTON

April - 1951



TACOMA NARROWS BRIDGE

# Pierce County Medical Society

1951

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# Program

## MEDICAL ARTS AUDITORIUM

## PIERCE COUNTY MEDICAL SOCIETY

for the

TUESDAY, APRIL 10, 1951

## MEETING

Symposium, Tuberculosis

Hollis Smith, M.D., Director Mountain View Sanatorium

"Important aspects in the Diagnosis and Treatment of Pulmonary Tuberculosis."

Cedric Northrup, M.D.; In charge of division of Tuberculosis, Washington State Department of Health

"The role of the State Health Department in the Treatment and Control of Tuberculosis."

William Goering, M.D.

"Present Day Concepts of Tuberculosis of the Bones and Joints."

Film: "Streptomycin, in the Treatment of Tuberculosis."

Corwin Hinshaw, M.D.

\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.

\*Engraving donated by Dammeier Printing Company.

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

After batting a couple of our Committees around a bit on this page and still having some friends among those Committee members, we believe we can let our hair down now about this wonderful Entertainment Committee, whose chairman is our genial friend and fellow golfer, John Gullikson. The balance of his Committee are Don Willard, Jim Vadheim and R. D. MacRae.

John said he was as green as a country boy at anything like that and asked permission to appoint a few others on his Committee, who had had more experience at that sort of thing in years gone by. So Edward Anderson, Fred Schwind, Bob Brooke, Morrison Brady and Hugh Larkin were appointed to assist, and it was unanimously agreed by all these men that we should ask Bill Bowen to be our Master of Ceremonies on March 15th at the big party of the year.

We wish to congratulate John as well as the other members for doing a grand job. Everyone did his part well and Bill lived up to our expectations, or even jumped a few steps up the ladder, in doing a bang-up job in running off one of the nicest parties we ever had, not only in our opinion, but according to remarks made by many doctors and their wives that night and since.

We were very happy to have so many of the newer men and the Internes and Residents of various hospitals there, not to mention their beautiful wives, and we are wondering if they had any trouble getting acquainted, especially at the close of the Social hour. Doctors have a habit of being a bit inclined to gather in their own groups, and as we also do this we know whereof we speak. Sometimes we wonder if we should not have a few greeters on the committee, who would introduce and mix people around a bit. We had one dressed in pink this year, who was looking for a man with brown eyes, who did quite a job of circulating around, but failed to introduce anyone.

To make a long story short we feel more than satisfied and take much pride in being at the head of an organization, such as the Pierce County Medical Society, that can put on, through the hard work of everyone on the Committee, such a grand party. The food was delicious; the entertainment excellent; the music was out of this world, and we noticed that ninety-nine percent of our doctors and their wives were excellent dancers, the one percent being your truly.

The next job for this Committee to tackle will be our Annual Golf Festival and Stag Party. John has already started working and we have talked some about making it another challenge to the Tooth Carpenters. They have the trophy and we wonder if it shouldn't be taken away from them. This party will occur late in May or early in June. We'll be seeing you.

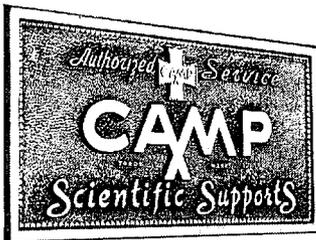
JOHN F. STEELE, M. D.



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

### RECREATION

Spring is here and when clouds give way to lengthening sunny days there is a compelling urge in most of us to spend as much time as possible in play, recreation, time off, vacation; call it what you will.

Out of curiosity we polled our doctors some time ago as to their choice in spending free time. Many of their preferences, such as golf, continue throughout the year but for the next six months our Pacific Northwest offers such superlative opportunities for outdoor sports that the following list was to be expected. In their order the first five choices of our doctors were golf, fishing, gardening, hunting and skiing. These offer a variety of activities sufficient to give satisfying enjoyment to the most ambitious doctor. It might be included under gardening but we note that no doctor voted for that humble and oft recurring form of exercise one gets while behind a lawnmower.

Other favored physical activities were tennis, hockey, wrestling, handball, aqua-planing and mountain climbing. For many of our members these sports require more physical acumen than advancing years or certain physical limitations can handle. For those the less strenuous exercise found in bowling, riding, archery, hiking and wildlife received their share of votes.

At this time we are listing the out-of-door activities which were reported but there is an interesting group of various indoor spare time interests which we will save for mention next Fall.

There is nothing novel or outstanding in doctor's recreations any more than in their physiognomies but we would observe that too few professional men strike a sensible balance between the demands of their work and the value of their taking adequate time off for play.

LEWIS HOPKINS

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## ARTICLES OF INCORPORATION

The following document was found among a stack of old papers when the librarian was cleaning out a closet in the library. Notice particularly that the Society was incorporated when Washington was still a Territory. Notice also the amount of dues, and the date of incorporation.

Articles of incorporation  
of the  
Pierce County Medical Society

KNOW ALL MEN BY THESE PRESENTS: That we, Henry C. Bostwick, James S. Wintermute, Frank H. Luce, John F. Beardsley, and Johnson Armstrong, all citizens of the United States of America and residents of the Territory of Washington, do hereby form and organize ourselves into a Corporation under and by virtue of the laws of the United States and Washington Territory, for the purpose and upon conditions following, to-wit:

*Article I.*

The name of this corporation shall be the Pierce County Medical Society.

*Article II.*

The objects for which this corporation is formed are: to give frequent, united, and emphatic expression to the views and aims of the regular medical profession in Pierce County; to cultivate and advance medical knowledge; to elevate the standard of medical education; to promote the usefulness, honor, and best interests of the medical profession; to incite and encourage emulation and concert of action in the profession, and to facilitate and foster friendly intercourse between those who are engaged in it.

*Article III.*

The fee for admission to membership in this Society shall be five dollars.

*Article IV.*

The officers of this Society shall consist of a president, vice-president, secretary, and treasurer, and five trustees, who shall be elected at each annual meeting of the Society, and who shall hold their offices for the period of one year and until their successors are elected.

*Article V.*

The principal place of meeting of this Society shall be located in the City of Tacoma, in the County of Pierce, and Territory of Washington.

*Article VI.*

The trustees of this Society shall be five in number, and Henry C. Bostwick, James S. Wintermute, Frank H. Luce, John Beardsley, and John Armstrong, shall be the Trustees to manage the affairs of the Society for the first twelve months thereof.

IN WITNESS WHEREOF, we each have hereunto set our hands and affixed our seals to the

above articles in triplicate, on this fifth day of September, A.D. 1888.

H. C. Bostwick  
Jas. S. Wintermute  
Frank H. Luce  
Juo F. Beardsley  
Johnson Armstrong

WITNESS my hand and Notarial seal the day and year above written.

*W. E. Cromwell*  
Notary Public in and for  
Washington Territory

## FIRST AID BY THE RED CROSS

The Red Cross has been asked by the Department of Defense to cooperate in training persons in First Aid. The Tacoma-Pierce County Chapter has met this request by expanding its First Aid program. Since October, 1950, 74 classes have been held in Pierce County; 37 instructors issued 1,572 certificates to those attending these classes. Four doctors of medicine are first aid instructors. At the moment, 12 classes are being conducted, both at the Chapter House and elsewhere in the community.

There remains a critical need in this area for more people to take the course in First Aid as soon as possible. If the requirements of the Civilian Defense set up are to be met there should be at least 15,000 First Aid trained personnel in this county.

Doctors of medicine are eligible to become First Aid instructors without additional training, although a National Red Cross release advises that "It is a mutual aid to the MD and the class to have a layman First Aid instructor to assist the MD on practical skills." Arrangements can be made for any interested doctor to secure an appointment as a First Aid instructor, and for a layman to assist him with teaching techniques, by the Tacoma-Pierce County Chapter, American Red Cross.

There is now available a Civil Defense supplement to the Standard First Aid text, which discusses injuries to be expected in the event of atomic bombing and their emergency treatment. This book is a part of the standard instruction for First Aid, and is available to instructors and their classes. The Standard text is sold at cost, 60c, and the Civil Defense supplement costs 10c.

Sweet Young Thing: I've been misbehaving and my conscience is bothering me.

Psychiatrist: Well, I can help you strengthen your will power.

Sweet Young Thing: Er—could you give me something to weaken my conscience?

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"Madam, there will be terrific wreck if it doesn't."



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# WOMAN'S AUXILIARY

## To The Pierce County Medical Society

Because of hazardous driving conditions our March meeting was cancelled. This was a disappointment, of course, but we can look forward to having Bea Cook at our May meeting which is to be held at the Country Club. Oliva Jones has been kind enough to open her home for the April meeting as originally scheduled. Miss Marguerite Paulson of the C.P.S. Home Economics staff will talk to us on "Related Art and Interior Decoration." Mrs. John Gullikson is chairman for the day.

\* \* \*

The Blood Bank had their annual Volunteer Breakfast at the Winthrop Hotel April 3. Invitations were extended to all those who had worked at the Bank in the past year. Those who worked in March were Gwen Hosie, Marjorie Rich, Dorothy Grenley, Pearl Baskin, Gudnie Howe, Clara Goering, Bess Drues, and Eileen Rademaker.

\* \* \*

It's a boy for Sheila and Bill Brown. Young Christopher was born March 3 and weighed 5 pounds and 9 ounces. He has two sisters, Marcia, 5, and Melinda, aged 3. Congratulations!

\* \* \*

Many of our members have been pictured in the local paper recently—among them were Helen Kyle, Helen Florence and daughter Sue, Charlotte Sanderson, Dorothy Maier, and Elsie Wolf.

\* \* \*

The Trimbles had a most enjoyable trip last month—first journeying to San Francisco for the G. P. sessions where they visited many friends and relatives in addition to taking in the meetings. From San Francisco Dr. Trimble went to Los Angeles for further medical meetings and Edith visited her sister at Encinitas. They then met their son, Bob, and spent a most pleasant few days with him and his family at their avocado ranch near Oceanside, California.

\* \* \*

Jeanne Vadheim graciously consented to take over Helen Bennett's job as Public Relations chairman for the rest of the year. She really has her hands full making arrangements for the high school coke party which will be held early in April. Invitations are being sent to all senior girls in Pierce County and those interested in nursing will have an opportunity to meet nurses from the local hospitals and learn about the profession. Any of these girls planning to enroll in a nursing school may apply for our scholarship and the one selected will receive one hundred dollars at graduation. The directors of the nursing schools at Tacoma General and St. Josephs are in the process of selecting student nurses to receive the other two scholarships—each of these to receive fifty dollars.

\* \* \*

The many Tacoma friends of Mrs. Wm. B. McCreery were saddened to learn of her death in

### OFFICERS FOR 1950-1951

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Second Vice President.....	Mrs. Fay M. Nace
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Speakers Bureau.....	Mrs. Fay Nace
Public Relations.....	Mrs. Raymond Bennett

San Francisco on March 21st. Mrs. McCreery, a native Tacoman, was very active in educational and cultural groups during her many years here.

\* \* \*

The nominating committee, consisting of Erma Thordarson, Kay Willard, Merle Herrmann, Helen Florence, and Florence Gullikson, has prepared the following slate of officers for next year:

President Elect, Muriel Nelson; 1st Vice President, Marjorie Nace; 2nd Vice President, Oza MacRac; Recording Secretary, Elsie Wolf; Corresponding Secretary, Dorothy Schultz, and Treasurer, Hilda Lantiere.

This slate will be voted upon at the April meeting.

\* \* \*

One of the nicest trips we have heard about was the one taken this winter by Mrs. R. A. (Addie) Morse. She first went to Washington, D. C., where she attended the Midcentury White House Conference on Children and Youth. This is a meeting which is called by the President every ten years and was attended by 6,000 delegates. Mrs. Morse then went to her birthplace, Louisville, Kentucky, where a brother resides. She spent some time in New Orleans and then stopped at Houston, Texas, to visit another brother, Mr. L. E. Heflen, a former Tacoman. The last two stops on her two months' trip were made at Los Angeles and Santa Barbara.

\* \* \*

We are happy to report that Bess Hopkins is now at home after a long stay at Tacoma General.

\* \* \*

Over 200 doctors and wives attended our annual

(Continued on Page 11)



FIDELITY

The alcoholic has ever been a problem for the family physician.

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## WOMAN'S AUXILIARY

*(Continued from Page 9)*

party at the Top of the Ocean this month. Our thanks to the Medical Society for a very pleasant evening.

\* \* \*

Comings and Goings—Helen and Bob Florence to Portland—Ruth and Tom Murphy back from Palm Springs—the Justin Schwinds, the Hillis Grifins, the Wahlbergs, Ruth and Al Sames, Lorraine and George Kunz, the Willards, Chris and Mamie Reynolds, and Eugene and Gladys Hanson to San Francisco—the Judd family to San Francisco and then on to the Grand Canyon for the Easter sunrise services there.

\* \* \*

The Medical Auxiliary was well represented at the annual meeting of the Tacoma-Pierce County Child Guidance Association on March 14. There were thirteen doctors there and among our members seen were Lorrie Norton, Florence Duerfeldt, Natalie Murphy, Connie Hellyer, Elizabeth Shanklin, and Madeline Kohl.

\* \* \*

Your reporters (pro tem) will welcome the return of our vacationing editor-in-chief.

**LIBRARY BOOKS**

Your could make your new librarian very happy if you would return any books that you have borrowed from the library. She has no record of any that were taken before she assumed the position as librarian so she cannot phone to remind you.

She is more than anxious to help you with your research, but the books you have out may be the ones she wants for some other doctor—and that doctor might be you!

She particularly wants the following:  
 Medical Annals of the District of Columbia, vol. 7, Aug., '48.  
 Journal of American Medical Association, vol. 106-partl. Feb., '36.  
 Medical Record.  
 Physiological Review, vols. 24-26-27.

On a Marx Brothers radio program, a contestant recited, "Why, a single roach gives birth to 23,000 roaches."

"My, my," said one of the Marx Brothers, "What a calamity if she should marry."

**THIS I BELIEVE**

"We believe in man. We believe in men not merely as production units, but as the children of God. We believe that the purpose of our society is not primarily to assure the 'safety of the State' but to safeguard human dignity and the freedom of the individual. As a people we have built upon a faith in the spirit of man. We conceive that the development and happiness of the individual is the purpose and goal of American life. We are not ready to 'trade in' this luminous concept of a people's purpose for the notion that the America of the Bill of Rights, of Walt Whitman and Justice Holmes and Abraham Lincoln, is simply a highly productive economic system.

What we have, actually, is not a system at all, but almost its opposite. Ours is a society of the greatest imaginable diversity and flexibility. We take things as they come, deciding how to handle situations by the facts of each situation. The only way in which it can be said to be a 'system' is to say that our 'system' is to have no system.

The vitality of our distinctive institutions of production and distribution of goods ultimately depends not upon rigid and fixed economic principles but upon ethical and moral assumptions and purposes. Our unparalleled productivity and standard of living are not the consequence of an economic system, but rather the other way around. Our economic success and our flourishing economic institutions are the consequence of our ethical and moral standards and precepts, and of our democratic faith in man.

In America we have ethical guide lines. We have developed rather highly a sense of what is right and what is wrong, what is fair and decent, and what is just crude use of arbitrary power. We can be fooled for a time by a cynical labor leader or business giant, by a politician or public official who conceives of American society as nothing more than a jungle in which the most ruthless prevails. Sometimes we are slow to repudiate disregard of our democratic faith. That faith is always there, however, as the foundation of our buying and selling, our hiring and firing, our political and financial institutions. No factory can be operated, not a carload of wheat sold, not a labor dispute mediated, not an election held, that these ethical, legally unenforceable precepts are not part of the transaction.

I do not see how our kind of society could flourish in any other way. This is a highly interdependent country. It is therefore too complex for rigid planning or for the legal enforcement of detailed plans. If we are to function at all, it must be in a relatively loose, informal way. The sanctions we impose must of necessity be largely ethical and moral, based less upon law than upon commonly accepted standards of fair play and respect for human integrity. This is the way we do function, by and large. This is the reason we flourish."

—David Lilienthal.

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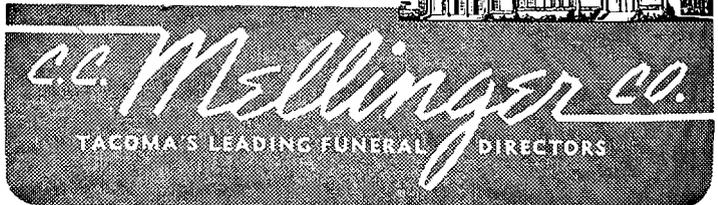
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# The Hospitals . . .

## PUYALLUP GENERAL

It's Daffodil time in Puyallup and the valley is beautiful. Everything at the hospital seems to be running along quite smoothly. We have had no empty beds for some time, but now there are a few. We have had many Flu cases and quite a number of our staff and personnel have been ill. We have never had a regret about the down stairs addition to the hospital. All the rooms and space were needed and sometime before too long more building is anticipated to accommodate the sick in this thriving community.

Drs. Sturdevant, Clark, Denzler, Blibard and Ayles have been enjoying some well earned vacation time. Dr. Wallace Hoyt and wife stayed home and welcomed a brand new young lady, Virginia Mark, our anaesthetist, for the past two years has resigned as of April 1. We shall miss her!

We have been pleased to have several doctors from Tacoma visit us during the last several weeks—Dr. Vadheim, Dr. Hermann and Dr. Gibson. We are so happy to have Dr. Joseph B. Jarvis in Puyallup. It means so much to everyone. The new X-ray department is very fine and I shall elaborate a bit. The old X-ray rooms have been completely remodeled and new equipment installed throughout. The new X-ray machine is of the latest type and design, and capable of meeting the demands of the most difficult diagnostic cases, including high kilo voltage and the sixty-second exposures. The dark room permits the passage of wet films for outside viewing without violating the safety of the developing films. Individual dressing booths are conveniently located immediately adjoining the X-ray Room, with the entire area safe-lighted during Fluoroscopy to facilitate the handling of patients. X-ray therapy is not yet available in the department but it is hoped that this can soon be added to give Puyallup Valley a complete radiological service.

We have a bit of new hospital equipment here and there: all the beds soon will be equipped with rubber bumpers, linoleum blocks have been installed on private room floors, and new bed side tables have been provided. We also have a wonderful new six-plate gas stove in the kitchen.

This is enough telling of things for this time—hear from us again some time soon.

—Genevieve Houson.

## DELINQUENT DUES

Members of the Pierce County Medical Society may not be aware that if they have not paid their dues for 1951 before April 15 they will be automatically in arrears. Not only are they ineligible for benefits derived from the Society, but they are jeopardising the standing of their mal-practice insurance. See Chapter I, section 3, of the by-laws.

## ST. JOSEPH

The recently renovated emergency room has been made available to the Staff and their patients for overnight observation and has proved to be most successful. The beds in the emergency room reserved for this service have been almost in constant demand.

The latest scheme in coloring has been used in painting the Operating rooms and Doctor's Lounge. The addition of all new furniture to the Surgery Lounge is another feature of the spring cleaning program on the fifth floor.

Sister M. Sylvia O.S.F., Operating Room Supervisor, has just returned from a six-day course in operating room procedures at the Saint Job's Hospital, Santa Monica, California.

—L. J. E.

## GENERAL PRACTICE CLINIC DAY

Friday, April 6, 1951

Health Sciences Building Auditorium  
University of Washington

The Committee on Postgraduate Medical Education is conducting a timely, practical and valuable program on the above date. It is designed especially for the Washington State Chapter of the Academy of General Practice and will occupy the entire day.

Beginning with Dr. Edward L. Turner's welcome at 8:45 a.m., thirty-minute papers will be given during the morning on Heparin, ACTH and Cortisone, Cytologic Diagnosis, the Wetzel Grid, Meningitis, Insulin, Care of the Aged and the Physical Fitness Index.

The afternoon session is a Conjoint Conference on Backache followed by the Annual Banquet at 6:30.

## 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 February 21, 1951, to March 20, 1951, inclusive:

Chickenpox .....	28
Conjunctivitis .....	1
German Measles .....	3
Gonorrhoea .....	7
Impetigo .....	3
Measles .....	343
Mumps .....	5
Ringworm .....	3
Scarlet Fever .....	31
Syphilis .....	5
Tuberculosis .....	7
Vincent's Disease .....	3
Whooping Cough .....	2

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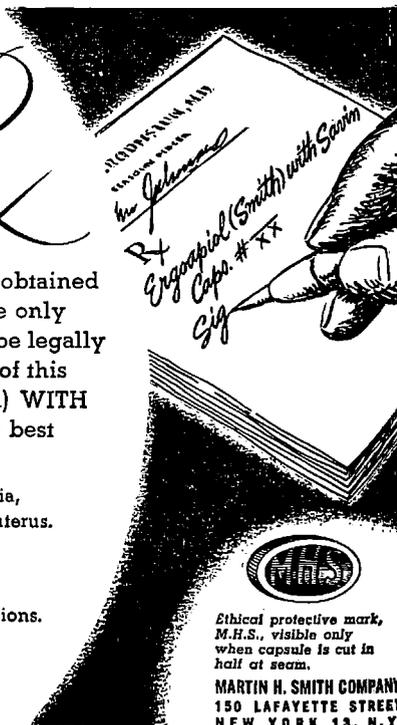
**INDICATIONS:** Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, and to aid involution of the postpartum uterus.

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

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## PERSONALS

Max Thomas recently returned from Washington, D. C., where he completed the Army Medical School course on the "Nuclear Aspects of Atomic Energy." Dr. J. M. Brady also attended the same course of instruction.

\* \* \*

Bob Burt has left to take a residency in Surgery at the Mayo Clinic. We will miss his smiling countenance and genial personality. Best of luck, Bob.

\* \* \*

John Campbell has finished his first year of Ophthalmology at the University of Rochester and we hear he is contemplating a change for his second year at a school where there will be more clinical outpatient material. He has written that he wants to contribute to the fund for those called into the Armed Forces. We hope it won't be necessary to open this fund again but John certainly has the right spirit.

\* \* \*

Homer Clay is busy directing the medical side of the program for the local Mental Hygiene committee. Doing a very good job too.

\* \* \*

John Cranor writes from Walla Walla that he is happy with his new location. He is limiting his practice to surgery and is already finding plenty to do.

\* \* \*

J. Ed. Deming is now in Hawaii. He is stationed at the big Tripler General Hospital there and has his family with him. He has an excellent residency in Ob and Gyn, and hopes to return to Tacoma some day and practice this specialty.

\* \* \*

Besides having a brilliant mind Roger Dille has considerable acrobatic prowess. Those of you who missed his performance at the Top of the Ocean better ask him for an encore.

### PARTY NOTES

John Gullikson and his committee should be complimented for the very fine party they arranged for our annual get together. Everyone had a specially good time not excluding the Andrews family. Bill Bowen is a good substitute for Arnie Herrmann but couldn't be expected to do as good a job without Uncle Sig .to fall back on. Warren Heaton is also a pretty good acrobat. You have to be on the staff of the Western Clinic to win a prize.

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\* \* \*

Frank James is certainly keeping the pathologists busy. Seriously, in ye editor's opinion he is doing his best to do a creditable job for the medical profession. He has sold his practice and is devoting full time to the coroner's office. He made an excellent choice in appointing Larry Amundson, formerly of the Tacoma Police Department, as his assistant. The grapevine has it that Frank is so interested in Pathology that he will start training with Dr. McColl in July.

\* \* \*

John Flynn and R. D. MacRae have opened offices in the Tacoma Medical Center. Many of us enjoyed their open house.

\* \* \*

Jean and Jim Vadheim returned from Hawaii with a coat of tan that would make Mexicans jealous. They had a wonderful time and liked the country so much we hope they don't decide to move. Jim Mattson is over there too. More about that later.

\* \* \*

Jerry Kohl's second daughter is soon to take the matrimonial jump. Soon Jerry will begin to collect interest in his investment. He will make a fine looking grandfather—don't you think?

\* \* \*

In the latest survey of the Society's Procurement and Assignment Committee the fact was unraveled that Larkin and Larson were running neck and neck for the largest number of tax exemptions. The latest news has it that Larkin is going to definitely forge out in the lead. Too bad Verhalen isn't still with us to provide real competition.

\* \* \*

Sydney MacLean writes from Florida that he is feeling fine and that he is back to his old lawn bowling form.

\* \* \*

Is there anyone more conscientious than Miles Parrott? My secretary reports that we have the most complete minutes of the Tacoma General Staff meetings ever compiled.

\* \* \*

The George Rickles have departed for an extended vacation in Florida. We hope he doesn't follow his brother's footsteps and forget to come back.

\* \* \*

Rigos has really been connecting with the steel-heads. We are going to have a Medical Fishing Derby this spring and he can have a chance to prove his skill in public then.

\* \* \*

Joseph Hansen has completed his post-graduate work at White Memorial Hospital in Los Angeles and plans to resume his practice here the first part of April.

\* \* \*

Bernard and Mrs. Ootkin, after attending the General Practice Convention in San Francisco, left by boat for a months' visit in Hawaii. Some more folks are lucky.

—C. P. Larson, Personal Editor.

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## FACTS ABOUT A.M.A. DUES FOR 1951

1. American Medical Association membership dues for 1951 are \$25.00.

2. Fellowship dues for 1951 are \$5.00 and are exclusive of membership dues.

3. American Medical Association membership dues are levied on "active" members of the Association. A member of a constituent association who holds the degree of Doctor of Medicine or Bachelor of Medicine and is entitled to exercise the rights of active membership in his constituent association, including the right to vote and hold office as determined by his constituent association, and has paid his American Medical Association dues, subject to the provisions of the By-Laws, is an "active" member of the association.

4. American Medical Association membership dues are payable through the component county medical society or the constituent state or territorial medical association, depending on the method adopted locally.

5. Fellowship dues are payable directly to the headquarters of the American Medical Association, 535 North Dearborn Street, Chicago 10, on receipt of the bill for such dues.

6. A dues paying, active member is eligible for Fellowship and may request such status by direct application to the Secretary of the American Medical Association. Applications for Fellowship are subject to approval by the Judicial Council of the Association.

7. Commissioned medical officers of the United States Army, the United States Navy, the United States Air Force or the United States Public Health Service, who have been nominated by the Surgeons General of the respective services, and the permanent medical officers of the Veterans Administration, who have been nominated by its Chief Medical Director, may become Service Fellows on approval of the Judicial Council. Service Fellows need not be members of the component county or constituent state or territorial associations or the American Medical Association and do not pay Fellowship dues. They do not receive any publication of the American Medical Association except by personal subscription. If a local medical society regulation permits, a Service Fellow may elect to become an active member of a component and constituent association and the American Medical Association, in which case he would pay the same membership dues as any other active member and receive a subscription to *The Journal of the American Medical Association*.

8. An active member of the American Medical Association may be excused from the payment of American Medical Association membership dues when it is deemed advisable by the Board of Trustees, provided that he is excused from the payment of full dues by his component society and constituent association.

The following may be excused in accordance with this provision: (a) members for whom the

payment of dues would constitute a financial hardship as determined by their local medical societies; (b) members in actual training for not more than five years after graduation from medical school, and (c) members who have retired from active practice.

9. Active members of the American Medical Association are not excused from the payment of American Medical Association membership dues by virtue of their classification by their local societies as "honorary" members or because they are excused from the payment of local and state dues. Active members may be excused from the payment of American Medical Association membership dues only under the provision described in Paragraph 8 above.

10. American Medical Association membership dues include subscription to *The Journal of the American Medical Association*. Active members of the Association who are excused from the payment of dues will not receive *The Journal* except by personal subscription at the regular subscription rate of \$15.00 a year.

11. Member Fellows may substitute one of the special journals published by the Association for *The Journal* to which they are entitled as members. A Fellow who substitutes a special journal will not also receive *The Journal*.

12. A member of the American Association who joins the Association on or after July 1 will pay membership dues for that year of \$12.50 instead of the full \$25.00 membership dues.

13. An active member is delinquent if his dues are not paid by Dec. 31 of the year for which dues are prescribed and shall forfeit his active membership in the American Medical Association if he fails to pay the delinquent dues within thirty days after the notice of his delinquency has been mailed by the Secretary of the American Medical Association to his last known address.

14. Members of the American Medical Association who have been dropped from the Membership Roll for nonpayment of annual dues can not be reinstated until such indebtedness has been discharged.

15. The apportionment of delegates from each constituent association shall be one delegate for each thousand (1,000), or fraction thereof, *dues paying active members of the American Medical Association* as recorded in the office of the Secretary of the American Medical Association on December 1 of each year.

---

Office Boy: Boss, you've been fussing about the men being late for work. I've got a plan that will guarantee that nobody will be late.

Boss: What's that?

Office Boy: Let the last man to work blow the starting whistle.

---

Rome endured as long as there were Romans. America will endure as long as we remain American in spirit, thoughts, and actions.—*David Star Jordan*.

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**ABOUT THE A-BOMB—****A FAIRY TALE**

By Charles .C Dennie, M.D.

It is time for someone to speak sanely about the use of the A-bomb in warfare. There is no protection against the A-bomb—PERIOD. There are three phases produced when an A-bomb explodes: the first phase being where the same type fragment occurs as in any ordinary bombing, only more of them; the second, the thermal phase, and the third, the phase of irradiation.

It is perfectly silly to tell people to fall flat on their faces when there is an A-bomb attack. If they were within the range of flying fragments it might be well for them to fall on their faces, but they would already have been burned to a cinder by the thermal rays of heat to which they have been subjected, and since all rays of the electro-magnetic spectrum travel at the rate of 186,000 miles a second, there is no position one could get into until after millions of rays have passed through him and continue to pass through him, from the time he begins to fall until he reaches the ground.

There is only one protection against irradiation and that is distance from the place where the explosion occurred. Mathematically, rays disperse inversely as the square of the distance from the source of production, so that distance is the only safety factor. It is true that the light metals and water offer some protection against the rays from the fission production, but who wants to walk around in a 50-foot tank of water with a snorkel sticking out the top so he can breathe; or who would want to wear boron clothing which would have to be unjointed every night, or sleep in a boron nightgown, which would serve only as protection from the radiation products.

When you hear some senator or commentator talk about bombing Korea he doesn't know what he's talking about. His education in this regard has been very poor. Atomic bombing is effective only upon fixed places of concentrated population, concentration of industrial plants, and great transportation centers. If they wanted to kill all the Chinese Reds, assuming one bomb would kill everyone within five square miles, it would take 200,000 atomic bombs pin-pointed at every five square miles to even attempt to destroy the Chinese population.

So let's get some sense into our heads, look at it calmly and wisely, and figure the only way for us to escape the effects of the atomic bomb is not to use the G-Damn bomb, in the first place, and not to be where it explodes in the second place.

—Jackson Co. Medical Journal.

In a mobilization for war, when every ounce of manpower is precious, a program to define and point the way to remove the staggering national burden of long and disabling illnesses is of greatest significance. *Inability to mobilize effective manpower at any essential point in a war effort may be as disastrous as the ultimate result of insufficient guns at the fighting front!*

**MINERS RAISE "WAR CHEST"**

When I think of the criticism heaped on the A.M.A. two years ago when it levied a \$25 assessment on members, and compare the action with John L. Lewis' latest edict, I can't help but chuckle.

Many outside of the medical profession had nothing but scorn for the A.M.A. when the assessment was levied to build up a fund to educate the American people against the dangers of socialized medicine.

Mr. Lewis has just assessed his 475,000 miners \$20 each to build up a war chest against what he called "the onslaught of our adversaries." This is in addition to the \$4 monthly checkoff for dues. The assessment, which calls for payment of \$5 from each miner's pay check during the next two months, will raise an estimated 9½ million dollars. The miners are paid every two weeks.

—George F. Lull, M.D.  
Secretary, A.M.A.**FORTY PER CENT OF REGISTERED  
NURSES NOT WORKING  
AT PROFESSION**

In the face of a critical shortage of nurses, American Nursing Association has disclosed that about forty per cent of the registered nurses are not working at the profession and that there are 20 per cent fewer students enrolled in nursing schools than at the end of the war. In all there are 506,000 registered nurses; 205,000 not practicing, although 87 per cent of these are married. About 100,000 students were enrolled in nursing schools in 1950, against 127,000 at the end of the war. ANA, AMA and Army are cooperating in a campaign to get older nurses who have retired to go back into practice, releasing younger nurses for military duty. Army needs 3,000 nurses by June.

—Capitol Clinic.

**WE HOPE**

"Woman's place is in the home—generally near the telephone."

**Karen Rynning**  
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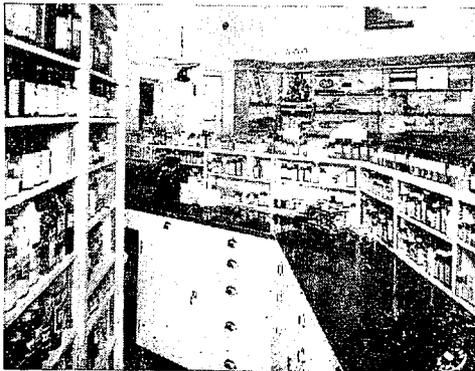
To whom would a manufacturer of surgical equipment seeking an outlet for his product look for its distribution in the Pacific Northwest but to the well established and reliable distributor in his line. There's one sure answer — Shaw's. Why not— wouldn't you?

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## ONE OUT OF FIVE DOCTORS FAILED TO PASS PHYSICAL TESTS

Of the doctor-draft physicians examined so far, about one out of five failed to pass Army's physical examination. The rate for physical or neuropsychiatric reasons is 19 per cent for doctors as against 17.4 per cent for regular draftees. Army lists the major causes for physicians rejections as tuberculosis, duodenal ulcers, neuropsychiatric ailments, hypertension and severe asthma. *Six per cent of these found below par are being taken into service on a waiver of their disability, lowering the per cent not eligible to about 13 per cent.*

All cases of physicians rejected for physical reasons must be reviewed by a special military medical board here in Washington, which has greater authority in accepting questionable cases than the induction stations.

An Army spokesman expressed the opinion that *the rejection rate for physicians was about what might be expected.* It was pointed out that the induction examinations the men now are undergoing actually are more severe than those they had to pass in World War II before being admitted to the Army as ASTP students. Also, the men are from five to ten years older than the average draft registrant, a factor which would tend to increase the rejection rate.

—Capitol Clinic.

A group of men were in the club just before dinner. The talk, for no good reason, turned to married life.

"Well," said one fellow, "the real comfort in life arrives when you've settled down with one woman you love. You can argue all you want, but it's my opinion that, once they've settled down, most men remain faithful."

Most of the men present agreed with him, but an older man in the group shook his head.

"I don't agree at all," he asserted. "And if you fellows are honest, you'll know I'm right. I'll bet any and all of you a new hat that there isn't one of you who hasn't strayed from the straight and narrow since he's been married."

"I'll take that bet," cried one, swiftly.

"How long have you been married?" asked the cynic.

"Since last Saturday," was the reply.

The crowd roared, of course—and one of the listeners was so amused that he could hardly wait to get home to tell his wife about it.

At the end of the story he laughed and laughed. But his laughter died as he noticed a strange expression on his wife's face.

"What's the matter?" he asked. "Don't you think the story's funny?"

"Very funny," she replied quietly. "But where is YOUR new hat?"

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

## WOMEN DOCTORS AS RESERVE CORPS OFFICERS

Appointment and concurrent assignment to active duty as Reserve Officers of women physicians, dentists, and allied specialists, has been authorized, it was announced recently by the Department of the Army.

This marks the first time authorization has been given for women to be commissioned in the Medical, Dental, Veterinary, and Medical Service Corps Reserves. They will be brought on duty under regulations currently providing for the commissioning of male officers in these Corps. Women did serve in the Army as physicians and technicians during World War II, but their commissions have expired.

As Reserve Officers on active duty, these women will be given opportunities for clinical practice and advancement which are now available to male officers in comparable grades. Major General R. W. Bliss, Surgeon General of the Army, pointed out. Appointments will be in grades from first lieutenant to colonel, depending upon age, experience, and professional qualifications. The pay, allowances, dependency and retirement benefits which accrue to male officers will apply to the women medical reservists. Women physicians and dentists will also draw the \$100 a month professional pay allowed above the base pay of their commissioned rank. They will be eligible for service in every type of military medical facility, with the exception of forward medical installations in combat zones.

General Bliss said his office had received numerous letters during the past year from women physicians desiring military service.

\* \* \*

### DRAFTEE REJECTIONS

Major General Lewis Hershey, Selective Service Director, testified at a committee hearing in Washington that close to 60 per cent of draftees are unacceptable, but that not more than 50 per cent of these are for organic pathology. "I think we are rejecting more men now on the mental tests than we did in World War II," he said.

—San Francisco County Bulletin.

Perfume salesgirl to brunette: "Just a word of advice. Don't use this stuff if you're only bluffing."

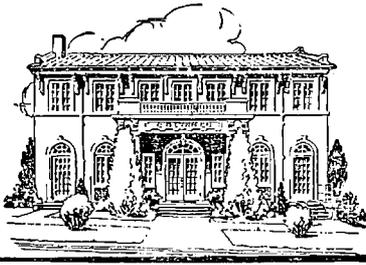
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## PHILADELPHIA STORY

He is a kindly doctor whose clientele is largely from the Rittenhouse Square area. But for years he has quietly taken care of a host of non-paying patients.

The other day his waiting room was crowded with well-to-do matrons, awaiting their turn in his office. A genial little Negro with an expansive smile came in, sat down to wait.

The receptionist inquired if he had an appointment.

"No," said the visitor. "No appointment. But tell the doctor that Jim from Bougainville is waiting to see him when he has time."

The puzzled receptionist went in to the doctor. "Excuse me," she said. "do you know a Jim from Bougainville?"

Well, the doctor remembered Bougainville, having spent 48 months in war-torn Pacific islands with the Army. And he figured he'd probably remember Jim.

As soon as Jim walked in, he did. Jim had helped him when he had had malaria, jaundice, and some other tropical diseases.

Jim was just going through town, thought he'd stop in to see the doc.

But he didn't leave right away after the doctor saw him. They talked in the office for an hour. That night Jim had a big dinner, saw a show, went to a nightclub — on his old friend from Bougainville.

They shared some old memories together. And the next day the doctor returned to his scheduled appointments, and Jim from Bougainville moved on, each with a pleasant new memory to add to his collection.

That's all there is to the story . . . a busy doctor, a friend from Bougainville days . . . meeting again, sharing a few good hours in talk of the past, moving on into their separate futures.

But it left us with a warm feeling when we heard it. And we thought we'd pass it on to you.

—*The Medical Way.*

Two housewives, while waiting their turn at the grocer's, were overheard discussing the last depression.

"It came at such a bad time," said one. "Just when everybody was out of work."

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## ARMY LISTING MEDICAL RESEARCH SCIENTISTS

Taking a further step in better utilization of manpower, especially that of the scarce and highly technical kind, the Army Surgeon General's Office is cataloging every applicant commissioned in the Medical Corps for the purpose of finding those who have training or experience in research.

The Medical Research and Development Board of the Army Surgeon General's Office has prepared a special questionnaire which is given to selected individuals after they have reported to duty at the Medical Field Service School, Ft. Sam Houston, Texas, where definite assignments are made.

Individuals with particular qualifications in research for which the Army has definite need are being placed in research assignments. The questionnaire of those for whom there is no immediate assignment are held by the Research and Development Board for future openings.

—*Los Angeles Bulletin.*

A young mother was discussing with an older man the arrangement worked out with her husband about feeding the baby during 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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## 1,463,500 ITEMS MAILED OUT BY HEALING ARTS GROUP IN CAMPAIGN

The Healing Arts Committee of Western New York, "political action" organization of the combined curative professions in the Eighth Judicial District, distributed a grand total of 1,463,500 items of campaign material in the 1950 election drive, which culminated so successfully November 7th.

"Briefly reviewing the registration and election campaign statistics, the record discloses the following:

### "REGISTRATION:

"5550 letters, dated September 16th, addressed to each committee member advising the aims and purposes of the Healing Arts Committee of Western New York. This letter included an enclosure in the form of a pledge card to be returned by committee members to this office.

"5550 letters, dated September 28th, addressed to each committee member alerting them on the necessity of aiding in the registration of qualified voters and the method of distributing printed material which was forwarded to them under separate cover.

"653,000 cards for re-transmission by members to their clientele. Each member received approximately 200 of these cards. This mailing was geared to reach members prior to the final two days of registration—October 13th and 14th.

"1300 postal cards mailed October 10th, especially to members of the medical profession in Erie and Niagara Counties, urging prompt action in connection with registration.

"This constituted a total mailing of 670,950 pieces.

### "ELECTION:

"5550 letters, dated October 18th, addressed to each committee member advising that after screening all candidates of both parties, decision was reached to support only Republican candidates inasmuch as they belong to the Party which forthrightly stated its opposition to enactment of legislation involving Compulsory Health Insurance.

"783,000 post-cards for re-transmission by members to their clientele. These went out in packs of approximately 200 cards beginning October 23rd through October 27th. The first 500,000 carried a special printing message endorsing the three Republican Congressional candidates in Erie and Niagara Counties. An all-purpose text was provided for the balance in the other six counties.

"4000 9 x 11 posters mailed to each member for display in their place of practice or business. For obvious reasons these were not mailed to the nursing profession.

"This constituted a total mailing of 792,550.

### "REGISTRATION AND ELECTION:

"The grand total of all material: 1,463,500."

—*Erie County Bulletin.*

She talked in her sleep, so he sent her home to Mutter.

## WIDOWS AND ORPHANS SOCIETY

Sixty-nine years ago, Dr. Kipp, then Newark's leading eye, ear, nose and throat specialist, returned from abroad with information about The Widows and Orphans Society of England. It was then 300 years old, and had a membership limited to 300 doctors of medicine. At the death of a member, the other 299 contributed the equivalent of \$1 each, 20% of which was put in a permanent fund, the other 80% given to either the widow or the orphans of the deceased. Through these many years, the additions to the permanent fund were used to purchase properties for income, one of which is now a part of Picadilly Square in London. The income from these various properties has become so large that each widow receives \$1500 at her husband's death, and \$1500 a year as long as she lives.

Dr. Kipp presented this information to a group of his friends, and they decided, almost 70 years ago, to start the Widows & Orphans Society of New Jersey.

Our Widows & Orphans Society is run by a group of doctors who handle the affairs of the Society without charge. We now have 570 members, and upon proof of death of a member, his widow immediately receives \$400. The rest of the 80% of the monies is given to her as soon as collected. 20% is given to the permanent fund, except for mailing expenses for the Society. To date, no member dying has paid in as much as his widow or orphans received. Between 10 and 12 doctors die each year. The highest death rate for any one year was last year, when 17 died, making about \$12 the amount each doctor pays a year.

To date, the permanent fund is very nearly \$80,000. This must be invested, by law, in specific types of securities. The interest from this fund is completely used each year in helping needy widows, and giving money to orphans to help pay for their education. Our organization, being classified as a Charitable Institution, pays no taxes.

Many of the Board of Trustees feel that the number of members of this Society should be limited not to 300 as in England, but to 600.

—*Herbert M. Ill, M. D.*

A seasick couple lay stretched out in deck chairs—somewhere between life and death. Meanwhile, their young son became more rowdy by the minute. Finally the mother mustered voice enough to say:

"John, I wish you would speak to Willie."

The father, unable to lift his head, said feebly: "Hello, Willie."

\* \* \*

Three slightly deaf old maids were motoring to London in an old, noisy car, and hearing was difficult. As they neared the city one asked, "Is this Wembly?"

"No," replied the second, "this is Thursday."

"So am I," put in the third. "Let's stop and have one."

## THE HYDROGEN BOMB

Much of the jitteryness, irresponsible criticism of men in high office and ignorance would pass if everyone of us would but learn what time it is. If we could but realize that at 5:30 in the morning of July 16, 1945, on the New Mexico Desert a "supermundane light and apocalyptic mushroom-top mountain of nuclear fire" ushered in the atomic age.

Those young people under twenty-five years of age who will be the citizens of the Twenty-first Century will see life as different from today as man's life has changed from prehistoric times to the civilization of 1950. We can anticipate submarines powered by nuclear energy in two years. Aircraft powered by atomic power plants will come soon after. The Arco Atomic Laboratory being completed near the Crater of the Moon and desolate lava beds of Southern Idaho will be used solely for research on shielding materials for atomic power plants. That is the only factor to be determined and remaining between man and his discovery, for all practicable purposes, of perpetual motion. Submarines can travel submerged indefinitely; aircraft can remain in flight to any part of the world, no longer needing to transport, across the sky, tons of gasoline taking up passenger space. Already our scientists are studying the use of sunlight by plants to produce energy by the little known process of photosynthesis. When this process is mastered, the energy of the Sun can be harnessed

and will provide future generations with a never-ending source of energy.

Is all of this fantastic? We are living in a world today which our grandfathers would have called pure fantasy in their day—with our radios, radars, television sets, and jet aircraft.

To keep ourselves informed today is of utmost importance as our actions, votes, and our public utterances may have great bearing on our ability to ride out the present storm of international confusion. The atomic bomb is the Model T type of destructive nuclear weapons. The construction of the hydrogen bomb is not only probable, but feasible. For simplicity, let me say that the "Hell Bomb," so called, will be detonated by an atomic bomb mechanism using plutonium. Liquid hydrogen (deuterium and tritium) will be used as the basis for the bomb. It will not set off a chain reaction which will destroy the world as the hydrogen of the atmosphere is in gaseous form. To explode, hydrogen must be converted into a solid form (heavy hydrogen or heavy water) which is only possible at a temperature of 423 degrees below zero Fahrenheit at a pressure about 1 atmosphere.

Even in its solid form, hydrogen explodes only when a sufficiently high temperature is created over a long enough period of time. This temperature is between fifty million and two hundred million degrees Centigrade. The atomic bomb creates such a temperature. By combining deuterium and tritium, the two isotopes of hydrogen, the time element can be lengthened long enough to explode the hydrogen bomb.

To simplify the above, suppose you were in the forest in the winter time. You wanted to build a fire. All of the wood was green and covered with ice and snow. An ordinary match would not produce enough heat nor burn long enough to kindle the green, ice-covered wood. Such is the case in trying to kindle heavy hydrogen with an atomic bomb. But suppose the man in the woods uses gasoline to start the fire. He pours gasoline over the wood, lights it with a match, and he has a fire. So with the hydrogen bomb. The mixture of deuterium and tritium acts as a kindling agent just as the gasoline and an explosion is possible.

Klaus Fuchs will go down in history more infamous than the traitor, Judas Iscariot. Fuchs has betrayed all mankind. It was he who revealed to the Russians the most carefully guarded secrets of our work on the atomic bomb and our plans for developing the hydrogen bomb. Russia, by this means, is considered by authoritative sources, to have been able to develop the atomic bomb from two to five years earlier and we may have to catch up with her ourselves on the finished hydrogen bomb. The world's greatest authority on heavy water is a Russian scientist.

What can a hydrogen bomb do that an atomic bomb can't? Where the atomic bomb causes from severe to total destruction for a radius of 2,500 feet, the hydrogen bomb produces the same destruction for a radius of five miles. The hydrogen bomb can, if rigged properly, destroy all living matter in the United States or Russia. The ordinary nuclear bomb is encased in a metal which at the time of

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detonation becomes pulverized and radioactive. The radioactive material of the ordinary bomb loses its radioactivity over a relatively short period of time. (The particles of radioactive elements disseminated in the atmosphere at Bikini, 5,000 miles away, were picked up in San Francisco one week later by the use of the spectroscope.) The hydrogen bomb encased in the metal cobalt, dropped over the Hawaiian Islands would, through the radioactive cobalt dust, (half life five years) carried by the prevailing winds and equal to 2,400 tons of radium would cover a strip 1,500 miles wide and 3,000 miles deep. This would destroy all living material in the United States. In five years, the radioactive dust would still be equal to 1,200 tons of radium and in ten years to 600 tons, etc. A similar situation could be created should the United States detonate a hydrogen bomb over Prague, as the prevailing winds could carry the radioactive dust over the entire width and length of Russia. A hydrogen bomb can be made a hundred, or a thousand times more destructive than the atom bomb, limited only by the aircraft which must carry it. So man has in his power the knowledge and the element to destroy himself.

The people of the United States again find themselves in a most favorable position. For this, we should be profoundly thankful. The greatest known sources of uranium are the Belgian Congo and Canada. Russian mines in Eastern Germany and Czechoslovakia were considered worked-out years ago. Where our source of ore is 50% uranium, theirs is 2%. It costs Russia twenty-five times as much money, twenty-five times as long, and their results are twenty-five times less insofar as the final production of uranium or plutonium atom bombs or hydrogen bombs are concerned. Therefore, Russia's production of atomic bombs and hydrogen bombs will always lag far behind the United States unless we are guilty of gross negligence. We can always keep far ahead of Russia unless Fuchs revealed too much. Even then uranium is necessary to produce plutonium for both bombs. When Russia stops making atomic bombs to make hydrogen bombs, she is losing out in the race on both.

We must not, however, lose sight of the fact that Russia's race, if she moves, will be, eventually, for the uranium mines of the Belgian Congo. Oil will gradually lose its high priority to the modern sources of energy—uranium, thorium, and plutonium.

From the beginning of time, every invention of mankind has been capable of two uses, good and evil. The evil will pass as all evil passes and mankind will derive the benefits of the atomic age. In research, medicine, industry and agriculture, much good has already resulted from our knowledge of nuclear energy. One is reminded of the prophecy of the chemist, Pierre Berthelot, at a dinner party in 1869 when he said that, "Man would know of what the atom is constituted and would be able, at will, to moderate, extinguish, and light up the sun as if it were a gas lamp," to which the Goncourt brothers added the postscript in their journal:

"To all of this we raise no objection. But we have the feeling that when this time comes to science, God with His white beard will come down to Earth swinging a bunch of keys, and will say to humanity the way they say at 5:00 o'clock at the salon: 'Closing time, Gentlemen!'"

Yet, the sound of swinging keys need not mean the twilight of man's day on this planet. It could be the dawn of a new Earth—and a new Heaven.

—Carroll P. Hungate, M. D.,  
*Jackson County Monthly  
Medical Bulletin.*

## THE WORLD FOOD SUPPLY

Research and its applications in food production, distribution, and use for human betterment is one of the most powerful weapons against the risk of war. A hungry people are not peace-minded.

Note these illustrations of what is being done and of what should be done more intensively to apply basic information in practical situations:

1. The Rockefeller Foundation reports experiments to increase the yield of corn in Mexican agriculture. This is meaning more food and less poverty for our neighbors. A parallel study in human nutrition is underway to reach the entire Latin American area.

2. Within four years, the development of frozen orange juice has raised the economic standing of the citrus industry and made more widely available an important protective food.

3. The United States Department of Agriculture has spearheaded crossing of one of our major breeds of dairy cattle with Brahman stock from India to obtain cows for good milk production and tolerance of our southern climate. Striking also is the progress made in increasing the yield of corn in the South. The average increase per acre in seven states is 50 percent within four years.

4. Crossbreeding of tomatoes at a university experiment station promises a new variety with vitamin C content to equal oranges and enough vitamin A content to meet our national requirement at present levels of consumption.

We can look forward optimistically to accomplishments in the conservation of our nutritional resources and the development of new and superior foods when scientists today have such advantages as the following:

1. An advancing science of nutrition, so we may expect one day to have the compositions and functions of food measured in terms of all useful nutrients.

2. A rapidly growing science of genetics to guide in deliberately designing raw products to needs.

3. A tremendous food outlet in the United States alone, with more than two-thirds of the world's people still regarded as underfed.

4. An opportunity to process and transport foods in revolutionary ways.

—Nutrition News.

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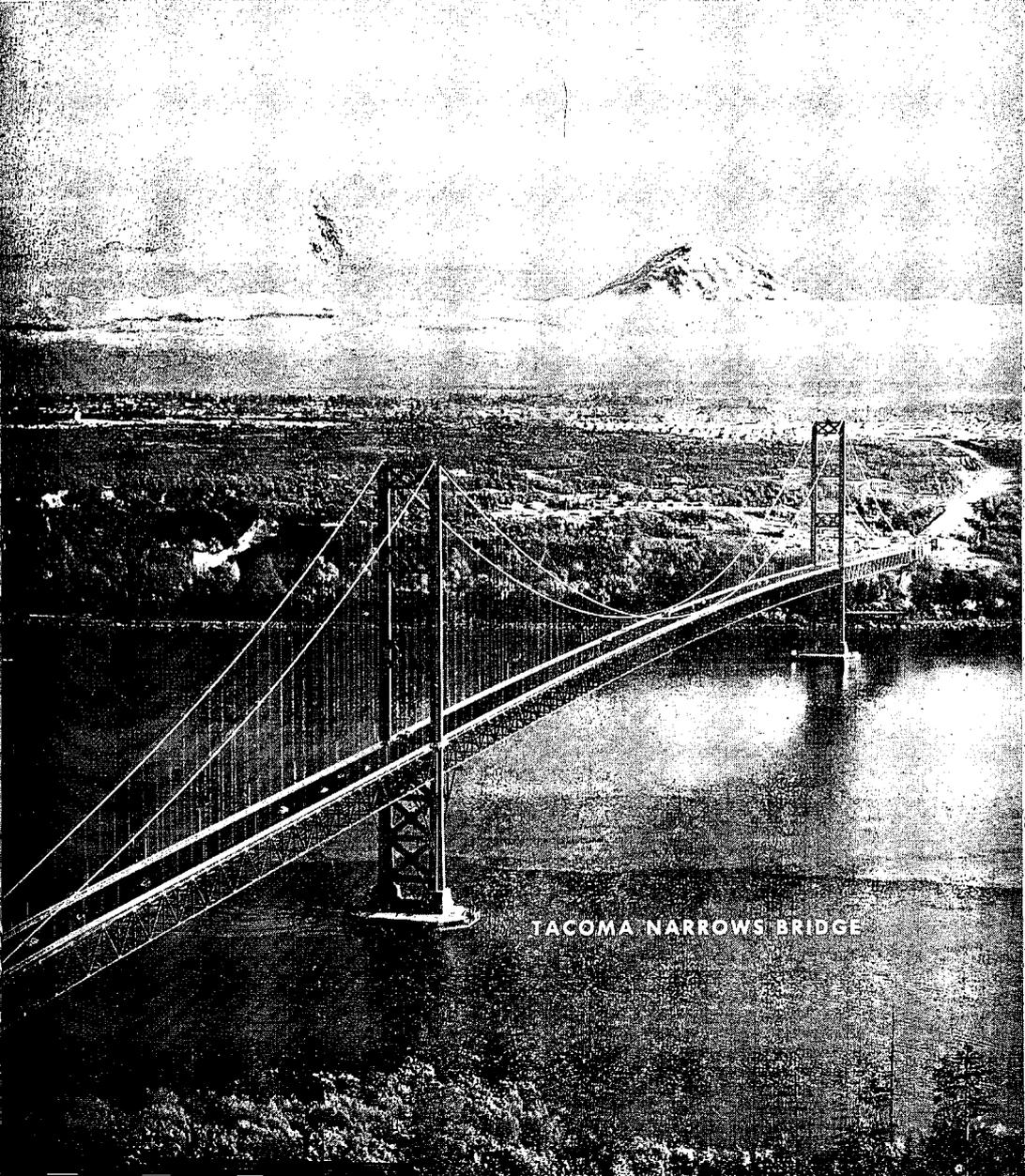
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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

VOL. XXI—No. 9

TACOMA, WASHINGTON

May - 1951



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1951

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## MEDICAL ARTS AUDITORIUM

## PIERCE COUNTY MEDICAL SOCIETY

for the

TUESDAY, MAY 8, 1951

## MEETING

Edwin G. Bannick, M.D.,  
 Clinic Professor Medicine  
 University of Washington  
 College of Medicine

"Psychosomatic Medicine in Everyday  
 Practice"

\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.  
 \*Engraving donated by Dammeier Printing Company.

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

It is not an easy task to find a topic on which to write each month. The first four subjects have been "Committees." This time we are diverging somewhat.

We feel that, with so many adverse conditions, such as War, Socialized Medicine, Civil Defense, American Medical Associations, Medical Foundation, American Cancer Society, American Red Cross and the Washington Tax Payer's Association tugging at your heart strings and your purse strings, your morale must be at a rather low ebb.

A year or so ago we received the following excerpt through the mail. We feel that it is a wonderful morale pepper-upper, so we pass it on to you as a Spring Tonic. It is titled "The Spirit of Youth," by "The Major."

### **THE SPIRIT OF YOUTH**

**By "The Major"**

"YOUTH is not a time of life; it is a state of mind. It is not a matter of ripe cheeks, red lips, and supple knees; it is a temper of the will; a quality of the imagination, a vigor of the emotion—it is the freshness of the deep springs of life.

"YOUTH means a temperamental predominance of courage over timidity; of the appetite for adventure over the love of ease. This often exists in a man of sixty more than a boy of twenty. Nobody grows old by merely living a number of years. People grow old only by deserting their ideals. Years may wrinkle the skin but to give up enthusiasm wrinkles the soul. Worry, Doubt, Self-distrust, Fear and Despair—these are long, long years that bow the heart and turn the greening spirit back to dust. Whether twenty or seventy, there is in every human being's heart the lure of wonder; the sweet amazement at the stars and at starlike things and thoughts; the undaunted challenge of events; the unflinching, childlike appetite for what next; and the joy of the game of living.

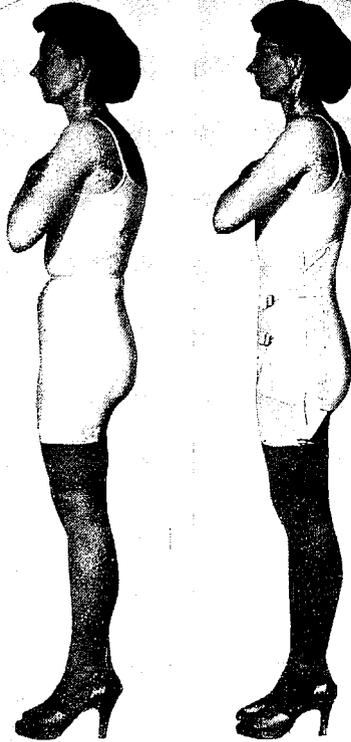
"YOU ARE AS YOUNG as your Faith—AS OLD as your Doubt—AS YOUNG as your Hope—AS OLD as your Fear—AS YOUNG as your Self-Confidence—AS OLD as your Despair!!

"In the central place of your heart is an evergreen tree; its name is LOVE. So long as it flourishes, you are YOUNG. When it dies, you are OLD. In the central place of your heart is a wireless station. So long as it receives messages of beauty, hope, cheer, grandeur, courage and power from the earth, from men and from the infinite, you are YOUNG. When the wires are down, and all the central place of your heart is covered with the snows of cynicism and the ice of pessimism, then you are grown OLD—even at thirty—and may GOD have mercy on your SOUL."

JOHN F. STEELE, M. D.

# MILD HYPERTROPHIC ARTHRITIS OF LUMBOSACRAL JOINT and TENDERNESS OF ERECTOR SPINAE MUSCLES

Photograph of patient 27 years old. Trouble began nine months ago when lifting her baby as it grew toward one year of age. Back pain at lumbosacral joint is persistent; radiating to the abdomen. Made worse by cold damp weather and prolonged walking.



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# Editorially Speaking . . .

## MEDICAL WELFARE

A doctor's query frequently heard during the past month is, "What do you think will happen to the Welfare program?" As this will be the last Bulletin issue until September and as of now no medical care plan has been officially announced we choose to make a few observations.

There will be a continuing variable number of welfare cases during 1951-2 and their care is the joint responsibility of doctors and the State Department of Health. Doctors will continue to have a group responsibility in any health program even though individual doctors refuse to cooperate. This is a type of care that can be done only by professional men although what doctors will be available is but one of the State Health Department's problems. That department will formulate the program because they have been delegated that legal and financial responsibility.

Initiative 178 says:

"The Health Department shall provide standard medical services using the most economical method; they shall make full use of existing public facilities and shall determine when and if free choice of practitioner shall be allowed."

The State allocation for welfare health needs will be payable to counties in quarterly amounts based on the number of their welfare recipients. The Social Security Department's estimate for the biennium of 115,000 cases on which the legislative appropriation was based was too low and care must now cover at least 150,000 recipients, the present actual load, with an estimated average load of 140,000.

Pierce County has about 10% of the states welfare cases and as the County Hospital requires over 80% of the monthly health budget of about \$100,000 many of the services available during the past two years must be sharply curtailed.

A factor attached to the County Hospital's problem of obtaining satisfactory medical personnel is that of doctor's compensation for their services. For good reasons the majority of the medical profession question the liberality of the many services expected and usually received by welfare cases. It now seems inevitable that there will be maximum utilization of our County Hospital for in and out patients and elimination of much of the present program regarding office, house and nursing home calls.

A schedule of payment, possibly a modified fee for service, for doctors working at the hospital could be arranged; a dental program could be carried on there and drugs could be furnished at the County Dispensary.

What we have said is just surmise but a radically different program must soon be put into operation that will replace the present all too liberal set-up. Taxpayers will soon refuse to submit to furnishing the majority of welfare cases more and better health care and service than taxpayers can afford for themselves.

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## NEW CURE FOR MALARIA!

The nation's \$7 million search for a malaria cure, conducted with the help of Statesville Penitentiary convicts who volunteered as human guinea pigs, apparently has paid off.

A new drug, primaquine, has proved a "practically 100% cure" for treating relapses from one of the two common forms of the disease, vivax malaria. Malaria has been called perhaps "the most important single disease in the world," since it affects about 300 million people. Many American servicemen were infected during the last war, and the disease is prevalent in many areas of the United States.

The important medical news came from **Dr. John Edgcomb**, '44, MD'46, in a report to the American Society of Tropical Medicine and the National Malaria Society, meeting in Savannah, Georgia. The research, which took place at the University of Chicago's Medical and Biological Research Center, was headed up by **Dr. Alf S. Alving** (Medicine), assisted by Edgcomb, **Lillian Eichelberger**, '19, PhD '22 (Biochemistry, and Captains **John Arnold**, MD '46, and **Ernest H. Young, Jr.**, of the U. S. Army Medical Corps.

In combination with quinine, primaquine is the best drug yet found for treating relapses from vivax malaria, the recurring form of the disease. Contrary to more spectacular reports, it is no "one-shot" cure, but requires administration over 14 days under the supervision of a physician. All 33 patients treated with the combine of quinine and primaquine had no relapses.

The U. S. government first began its search for better antimalarial drugs during World War II, and more than 15,000 drugs have been studied, and \$7 million spent, during the course of the nationwide project. About 150 drugs showed enough promise to be tested on man. Some, like pentaquine and isopentaquine, were successful in tests, but the margin between a controlling and toxic dose was so small that they were unsuitable for widespread use.

Primaquine, weight for weight, is four times as effective as any of the anti-malarial drugs so far tested. Ten times the amount needed for curing has been given humans without fatal results.

In the testing, more than 1,110 volunteers from Statesville prisoners were infected with malaria and then treated with various drugs. They were exposed to mosquitoes infected with a South Pacific strain of vivax malaria, characterized by frequent relapses. Treatment was begun shortly after infection, before the body could develop any natural immunity to the disease. This results from undergoing prolonged attacks and makes the patients easier to cure.

Daily doses of quinine and primaquine combined stopped all relapses in patients suffering their first attack. Administered alone, it ended relapses in more than half the cases treated. In addition to establishing the usefulness of primaquine, Alving and his team were able to discover the safest effective dosages.

Primaquine obviously offers a way for treating such cases of malaria as those which may affect veterans returning to the U.S. after service in the tropics.

**Dr. Paul C. Hodges** (Radiology) was one of three doctors appearing on the first medical consultation and diagnosis by television. On "The Johns Hopkins Science Review," an estimated 11 million laymen, via the TV screen, could peer through an X-ray machine into the chest cavity of a patient.

Hodges, in Chicago, then held an intercity, five-minute consultation with doctors in New York and Baltimore. They decided that the pieces of iron, which had penetrated the patient's back in an industrial accident, had not affected his lungs and that simple surgery was called for. A new X-ray machine, whose image is 3,000 times brighter than the usual fluoroscope, was used, and Hopkins officials believe that some day TV plus the new device may be used for consultations by doctors separated by thousands of miles.

—University of Chicago Tower Topics.

The luckiest man in the world is the one who has a wife and a cigar lighter and both of them work.

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# WOMAN'S AUXILIARY

## To The Pierce County Medical Society

"A spring tonic of hearty laughter for fishermen, their wives and laymen—" This is quoting the description of "More Fish to Fry" by the Boston Globe and believe you me, it is oh so true. If you were enthusiastic about Beatrice Cook's first book, you should read the second. And are we ever enthusiastic about meeting her at our May meeting. We talked to her on the phone regarding it—she has promised to autograph copies and she definitely wants to talk informally. Our May party promises to be one grand success. The social committee is in charge of arrangements—may we remind you that you must have a reservation to attend and that if you make your reservation, you must take care of the price of the luncheon whether you are at the Country Club or not. But then, we are sure that you will be there. We hope to have a radio transcription of an interview with Mrs. Cook—and do you know what she has done for us? Rhodes wanted her to come down for a day in their book department—and she told them it would have to be after our luncheon. She is a wonderful person and we are awaiting May 11 with great anticipation. See you there.

Our president-elect, who will be installed at the May luncheon, has been working hard, lining up her chairmen and getting the ground work laid for a good year. And here is what she has to report:

Year Book .....	Helen Jarvis
Membership .....	Edith McGill
Publicity .....	Ruth Murphy
Social .....	Helen Florence
Program .....	Jeannie Schwind
Telephone .....	Gladys Hansen
Blood Bank .....	Dorothy Maier
Legislative .....	Helen Kittredge
Today's Health .....	Merle Herrmann
Public Relations .....	Pat Flynn

That is a wonderful board, Irma. It will be a good year.

In our orchid department, we should have bouquets for Jeanne Vadheim and Marjorie Nace. The coke party for the high school seniors interested in nursing was very worthwhile, well organized and enjoyable to all who attended. United Airlines had a stewardess there to talk and the Navy nurse from Bremerton arrived in plenty of time to speak to the girls. These were in addition to the program that Jeanne told about at our April meeting. You should have attended—it was even educational for us. Not that we couldn't use it.

Pearl and Les Baskin have rented a cabin on Horsehead Bay for the summer. Pearl says it is

### OFFICERS FOR 1950-1951

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Blood Bank.....	Mrs. Scott Jones
Legislative.....	Mrs. J. B. Jarvis
Today's Health.....	Mrs. W. J. Rosenbladt
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Public Relations.....	Mrs. Raymond Bennett

"work, work, work" but fun. Another couple we know of also have rented a cabin—but we guess they want a quiet secluded summer—and don't want it known. So we will be considerate.

Our guests at the April meeting were Mrs. Kegel, Mrs. Irvin, and Mrs. Buttorff. It was nice to have you and we hope to see you all again.

These nice people represented us at the Blood Bank in April: Helen Jarvis, Merle Herrmann, Hilda Lantiere, Ruth Murphy, Mamie Reynolds, Eileen Rademaker, Anna Robertson, Helen Schekner, Dorothy Schultz, Lorrie Norton, and Augusta Niethammer. We also have an apology—to Eileen. She substituted for Ruth Light in March—and we missed the news. So thank you, Eileen, and thank you all.

Betty and Frank Madison had a months' vacation which included Iowa, where they saw a lot of high water. St. Louis, which was where the College of Physicians met in April, and Chicago. We gather it was a wonderful trip. Bart and Ralph Huff also attended the meeting of the College of Physician's and Ralph was made a Fellow of the organization while they were in St. Louis. They went on into Chicago also—and saw Arney and Kay Herrmann. And so we are informed that Arney and Kay won't be back for a couple of years, as he wants a two year residency in Surgery before he returns to us. We were really counting on seeing them soon but

(Continued on Page 11)



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## WOMAN'S AUXILIARY

(Continued from Page 9)

will swallow the lump of disappointment in our throats and send them our best wishes for increasing success.

May Willard is enjoying a sojourn in San Jose, with her daughter Marion, and Palo Alto, where her sister, Anne Chamberlin, is associated with Stanford University. Mrs. Argue is also visiting in California and soaking up the sunny climes. They can't beat our April weather down there, can they? All of the gardeners are out in denims—saw Edith McGill weeding the other day. She looked like the high school girls that are on the tennis courts now.

Though there are probably more than these couples that journeyed to Seattle to see "Mr. Roberts," we do know that the E. R. Andersons, the Don Willards, the Jim Vadheims, and the Herman Judds enjoyed the wonderful play. We wish we could see it again.

Is there anyone interested in a lovely home on Steilacoom Lake? If so, call Irene Allison, L.A. 8122. Harry has already left for Hilo, in the Islands, where he will practice and Irene hopes to join him as soon as their home is sold and the odds and ends cleared up. Good luck to you both.

Katharine Humiston hoped, in April, to use one of her Christmas presents from her husband, a flight to California to visit son, Karl, who is a senior at Stanford. The blasted flu bug intervened but she is hoping, as we go to press, to leave shortly. Karl will be singing in a concert and she wants to be there for it. More power to you, Katharine.

We believe that this is our last bulletin and that Ruth Murphy will take over for June, with the help of Gypsy Hoyer. We have had grand cooperation and wonderful help. Do you know how nice Kay Willard is? We do. And our president gave tips on items and also served as proofreader and chauffeur, taking the copy to the printers at the last minute for us. All in all, it has been a pleasure. Thank you.

Protect the birds. The dove brings peace and the stork brings tax exemptions.

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## CANCER IN CHILDHOOD

Perhaps the most important fact for us to recognize in considering cancer in childhood is that neoplastic diseases rank high as a cause of death in children. For many of us concerned with the countless respiratory infections, contagious diseases, immunizations and routine examinations which are the bulk of our practice so far as children are concerned this fact is often unrecognized. We don't see the forest for the trees and a look at statistics is often needed to restore our perspective. We may learn that, in 1945 for example, neoplastic diseases ranked third as a cause of death in the 1-4 year group, second in the 5-9 year group and fourth in the 10-14 year group.

Awareness of the importance of this group of diseases should increase our index of suspicion which must be high if we are to have any chance for early diagnosis and treatment in children's neoplasms which so frequently are insidious in onset. As in all diseases, a careful history is of great importance. The value of systematic and thorough physical examination cannot be equalled as a diagnostic procedure. Physical examination will almost always reveal or suggest ocular cancers, intra-abdominal and Wilms' tumors, skin and soft tissue neoplasms, these groups constituting over 90 per cent of tumors in childhood. X-ray and laboratory studies, including marrow smears, will be required in many cases. The importance of biopsy is undisputed, but clinical findings must be used to supplement the pathologist's findings in making the decisions for management which may involve drastic procedures.

Malignant neoplasms in childhood are usually radiosensitive, though seldom radiocurable, and they tend to progress rapidly, metastasize widely and recur promptly making early diagnosis and treatment essential. Surgery and irradiation or a combination of them will be the therapeutic measures used in most instances, but each patient must be considered as an individual in deciding the treatment to be used. Radiophosphorus is considered to be of questionable value in treating childhood neoplasms. The folic acid antagonists have been found of some value in producing temporary remissions in some cases of leukemia. Cortisone and ACTH are being studied for possible use in treating childhood neoplasms.

Whatever our hope for a solution to the problem on cancer, early diagnosis will remain the key-stone and that requires our awareness of the problem as we examine children in our offices, in school, clinic or hospital.

—Lycoming County Medical Bulletin.

A friend of ours once was a passenger on a Pullman, and was badly bitten by bugs. He wrote to the company to complain.

Back came a reply. It was the first complaint the company had. Inquiry had failed to reveal any explanation for the unprecedented happening, precautions taken in the past would be redoubled in the future . . . Then out of the envelope fell a slip: "Send this guy the bug letter."

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# The Hospitals . . .

## PIERCE COUNTY

We are pleased to announce completion of the surfacing of the new parking lot on the site of the old hospital building which will serve as an added convenience for our attending staff. As soon as the weather permits we hope to place proper signs in order to assure sufficient allocated space for the staff.

The hospital library has been moved to more pleasant quarters in the new addition; this provides more adequate space for all purposes. The former library site and former linen room on second floor will become new wards as soon as proper equipment is installed, to provide an additional fourteen beds which are sorely needed to meet the demands for hospitalization.

Construction of the new tuberculosis sanatorium next door is slightly behind schedule, but the contractor informs us that they will soon gain the lost time, weather permitting.

The installation of two television sets in the Polio Ward has answered a very vital need, particularly in the care of this type of patient. The obvious need for this type of recreational facility is readily reflected in improved morale.

One patient in particular who has been in the Drinker respirator since August 15, 1950, is still unable to be out of the lung more than an hour and a half a day. He finds life dull and tends to become discouraged about his affliction. However, the visual contact with television has quite definitely altered his attitude towards most everything. It is intriguing to note that the view through a single mirror transposes first and third base and further occupies the patient's time and attention by transposing the reflection back to its true direction.

The sets were provided by the Downtown Tacoma Lions Club and the Carpenters Union, Local No. 470. It is our hope that some added form of occupational therapy will be possible to further improve this part of the Polio program for the coming year.

It might be added that it is expected that all of the concrete will be poured for the new tuberculosis sanatorium with proper completion of driveways by the end of April. This is good news for the interns in shortening the distance between the

quarters and the hospital on their many late night calls.

—J. Morrison Brady, M.D.

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## ST. JOSEPH'S

Dr. R. A. Rouhi, the intern, was on the staff of the Contonal Hospital, Geneva, Switzerland, prior to coming to Tacoma.

The renovation of the central supply room on the second floor has recently been completed. The organization and method of dispensing supplies in this department has increased the efficiency tremendously.

Many of our Staff members attended the meeting of the Washington State Obstetrical Society held at the University of Washington.

The St. Joseph's Nursing Guild held its monthly meeting on April 24th. Miss Sadie Foy, Guild President, called the meeting to order at 8:00 P.M. to discuss the constitution and by-laws.

The Annual Junior Prom for the School of Nursing will be held on May 4th in the Crystal Ballroom of the Winthrop Hotel. The theme for this year's dance will be "Starlight Fantasy."

Our hospital chaplain, Fr. James Toner, is back in his own quarters after about three weeks as a patient.

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## TACOMA GENERAL

The regular meeting of the Medical Staff of the Tacoma General Hospital was held at Jackson Hall on April 3rd. The program consisted mainly of a review of deaths where interesting problems arose. Among the cases presented were a six-year old girl with thrombocytopenia purpura, a girl with extrophy of the bladder, a four-year-old girl with a severe head injury, and one with cranial synostosis.

Applications for staff membership have been received from Dr. Buel L. Sever and Dr. Michael Z. Irvin.

The Medical Records Department will soon return to its permanent quarters which have been completely renovated.

A pilot study in Nursing Functions is being carried out.  
(Continued on Page 15)

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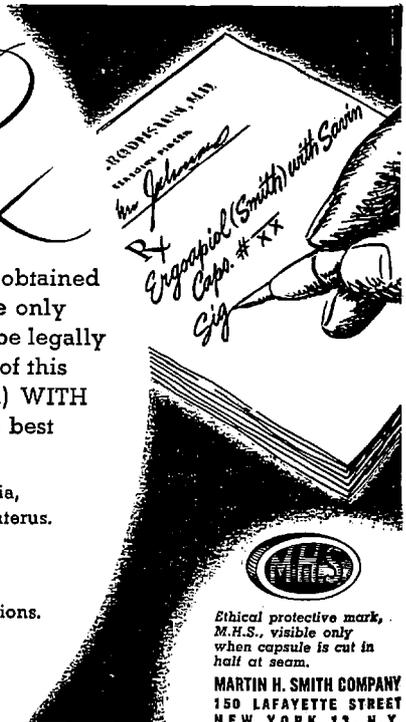
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(Continued from Page 13)

ried out in the Medical Division of the hospital. The purpose of the project is to determine means to utilize better nursing functions. Miss Mary Miller of the State Department of Nursing, and Mr. L. E. Hughes, an occupation analyst from the State Department of Industry are conducting the work, under the direction of Dr. Dudek of the University of Washington. This study, which is to last for three to four weeks, is being financed by the American Nurses Association.

Members of the hospital staff who are attending the annual convention of the Association of Western Hospitals in Los Angeles include its President and his wife, Mr. and Mrs. Heath, Mrs. O'Farrell, Miss Robertson and Mrs. Garner.

Mr. Heath has announced that in the near future the hospital will initiate the publication of a monthly bulletin of hospital news.

John Bonica, Director of the Department of Anesthesiology, has recently attended and taken part in two important meetings. He was guest speaker at the annual meeting of the Canadian Anaesthetists Society in Calgary where he presented two papers. He subsequently attended the Western Conference of Anesthesiologists in San Diego, where he presented an exhibit on the Management of Malignancy Pain with Nerve Blocks. Following this meeting, he served as an Associate Examiner for the oral examination of the American Board of Anesthesiology.

## WASHINGTON MINOR

Mrs. Bertie Campbell has returned to work following a two months' leave of absence. We're glad to have her back.

Miss Marion Thornton is vacationing in California, and while there, will attend the Western States Hospital Convention in Los Angeles.

Miss Irene Hoffman attended the Eye Institute on April 21 at the University of Washington. The program was arranged by the Association for the Prevention of Blindness. Dr. Dorman of Seattle gave a very instructive talk.

"To assure yourself of a long life, pay your physician's bills promptly and without complaint, thereby establishing yourself as such a valuable patient he can't afford to let you die."

## 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 March 21, 1951, to April 20, 1951, inclusive:

Chancroid .....	5
Chickenpox .....	55
Diphtheria .....	1
Erysipelas .....	1
German Measles .....	124
Gonorrhea .....	28
Impetigo .....	2
Influenza .....	141
Measles .....	410
Meningitis .....	2
Mumps .....	27
Ringworm .....	4
Scabies .....	1
Scarlet Fever .....	29
Tuberculosis .....	16
Vincent's Disease .....	1
Whooping Cough .....	1

## ONE PLEA THAT YOU CANNOT IGNORE

On pages 6 and 7 of the April issue of the Journal the American Medical Association is an article that has appeared before and, in all likelihood, will appear again. Personally, we hope it will continue to appear until every doctor has responded to the plea, and there is no longer any need for continued publication of the article. The future of the medical profession is in your hands—do everything you can to insure its progress.

### LEFT HER FLAT

"Has her mother forgiven them for eloping?"  
"I don't think so. She's gone to live with them."

\* \* \*

### PROVIDING HE KNOWS IT

"It takes a smart man to conceal from others what he doesn't know."

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### SIMPLE REMEDY

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## THIRTEEN THOUSAND DOOMED CHILDREN

In the United States there are more than 13,000 lively active children who, by this time next year, will be dead as the result of accidents. More than 50,000 other healthy children will be disabled permanently during the next year because of accidents. In 1944, the total national death rate for accidents was greater than that for typhoid and paratyphoid, dysentery, diarrhea and enteritis, syphilis, measles, pertussis, chronic nonrheumatic heart disease, pellagra, scarlet fever, diphtheria, cerebrospinal meningitis, poliomyelitis, malaria, acute rheumatic fever, diseases of pregnancy, puerperium and childbirth, and alcoholism combined.

Improvement in public sanitation, increased use of immunization procedures, and widespread application of the antibiotic and chemotherapeutic agents in the treatment of infectious diseases have resulted in the control of those diseases to a large extent. Certainly the medical profession now is challenged to do something about conditions that confront it with nearly ten million injuries severe enough to cause disability every year.

First of all, we must help people discard the notion that accidents just happen. They do not; they are caused. Medical science long ago left behind the weird idea that illness is due to the passage into the body of an evil spirit or a bad humor. But many people retain the superstition that accidents are the result of bad luck. Physicians are in a particularly favorable position to stimulate some right thinking about the accident problem and to sow some seeds of prevention throughout the populace. Is there any essential difference between the prevention of diphtheria by the inoculation of toxoid and the prevention of lipid pneumonia by cautioning parents to keep the cleaning fluid out of reach? Some physicians have adopted the practice of saying to the mother as they start her child's immunizations, "I wish it were possible to give your child a shot against accidents," then following through with a little conversation about accident prevention or giving the mother a home safety check list or accident handbook such as may be obtained from the Health Department or Safety Council. These are small things to do and require not more than a minute or two of time and the remembering of them.

Physicians can take part in a community-wide effort toward childhood accident prevention, for child safety is after all a challenge to the whole community. It is up to each community to study its own child accident experience and to stimulate individual and collective control measures. The seriousness of the problem is ample justification for community action.

The Committee on Health of Children of the Metropolitan Health Council is undertaking a program aimed at stimulating public awareness of and interest in childhood accident prevention. It is felt that no effort to reduce the frequency and

severity of childhood accidents can be successful unless the public can be informed of the scope of the problem and can be impressed with the importance of individual action.

The preventive technique is that of foresight and forethought. If our childhood accident experience is to be improved, many people must be induced or stimulated to do some thinking ahead and looking ahead. The real aim must be to lead people into ways of thinking that will result in safe conduct becoming a way of life for them.

During the next few months a special committee of the Metropolitan Health Council will be studying the childhood accident experience of Columbus and Franklin County. It will be investigating disabling accidents in the home as well as those that reach the emergency rooms of our hospitals. Another committee will be studying ways of developing a continuing plan for the investigation and reporting of physical conditions affecting safety. Another committee will disseminate childhood accident prevention information to the community via newspaper, radio, and television. All agencies in the community known to have an interest in childhood accident prevention are being asked to cooperate in this program of the Health Council. It is anticipated that this concentrated effort will culminate in some special community activities the first week of May, 1951.

During this campaign, every physician in Franklin County will be asked two questions: First, are you interested in receiving information as to what the individual physician can do in an attempt to reduce childhood accidents? Second, are you willing to distribute to your patients accident prevention information in the form of pamphlets or bulletins? Undoubtedly such printed matter and personal consultation coming from the individual's physician will go far in impressing the patient with the importance of accident prevention. Also he will be given specific things to do that will actually result in the reduction of incidence of accidents.

Of the more than 13,000 child fatalities due to accidents each year, about 3,500 are accounted for by motor vehicles. As physicians, we can do our part to reduce that figure by seeing to it that the urgency of our important missions about town not stampede us into unsafe driving habits. One need not become a "Nervous Nellie" or "Fearful Freddie" in order to recognize one's responsibility for the safety of the community in this regard.

Burns, scalds, and explosions account for 2,700 child deaths annually. Drownings are the third largest classification; they cause 2,300 death a year. Childhood fatalities due to falls are 900 annually. Firearms and poisons each take an annual toll of 600 children.

Repetition of these startling figures should serve to reinforce our determination to improve the childhood accident experience of this country. Here is a job in which the efforts of the physicians are indispensable.

—Columbus Academy of Medicine Bulletin.

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## PROCEDURES NECESSARY TO OPEN AN OFFICE FOR THE PRACTICE OF MEDICINE IN THE STATE OF WASHINGTON

- (1) Obtain a state license.
- (2) Obtain from collector of internal revenue, Tacoma, Washington, narcotic license applications forms.
- (3) Five days before opening office apply to the tax commission of the State of Washington for a certificate of registration (excise tax), or re-open your old account with them. The local office of the tax commission is in the Perkins Building. This tax is paid every two months and is .005% of the gross income from your practice.
- (4) Any employer who has one or more employees must pay unemployment insurance. You should re-open your old account (if you have ever practised in this state before) or get a new permit from the State Unemployment Compensation Division. The local office is in the Perkins Building. This insurance is paid by the employer every three months (none deducted from the employee) and amounts to 2.7% of the payroll.
- (5) Every employer and employee of certain classifications must pay a social security tax. You should apply for an employer's identification number to the Collector of Internal Revenue, the local office being room 248 Federal Building. The amount of this tax is 3% of the payroll, 1.5% being paid by the employer and 1.5% by the employee.
- (6) You should obtain information from the Collector of Internal Revenue regarding the withholding of income tax from the employee's wages.

—Spokane County Medical Bulletin.

## POSTGRADUATE COURSES

The Michael Reese Hospital Postgraduate School offers a two-week course in "Recent Advances in Internal Medicine." This full-time, intensive course will meet from May 14 to May 26, 1951. Clinical and didactic material pertaining to recent advances in diagnosis and therapy will be presented by members of the Department of Medicine, other Clinical Departments and of the Division of Laboratories and Research. There is also offered a one-week course May 21 to 26 in "Recent Advances in Pediatrics—Diagnostic and Therapeutic Measures." For further information, address: Michael Reese Hospital Postgraduate School, 29th Street and Ellis Avenue, Chicago 16, Illinois.

Minister: Richard, what does father say before each meal?

Richard: Go easy on the butter, kids.

"Why are the medieval centuries called the Dark Ages?"

"Because it was the Knight time."

## COLLECTING FROM AN ESTATE

The fee for professional services rendered during the terminal illness of a patient is considered a preferred claim against his estate. A statement for the amount must be presented to the Administrator of the estate within six months after the notice to the creditors has been published.

The procedure followed in the state of Washington in order to collect an account of this type from an estate is relatively simple. The form used may be purchased from any stationer (Form No. 478—Creditor's Claim). This form should be completed in duplicate and signed before a notary public. Both copies are then mailed to the Administrator of the estate with a note requesting that he "please accept service on one of these copies and return it to me." Also, on this form there is an "affidavit for service." It is not necessary to complete and resort to this section of the claim unless for some reason the Administrator should refuse to accept service of the claim by mail.

After the administrator has accepted service on one copy of the claim and returned it to your office it should be deposited with the County Clerk of the County in which the estate has been probated. This can be accomplished by mail and there is no charge for filing it with the County Clerk.

Your account is then in order and must be considered before the estate can be closed.

—Alfred O. Adams, M.D.

## MEDICAL LIBRARY

After June 4th, the library will be open from 11 to 5, Mondays through Fridays, and closed Saturdays except by appointment.

A man was walking down a dark alley, thinking his own thoughts, and didn't notice the approach of a hold-up man until he felt a gun in his back, and heard "Your life or your money."

"Take my life!" the victim replied promptly, "I'm saving my money for my old age."

## Karen Rynning

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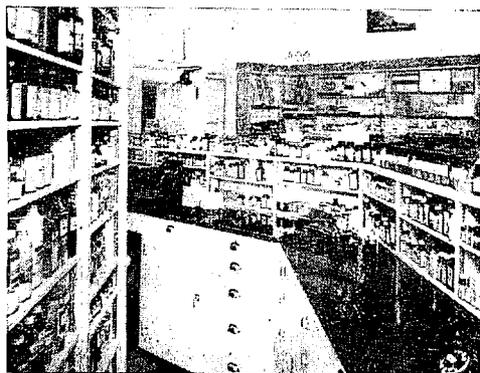
To whom would a manufacturer of surgical equipment seeking an outlet for his product look for its distribution in the Pacific Northwest but to the well established and reliable distributor in his line. There's one sure answer — Shaw's. Why not— wouldn't you?

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## NO JAUNDICED GI'S

A team of University surgeons, headed by Dr. J. Garrott Allen, reports that jaundice, which sometimes follows a transfusion of blood plasma, does not occur if the plasma is stored at room temperature for three months to two years. Moreover, the plasma keeps just as well.

The present methods for storing plasma—which include drying, freezing, or refrigeration—are believed to favor the preservation of certain kinds of viruses which may be present in the plasma and which do not live long when exposed to room temperatures. Infectious jaundice, which may not show up for three to five months after a plasma transfusion, is presumed to be caused by a highly infectious and resistant virus.

Just one infected blood donor, who may not even know he has the disease, can contaminate plasma pooled from the contribution of 25 to 50 donors. As a result, jaundice infection becomes a very critical problem at a time when civilian defense requires the collecting and stockpiling of large quantities of pooled blood plasma.

None of the 212 patients at Billings, who were given room-temperature plasma, developed jaundice; only three cases turned up in 864 patients, and these probably resulted from the auxiliary use of refrigerated whole blood or of plasma preserved by drying.

Ordinarily, from 2 to 12 per cent of persons given plasma transfusions (estimates vary) have been coming down with infectious jaundice, and this has discouraged the use of plasma for treating shock injury following surgery. The disease complicates the patient's recovery and on occasion has proved fatal.

During the last war, additionally, almost 30,000 cases of jaundice were known to follow injections of yellow-fever vaccines. As a result, human plasma is no longer used in the preparation of the vaccine.

—*Chicago University Tower Topics.*

Storekeeper: "No! Why, I wouldn't even cash a check for my own brother."

Irked Customer: "Well, you know your family better than anyone else, I guess."

\* \* \*

"Have you ever been troubled by conscience?"

"You bet. The one my girl has is an awful nuisance."

\* \* \*

The only trouble about being able to read women like a book is that you are liable to forget your place. . . .

\* \* \*

Then there was a Scotchman who took his wife to the country when she was about to have her baby, because he had heard of Rural Free Delivery.

\* \* \*

Married women drive slower than married men—because women will do anything to stay under thirty.

## RED CROSS

In 1950 83% of doctors contributed an average of \$20.43.

In 1951 75% of doctors contributed an average of \$19.50.

1951 contributions from doctors is 81% of 1950. Red Cross needs this year were \$130,000.

Red Cross has received this year approximately \$100,000.

Increase in quota this year 30% over last year.

Men in business and industry running 26% over last year.

Red Cross will welcome additional donations from doctors.

## GENERAL PRACTITIONER WANTED

The following advertisement appeared in the April issue of the Bulletin of the Alameda Contra Costa Medical Association with headquarters in Oakland, California.

"General Practitioner—Wanted to work on salary basis for one year in a large general practice in Tacoma, Washington. If satisfactory at the end of one year will take him in as a partner. Write c/o ACCMA Bulletin."

We haven't the remotest idea who among our large general practitioners is advertising for help, but we are confident that whoever comes from California in answer to this call will unquestionably add much prestige to our modest professional ranks.

Feller: "To what do you owe your remarkable success as a salesman?"

Seller: "To the first five words I say when a woman opens the door: "Miss, is your mother in?"

\* \* \*

Announcing the arrival of a nine and one-half pound bundle at our house—the family laundry came.

\* \* \*

"I hear that some explorer has found a tribe of wild women who don't have any tongues."

"That so? How can they talk?"

"They can't! That's why they're wild."

"Glasses as your eye  
physician prescribes them"

Contact Lenses — Artificial Eyes

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## DR. EDITH LINCOLN GETS A BLACKWELL CITATION

Dr. Edith M. Lincoln, physician in charge of the Children's Chest Service, Bellevue Hospital, New York City, was one of the recipients of Elizabeth Blackwell Citations given January 28 to five prominent women physicians for contributions to the practice and teaching of medicine.

A specialist in the study and treatment of childhood tuberculosis, Dr. Lincoln has been associated with Bellevue Hospital since 1922. Since 1930 she has been making a study of the course of primary tuberculosis in children, a study which has been aided for the past 10 years by the National Tuberculosis Association.

The Blackwell awards were established in 1949 to commemorate the one hundredth anniversary of the graduation of Dr. Elizabeth Blackwell, the first woman to receive a medical degree in America and founder of the New York Infirmary.

The remaining four awards went to Dr. Sara Murray Jordan, director of gastro-enterology, Lahey Clinic, Boston; Dr. Marion E. Manter, director of internal medicine, New York Infirmary; Dr. Louis Pearce, pathologist and president of the Woman's Medical College of Pennsylvania, and Dr. Wilhelmina A. Ragland, director of obstetrics, New York Infirmary.

—*Bulletin of the National Tuberculosis Assn.*

You never realize how the human voice can change until a woman quits scolding her husband and answers the 'phone.

We know a guy who is so tight he won't buy his girl a beach umbrella when they lie on the sand. He tells her shady stories instead.

A little colored boy was sitting slumped down in his chair with his feet resting on the table when his mammy came in and said: "Lawd, you is a lazy boy; you zackly like yo' pappy. Thank de Lawd I didn't marry dat man!"

The right man is said to be waiting for every girl, but the question is, will he still be waiting when she gets there?

## MENTAL HEALTH UNITS MERGE

The country's three leading voluntary mental health organizations—the *National Committee for Mental Hygiene*, the *National Mental Health Foundation*, and the *Psychiatric Foundation* — have merged to form the newly organized *National Association for Mental Health, Inc.* Oren Root, New York lawyer, is president of the organization, and Arthur H. Bunker, formerly on the board of the *National Mental Hygiene Committee*, is chairman of the new board of directors. The medical director of the *National Committee for Mental Hygiene*. A professional advisory committee is planned. Headquarters of the new organization will be at 1790 Broadway, New York, New York.

Irate Father: Why were you kissing my daughter in that corner last night?

Dubious Danny: Now that I've seen her in the daylight, I sort of wonder myself.

Love-making hasn't changed in two thousand years. Greek maidens used to sit and listen to a lyre all evening, too.

"Don't drive so fast, father."

"Why not?"

"The policeman on the motorcycle can't get by."

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## 1951 TAX CALENDAR

*Jan. 15.*—File amended declaration of estimated tax for 1950 (Form 1040-ES or Form 1124-T) or final 1950 return in lieu thereof.

*Jan. 15.*—Pay final installment of estimated 1950 tax.

*Jan. 15.*—Pay excise tax for November and December (Form 2406).

*Jan. 31.*—File employer's return (Form 941) for last calendar quarter of 1950 of income taxes withheld on your employee's wages and employer and employee social security taxes due for that quarter, together with second carbon copy of each withholding statement furnished employees and Form W-3, and pay tax shown due on Form 941 by deposit receipts (Form 450).

*Jan. 31.*—Furnish statement to each employee showing wages paid and amount of income and social security taxes withheld on wages during calendar year 1950.

*Jan. 31.*—Pay unemployment insurance for October, November and December 1950 (Form SF-5208 Rev.).

*Feb. 15.*—File information returns (Form 1099) with respect to payment in 1950 of \$600 or more, together with an annual information return (Form 1096). These returns need not be filed with respect to payments on which the second carbon copy of withholding statements furnished to employees is furnished.

*March 15.*—File individual income tax return for 1950 (Form 1040) and pay any balance of tax owing.

*March 15.*—File declaration of estimated income tax for 1951 (Form 1040-ES) and pay first quarterly installment of such estimated tax.

*March 15.*—Pay excise tax for January and February 1951 (Form 2406).

*April 30.*—File employer's return (Form 941) for first calendar quarter of 1951 of income taxes withheld on your employee's wages and employer and employee social security taxes due for that quarter, and pay tax shown due on Form 941 by deposit receipts (Form 450).

*April 30.*—Pay unemployment insurance for January, February and March (Form SF-5208 Rev.).

*May 15.*—Pay excise tax for March and April (Form 2406).

*June 15.*—Pay second installment of estimated income tax for 1951 and file amended declaration of estimated tax (Form 1040-ES or Form 1124-T) if situation changed between March 2 and June 1.

*June 15.*—Pay narcotic tax (\$1.00) to collector of internal revenue.

*June 15.*—Pay \$5.00 Washington license renewal fee.

*July 15.*—Pay excise tax for May and June (Form 2406).

*July 31.*—File employer's return (Form 941) for second calendar quarter of 1951 of income taxes withheld on your employee's wages and employer and employee social security taxes due for that

quarter and pay tax shown due on Form 941 by deposit receipts (Form 450).

*July 31.*—Pay unemployment insurance for April, May and June (Form SF 5208 Rev.).

*Sept. 15.*—Pay third installment of estimated income tax for 1951 and file amended declaration of estimated tax (Form 1040-ES or Form 1124-T) if situation changed between June 2 and September 1.

*Sept. 15.*—Pay excise tax for July and August 1951 (Form 2406).

*Oct. 31.*—File employer's return (Form 941) for third calendar quarter of 1951 of income taxes withheld on your employee's wages and employer and employee social security taxes due for that quarter and pay tax shown due on Form 941 by deposit receipts (Form 450).

*Oct. 31.*—Pay unemployment insurance for July, August and September (Form SF 5208 Rev.).

*Nov. 15.*—Pay excise tax for September and October (Form 2406).

*Dec. 1.*—Obtain from each employee a new withholding exemption certificate on Form W-4 (Rev. 1948).

—Spokane County Medical Bulletin.

## TACOMA SURGICAL CLUB

The annual meeting of the Tacoma Surgical Club will be held on Saturday, May 5th, of this year. Dr. Richard W. TeLinde, gynecologist-in-chief at John Hopkins Hospital, will be the guest speaker. His subject, in the afternoon session, will be Endometriosis, Experimental and Clinical. In the evening session he will discuss Urinary Incontinence in Women, Surgical Cure. An anatomical demonstration will be presented in the basement of the Nurse's Home, Tacoma General Hospital. The afternoon session will be held in Jackson Hall, Nurse's Home, Tacoma General Hospital.

The annual banquet will be held at The Tropics, formerly the Rudder Club, across the street from the Winthrop Hotel. All members of the Pierce County Medical Society are cordially invited to both the discussions and the banquet.

"What's Mabel mad about?"

"She stepped on one of those scales with a loud speaker and it called out, 'One at a time, please!'"

\* \* \*

Once upon a time, there was a little girl who had many boy friends. They each asked her, "Do you love me?" She answered "yes" to each one. This went on for many and many a year, but still she died an old maid.

Moral: Don't love everybody. Leave that to God. Specialize.

\* \* \*

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

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

\* \* \*

The beginning of wisdom is calling things by their right names.

—Chinese Proverb.

## MAKING AGE LESS CRABBED

Old is twenty years older than one happens to be at the moment. Who, then, can say what the proper retirement age is? Sonja Henie stopped doing her most beautiful and most difficult figures by the age of thirty and became a producer. Joe Louis at thirty-five has found it necessary to return from retirement to repair his fortunes. Emeritus professors of medicine at sixty-five must fall back on their consultations and their acid comments on the bright young men. . . .

Geriatrics is medicine in its broad sense applied to a special age group. This means medical care in addition to physiologic and psychologic appraisal, research in chronic disease and rehabilitation. Finally, social, economic and political technics must be employed to preserve and enhance the dignity of the aged person. This is part of the meaning of democracy.

—*New England Medical Journal.*

"Sorry, madam, but licenses are issued only when your form is filled out properly."

"Why, I like your nerve, sir. We can get married no matter what I look like."

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## THE LIEN LAW

In about 1937, the Washington State Legislature passed what is known as the Physicians', Hospitals', and Nurses' Lien Law.

Briefly the essential points of this law are as follows: It pertains to services rendered "any person who has received a traumatic injury" except "those cases coming under the Workmen's Compensation Act." Within 20 days of the time of the accident or at any time prior to settlement of the patient's claim against the party responsible for the accident, the physician, hospital, or nurse may file a lien with the County Auditor, this lien to be filed in the county where the service has been rendered. Forms for this purpose can be obtained from a stationery store. They can be sent to the Auditor by mail if the fee of \$.75 is enclosed. The lien will be properly marked by the Auditor, recorded, and then returned to the physician.

It is not necessary that the physician notify any of the parties concerned, even the patient, although it may be at times advisable to do so. At the time of the filing of the lien it is not necessary to state the exact amount of the bill.

This protects the physicians' hospitals' and nurses' bills up to a total of the liens filed equivalent to 25% of the total settlement of the claim for injury. This does not mean that the bills must total 25% but any additional over and above this amount must be collected from the patient and cannot be considered as protected by this lien.

Where a lien has been filed it is necessary for the parties making a settlement to pay the bills covered by a lien and if they do not the physician then has a claim against the parties making the settlement rather than against the patient. Insurance adjustors and attorneys are very careful to check the court records to see whether or not a lien has been filed before a settlement is made; therefore, oftentimes it is a courtesy to notify the adjustor or attorneys that a lien has been filed.

After the account has been paid the physician, hospital, or nurse should release the lien and this can be done in one of two ways. The first is to personally appear at the auditor's office and sign a marginal release in the book where the lien has been recorded. For this there is a fee of \$.25. The second is to complete a second form, "Satisfaction of lien," and send it to the county auditor's office with a fee of \$.45.

—*Spokane County Medical Bulletin.*

## *A Page of Humor, Ect.*

"Just as we know that ukuleles don't come from Hawaii, and that there is no chop suey in China, the prospective traveler to Europe should know that there are certain foods he will not find there. Roast beef, for instance, is just a memory in London. French onion soup can be found in Paris but usually only in the Market District at 3 or 4 a.m. French toast is unknown.

"The Swiss seem to know nothing about Swiss steak and Swiss cheese is a meaningless term in a country which makes thirty-seven kinds of cheese. ('Emmdal' is what you should have asked for.) Garlic is not used for flavoring in any part of Italy we visited. In Spain, likewise, there is nothing whatever which resembles our well-known 'Spanish sauce.'

"This traveler has no information on caviar in Russia, Goulash in Hungary, pastry in Denmark or schnitzel, whatever that is, in Vienna."

—San Francisco Bulletin.

\* \* \*

We have no more right to consume happiness without producing it, than to consume wealth without producing it.

—George Bernard Shaw.

\* \* \*

First Doctor: Do you believe in luck, Doctor?

Second Doctor: Sure, otherwise, how would I explain my colleague's success!

\* \* \*

Both travel and sitting still have a similar effect—they're both broadening.

\* \* \*

I have always been among those who believed that the greatest freedom of speech was the greatest safety, because if a man is a fool the best thing to do is to encourage him to advertise the fact by speaking.

—Woodrow Wilson, 1919.

\* \* \*

My idea of an agreeable person is a person who agrees with me.

—Benjamin Disraeli, 1870.

\* \* \*

One day, in a thoughtful mood, Lincoln's little son, Tad, went into the White House study, climbed up on his father's knee, and inquired, "Papa, what did you say when you proposed to mamma?"

Mr. Lincoln tried to evade the question, but the youngster persisted.

"Well," at last came the reluctant reply, "If you must know what I said, Tad, when I proposed to your mother, I said yes."

\* \* \*

Dr. Elmer L. Henderson, president of the American Medical Association and the World Medical Association, has been named president of the new American Medical Education Foundation. The foundation has been set up to raise funds within the medical profession to assist medical schools.

At a musical event, a woman was rendering a song and one guest leaned towards the man next to him and muttered: "What an awful voice! I wonder who she is?"

"She is my wife," replied the other stiffly.

"Oh, I'm awfully sorry," apologized the first man. "Of course, it really isn't her voice that's so bad, but that terrible stuff she has to sing. Wonder who wrote that ghastly song?"

Came the even stiffer reply, "I did."

\* \* \*

I would establish but one great general rule to be observed in all conversation, which is this, that men should not talk to please themselves, but those that hear them. This would make them consider, whether what they speak be worth hearing; whether there be either wit or sense in what they are about to say; and whether it be adapted to the time when, the place where, and the person to whom, it is spoken."

—Sir Richard Steele.

\* \* \*

Richmond: "That fellow can speak three languages."

Kingston: "Yes! Manhattan, Brooklyn, and Bronx!"

\* \* \*

David M. Anderson is with the Veterans Hospital in Fargo, North Dakota, but will return to Minneapolis when his new office is completed the first part of April.

\* \* \*

\* \* \*

Daughter of first film star: "How do you like your new father?"

Daughter of second film star: "Oh, he's very nice."

Daughter of first film star: "Yes, isn't he? We had him last year."

\* \* \*

Teacher: If a number of cattle is called a herd and a number of sheep is a flock, what would a number of camels be called?

Little Johnny: A carton.

\* \* \*

Mrs. Brown: "When my sister was in Europe before the war, she saw a woman hitched to a mule."

Mrs. Jones: "That happened at our wedding, too."

\* \* \*

Woman Customer (in bank): "I would like to make a loan."

Bank Official: "You'll have to see the loan arranger."

Woman: "Who?"

Official: "The loan arranger. The loan arranger!"

Woman: "Oh, you mean the one who says, Hi-Ho, Silve?"

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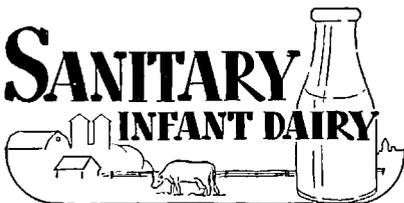


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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

VOL. XXII—No. 1

TACOMA, WASH.

SEPTEMBER - 1951



TACOMA NARROWS BRIDGE

# Pierce County Medical Society

1951

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 Vice President ..... K. H. Sturdevant  
 Secretary-Treasurer ..... G. C. Kohl

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Clyde Magill	J. W. Read

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Managing Editor .....	Katherine Rogers
Auxiliary News Editor .....	Mrs. Thomas B. Murphy

# Program

## MEDICAL ARTS AUDITORIUM

## PIERCE COUNTY MEDICAL SOCIETY

for the

SEPTEMBER 14, 1951

## MEETING

### Vaginal Hemorrhage During Pregnancy:

a symposium

Scott S. Jones, M.D., Moderator

#### 1. Prenatal hemorrhage—

Leon B. Thomas, M. D.

#### 2. Bleeding during labor—

Herbert E. Meier, M.D.

#### 3. Post partum hemorrhage—

Fay M. Nace, M.D.

Discussion

\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.  
 \*Engraving donated by Dammeier Printing Company.

# The President's Page . . .

It is again that time of year, when we should begin thinking about our Community Chest, and trying to make up our minds what we can afford to give for those who are less fortunate than we in the possession of worldly goods and the blessing of health.

Last year the physicians' goal was \$9,400 and as you will see by the table, which is printed below they gave only \$7,842. We did not like to ask the Woman's Auxiliary to go out after their husband's money this year, so we are not only presenting you this personal appeal, but will also bring to you in a personal letter a plea, to sit down and figure out how generous you can be to the most worth-while organization to request money from you.

The physician's goal this year is slightly higher than last year, \$9,719, but that is only 2.27% of the total. The main reason for it being higher is the addition of the United Defense Fund, Inc., which will be explained further on this page. The Chest management assures me that this goal is comparable to the contributions by physicians in other representative communities.

This coming year the goal for the Chest's 23 agencies plus the United Defense Fund is \$428,170. That seems to us like a lot of money, but when we think back to the "good old days," when you stepped out of your office building for a bite of lunch or a cup of coffee you would be swarmed upon by solicitors of one of these agencies to give a few dollars here or there, each week, a new one.

The whole thing is handled so much better now and we know that the money raised goes directly to these agencies. The administrative cost is very small.

There are approximately 175 physicians who might be expected to contribute the \$9,719. Simple arithmetic shows us that about \$55 a'piece would furnish this sum. Of course, consideration must be given, in each instance, by the individual to his time in practice, his income, his reserves, and other factors. From such an evaluation, contributions should expectedly vary widely in both directions from the fifty-five dollar average. It is hoped that each physician thus approached will make his pledge to the Community Chest, which is fair both to himself and to the community.

The agencies, participating in the Chest are as follows:

Boy Scouts	Boys' Club	Briscoe Boys School
Catholic Charities	Camp Fire Girls	Council Jewish Women
Family & Child Service	Girl Scouts	Lindquist School Clinic
Lutheran Welfare Society	St. Anne's Home	Salvation Army
Community House	Tacoma Day Nursery	Public Health Nursing
Travelers' Aid	Washington Children's	White Shield Home
Y. M. C. A.	Y. W. C. A.	Childrens' Industrial Home
Girl's Club	Dyslin Boys Ranch	

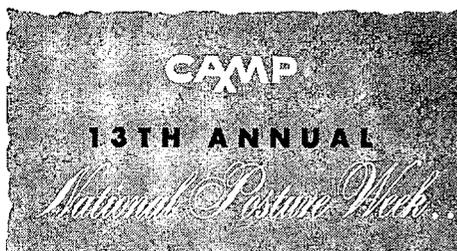
The United Defense Fund was organized in response to the nation's urgent need for unity of purpose and action, and to prevent the waste of manpower and moneypower that would result from separate campaigns for the United Service Organizations (U.S.O.), United Community Defense Services, American Social Hygiene Associations, National Recreation Association (emergency defense program) and American Relief for Korea (clothing, blankets, sewing material).

## RECORD GIVING OF PHYSICIANS Tacoma Community Chest and Council

Year and Chairman	Total Goal	Amount Raised	Physician's Quota	Raised by Physicians	Percent Goal	Percent Given
1947-48 (Dr. Lewis Hopkins)	\$ 340,000	\$ 341,126	\$8,200	\$ 7,854	2.31	2.30
1948-49 (Dr. Homer Humiston)	358,000	328,868	8,200	8,410	2.35	2.55
1949-50 (Dr. Homer Humiston)	349,583	315,342	8,200	*8,155	2.33	2.58
1950-51 (Mrs. John F. Steele)	372,142	321,596	9,400	7,842	2.11	2.43
TOTAL	\$1,419,725	\$1,306,932	.....	\$32,263	2.27	2.46
1951-52 (Dr. John Steele)	\$ 428,170		\$9,719		2.27	

\*Contributions totaling approximately \$150 given by physicians to residential and hospital divisions, therefore, physicians actually went over the quota.

JOHN F. STEELE, M.D.



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

It was four years ago this month that Dr. Lewis A. Hopkins added the editorship of the Pierce County Medical Society Bulletin to his many other responsibilities. That was the month that the cover on the Bulletin changed to the beautiful photograph of Tacoma that has been our cover ever since—with appropriate changes, of course, to conform with the changes that have been made in Tacoma's skyline. It was also the month that the little bits of nonsense began to appear tucked away in odd corners of the Bulletin. It was our good Dr. Hopkins that did the tucking.

We don't have to mention Dr. Hopkins' many merits: his delicious sense of humor, his kindness, his generosity, his wit. You members of the Pierce County Medical Society know them even better than we do, so we know that you accept with regret, as we do, his resignation from the editorship of the Bulletin.

The editorial **we** has always seemed like an evasion of responsibility, a subterfuge for a division of authority, and certainly as impersonal as it is possible to be. In this instance, particularly, it is as out of order as Mr. Ewing. Therefore, **we** are going to become **I**, and say that it is with mixed emotions that the announcement of his resignation is made. I know that he deserves the rest that he is going to take, but, darn it, I am going to miss him.

The Managing Editor.

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## MEDICAL LIBRARY

Katherine Rogers, Librarian

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### WHAT THE LIBRARY DOES WITH YOUR DONATED MAGAZINES

The Pierce County Medical Society Library belongs to the Medical Library Association Exchange, an organization with members in every state in the Union, in every province in Canada, and in ten other foreign countries. Its object is to provide its members with the opportunity of completing their files of periodicals and, in some instances, their bound sets.

From the Exchange headquarters in New Jersey a catalog is sent to all members every few months. This catalog is compiled from lists of duplicate material that each contributing library possesses and is offering to other members. An example of the procedure may help to explain the system.

Suppose this library needs (which it does) a copy of *Annals of Surgery* for January, 1949. When we receive a new catalog we look to see who is offering it. If and when we find it we write to the Exchange headquarters where our letter is channeled with other requests, and sooner or later we receive our copy. It is a simple and efficient method, and one for which we are grateful.

Obviously, the duplicate list can only be made up of periodicals which are given to the library as our own subscription copies are held for binding. Thus, all donated magazines that duplicate those which we already have are added to the list for the Exchange. A list must be submitted to the Exchange at least every two years by each member.

There are two reasons why the library finds it necessary to appeal to the Exchange for missing copies: the first is that frequently doctors give the library most of their copies of a certain periodical, but, for one reason or another, fail to give all of them. We cannot bind a volume with any issues missing so an appeal is made to the Exchange. The other reason is that, sad to relate, doctors are just as prone as anyone else to borrow material from the library and fail to return it. Except for recent additions the library records are sadly inadequate concerning who has borrowed what periodical and the librarian is unable to remind you that you have overdue material.

There is a third, and perhaps minor, reason why we appeal to the Exchange. There is nothing in the life of a librarian so frustrating as attempting to look up a reference and finding that that particular copy has disappeared with no record of its being checked out. Temporarily we can borrow from other libraries, but that takes time, and doctors are usually in a hurry.

We have, then, two requests: please bring in your old magazines, and for the sake of the library and other doctors who may need the book, return any and all books, periodical, pamphlets, etc., that you have borrowed more than two weeks ago. If you

are still using them and have borrowed them from the present librarian you may keep them until you are through with them as she can call you if another doctor needs them. Otherwise, please bring them back.

We have another exchange agreement that is separate from the Medical Library Association Exchange. With several libraries in other states we have an agreement to send them copies of Northwest Medicine in exchange for their state periodical. It is a very amicable arrangement and one that is profitable to all concerned. However, for some reason doctors have not been donating their Northwest Medicines magazines to the library as regularly as we would like, and we are short several copies of all the 1951 issues. If you have any that you no longer want we would appreciate it if you would bring them in.

Following is a partial list of books missing from this library for which there is no record. If you have any of them, please bring them in.

American Heart Journal, v. 21, 31.  
 American Journal of Clinical Pathology, v. 3, 8, 14.  
 American Journal of Digestive Diseases, v. 6, 13.  
 American Journal of Diseases of Children, v. 14, 17.  
 American Journal of Hygiene, v. 27.  
 American Journal of Obstetrics and Gynecology, v. 53.  
 American Journal of Ophthalmology, v. 26, 28.  
 American Journal of Pathology, v. 15, 17, 18, 19, 20.  
 American Journal of Psychiatry, v. 100, 103, 104.  
 American Journal of Roentgenology, v. 35, 59.  
 American Journal of Surgery, v. 9, 14, 25, 30, 34.  
 American Journal of Medical Science, v. 209, 210.

\* \* \*

If any doctors are in need of a receptionist or secretary the librarian may be able to help them as many requests for such positions come into the library.

\* \* \*

The librarian is now licensed as a Notary Public; she will be glad to help you if you need such service.

\* \* \*

The library will be closed Monday, September 17.

\* \* \*

The following doctors have donated books to the library:

Dr. Homer T. Clay—Year Books of Pediatrics from 1942 to 1950. Several years of the *Journal of Pediatrics*.  
 Dr. Edward Wolf—Many fine textbooks including: *Treatment of Diet*, by Barboka. *The Pneumonias* by Reimann.  
 Dr. J. W. Rawlings—Textbooks on Orthodontia and allied fields.

The Library is very grateful for these acquisitions and takes this way of expressing thanks.

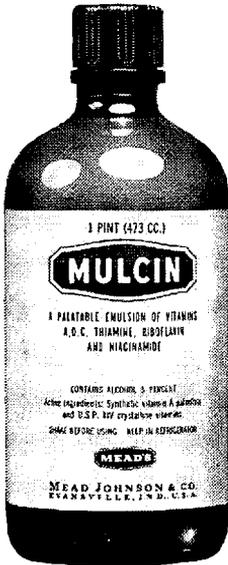
\* \* \*

The editors would like to know your opinion of the *Bulletin*; good or bad we'd like to know. Also, if you are interested in seeing the *Bulletin* continue to be published, please patronize our advertisers. They are what make the *Bulletin* possible.

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# WOMAN'S AUXILIARY

## To The Pierce County Medical Society

The first meeting of the year will be a tea at the home of our president, Mrs. S. S. Thordarson, 3602 North 36th, on Friday, October 14. Let's all try to come and get acquainted.

\* \* \*

News from Hawaii is that Dr. Allison and Irene have left Hilo and are now in Honolulu. They are enjoying the sunshine and wonderful weather. But why go to Hawaii when we have so much sunshine in our town?

\* \* \*

Dr. Fred Schwind and Jean and Dr. Wright and Kay had a wonderful boat trip, which lasted three weeks, in the San Juan Islands. They were fortunate enough to have Bea Cook, the author, on their boat for dinner one evening. They also caught several nice fish.

\* \* \*

Dr. Hoyer and Gypsy, George and Lorraine Kunz vacationed a couple of weeks at Lake Chelan. They enjoyed themselves fishing and loafing in the sun.

\* \* \*

Bill and Louise Bowen are now living in New Orleans. Bill is going to school and Louise is melting away in the heat. They will be gone from the City for three years.

\* \* \*

Dottie Read was enjoying herself in San Francisco visiting all her friends while Jess was busy learning some more about surgery.

\* \* \*

Imagine the excitement at the Bonica home when a son was born to them this summer. Junior was also welcomed by his three little sisters.

\* \* \*

Hugh and Charlotte Larkin now have seven, a baby girl was also welcomed this summer.

\* \* \*

Dr. Anderson and Joan and Dr. Govan and Louie had a pleasant vacation at Chevy Chase Inn. Joan has been busy this summer getting furniture for their new house which they will be moving into soon.

\* \* \*

The State Medical Convention will be held in Seattle, September 11th and 12th.

\* \* \*

We hope you all had an enjoyable summer and are in the mood to get settled for the busy seasons to follow.

Hubby: "I wonder why we never manage to save anything?"

Wife: "It's the neighbors; they're always doing something we can't afford."

\* \* \*

"Mrs. Jones was outspoken at our club meeting today!"

"I can't believe it. Who outspoke her?"

### OFFICERS FOR 1951-1952

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First Vice President.....	Aleva Jones
Second Vice President.....	Helen Kittredge
Recording Secretary.....	Jean Judd
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Program.....	Jeannie Schwind
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Blood Bank.....	Dorothy Maier
Legislative.....	Helen Kittredge
Today's Health.....	Merle Herrmann
Public Relations.....	Pat Flynn

## "GATHER YE ROSEBUDS"

The London *Lancet*, long recognized for its facility in garnering all the news in medicine that's fit to print has again chalked up a double play.\* This rapid passage of the ball from Kharkov Institute of Biology to *New York Times* to *Lancet* has to do with a Russian survey on longevity, which indicates that old comrades, like certain Biblical characters of whom the Soviets wouldn't even know, neither die nor fade away.

According to testimony soon to be revealed in the forthcoming book "U.S.S.R.—Country of Longevity," about to be published by the Kharkov Institute, there are currently more than 30,000 residents of the Soviet Union who are over a hundred years of age. Apparently their politics, a *sine qua non* of longevity in the U.S.S.R., must be correct, a surmise that is borne out by the case of Vassily Sergevich Tishkin, now in his 145th year, who worked 256 days on the farm last year and trudged to the so-called polls on each election day.

Since cases prove points, Makhmud Eivazov is also mentioned—a farmer's boy of 124 glamorous years who not only is a deputy of his local soviet but regularly bathes in a mountain stream, whether he needs a bath or not. This ritual presumably takes place in the golden summertime; in the winter there is no fishing.

\*Notes and News. *Lancet* 1:1185, May 26, 1951.

—The New England Journal of Medicine.

**LOCALS**

On again, off again, wet again.

Off most of the time was the verdict of those who watched Bill Rosenblatt learning to water ski. His stance appeared to be correct and determination furrowed his forehead and all was well on the straight away. The turns were another story and each time the cool waters of Puget Sound gave him a Baptist baptism.

Bill Bowen is spending a hot busy summer in New Orleans becoming a specialist. It is not generally known but during his Tacoma practice several good chances got by him due to his not seeing them soon enough. That is the real reason he has embarked on a two years' course in optics and is now an eager beaver in studying anatomy, embryology, neurology and pharmacology. His sights are now set on Jesse W. Bowen, Jr., M.D., practice limited to the Eye. His address is 3911½ Ida Street, Metairie, New Orleans.

Doctor Arnold Herrmann has moved from the beat of Chicago to the cool breezy climate of New Orleans for a year at the Southern Baptist Hospital. In addition to his surgical residency we understand he is rapidly making a place for himself in the local Dixiecrat organization. With his past successful political background he should function admirably in liaison activities with Dixiecrats and his Northern political faith. His address is c/o Southern Baptist Hospital, New Orleans, Louisiana.

After three years post graduate work at the University of Michigan Hospital, Dr. Dumont Staatz will associate himself with Dr. Wm. Goering; their work to be devoted exclusively to Orthopedic Surgery.

Dr. Richard Link is well into his years residency in Obstetrics and gynecology at the Long Island College Hospital. It is a far cry from the peace and quiet of his former 26th and Proctor district to the pitfalls of the city of Ex-Mayor O'Dwyer. We can only hope he will be too busy to venture out very often after dark.

Dr. Govnor Teats is finding an abundance of work to be done at his new location in North 26th and Washington. His only neglected interest has been the Tacoma Yacht Club.

The Pierce County Academy of General Practice Officers:

- President ..... Dr. Paul Bondo
- Secty.-Treas..... Dr. S. Robert Lantiere

Arrangements are under way to integrate meetings, during the coming year, with the regular Society and Hospital Staff meetings, thus avoiding an extra night meeting.

**Pierce County Medical Society  
Members in the Armed Services**

- Charles B. Arnold ..... Air Force
- Wayne B. Carte ..... Air Force
- J. Edmund Deming ..... Marine Corps
- Raymond C. Ellis ..... Air Force
- Will E. Lewis ..... Navy
- William A. McPhee..... Navy
- Leon Meiers ..... Army

**Wm. B. McNerthney, M.D.**

1890 to 1951

Dr. McNerthney was born in Red Lake Falls, Minensota, and following his service as Captain, M.C., during World War I he came to Tacoma in 1918.

He had a large active practice until two years ago when he was compelled to retire due to illness.

Those of us privileged to know Dr. McNerthney will always remember his kindly manner and his brave uncomplaining attitude.

**IN MEMORIAM**

The world of science lost one of its greatest men with the death of Dr. Ludvig Hektoen on July 5. Presbyterian Hospital is but one of many institutions to claim the eminent pathologist and to mourn his passing. He was a staff member here from 1896 to 1924 and a faculty member of Rush Medical College (1895-1940).

Dr. Hektoen is credited with the discovery of coronary thrombosis. He also is recognized for distinguished work in matching blood types, in immunization, and in cancer research. Today Hektoen Institute stands as a fitting memorial to an unpretentious gentleman internationally renowned.

—The Presbyterian Hospital Bulletin.

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Portion of verses published in 1907 in volume entitled Thanksgiving.

## Give Thanks for What?

W. F. Croffut

"Let Earth give thanks," the deacon said,  
and then the proclamation read.

"Give thanks fer what, an' what about?"  
Asked Simon Soggs when church was out.

"Give thanks?" said Simon Soggs again,  
"Jest look at what a fix we're in!  
The country's rushin' to the dogs  
At race-horse speed!" said Simon Soggs,  
"Rotten all through—in every State,—  
Why, ef we don't repudiate,  
We'll hev to build, fer big and small,  
A poor-house that'll hold us all.

Give thanks? How mad it makes me feel,  
To think how office-holders steal!  
The taxes paid by you and me  
Is four times bigger'n they should be;  
The Fed'ral Gov'ment's all askew,  
The ballot's sech a mockery, too!  
Some votes too little, some too much,  
Some not at all—it beats the Dutch!  
And now no man knows what to do,  
Or how is how, or who is who.  
Deacon! corruption's sure to kill!  
This 'glorious Union' never will,  
I'll bet continental cent,  
Elect another President!  
Give thanks fer what, I'd like to know?"

The deacon answered, sad and low,  
"Simon! it fills me with surprise,  
Ye don't see whar yer duty lies;  
Kneel right straight down, in all the muss,  
And thank God that it ain't no wuss!"

First Young Matron: "When I got married I wore blue to show my faithfulness."

Second Young Matron: "When I got married I wore white to show my purity."

Third Young Matron: "When I got married I wore a business suit."

• • •

Reporter: "Do you think the Senator put enough fire into his speech?"

Congressman: "In my opinion, the Senator didn't put enough of his speech into the fire?"

## TWENTY YEARS AGO . . .

Editorial from Bulletin 1931

"We are passing through a period of upheaval and unrest, in which the values and the conduct of institutions as they now exist are being most seriously scrutinized and questioned. All over the world changes are being made, not only in the form and nature of governments but in the relations of men to each other in their various forms of endeavor and the relation of their social obligations.

"The medical profession has not escaped this general disquietude and criticism. We are being asked if the remuneration for our services is not too great, if the cost of medical care is not excessive and burdensome for people in the ordinary walks of life and if we are fulfilling our mission of giving adequate care to those who need our services."

## THE AMERICAN MOTHER

Motherhood has enjoyed a much greater popularity in the past decade than it did in the depression decade of the 1930's. Recent years have seen record-breaking numbers of births, largely as a result of the great numbers of newly married couples; those married longer are encouraged by favorable economic conditions to increase the size of their families. The birth rate has risen markedly at virtually all the childbearing ages, and especially among women in their early 20's. Recent surveys by the Bureau of the Census indicate that women living in urban areas have shown the largest increase in fertility since 1940: farm wives, however, have recorded almost no change in their birth rate. For the first time in about four decades enough babies are being born in the cities to maintain the urban population without relying on migration from the rural areas.

—Excerpt from Statistical Bulletin  
Metropolitan Life Insurance Co.

## DRINKERS CONTRIBUTE TO MEDICAL RESEARCH

Bars in Washington State are making possible close to a million dollars for medical and biological research this year. The state law that first legalized over-the-bar drinking two years ago provides that license fees must be devoted to scientific research. So the bar-fee funds are split between Washington State College and the University of Washington medical school. The latter gets 60 per cent.

—The San Francisco Bulletin.

Note: Members of the Washington State Medical Association and the Medical Auxillary should keep this generous state aid in mind and further this support of science wherever possible.

Judge (after sentencing burglar): "I don't see how you can insist you are innocent when there is so much proof of your guilt."

Defendant: "All I say is, how can that guy identify me when he had his head under the covers every minute I was in the room?"

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# The Hospitals . . .

## TACOMA GENERAL

The new internes now on duty at Tacoma General Hospital are:

Dr. William E. Hill—a graduate of Tufts College Medical School, Boston. His home is in Massachusetts.

Dr. Paul M. Mickens—a graduate of the University of Washington Medical School. His home is at Black Diamond, Wash.

Dr. George D. Wilde, a graduate of the University of Washington Medical School. His home is in British Columbia.

Dr. Eric W. Stern—a graduate of the University of Vienna.

\* \* \*

The Pediatric Department will soon be ready for their new quarters on the J Street level of the East Wing. These quarters have been completely renovated, and the rooms are nicely decorated in new, modern color schemes. A new elevator to serve the East Wing is being completed, to make the Pediatric Department and Ward A easily accessible to doctors and the public. First Floor East, which will be vacated by Pediatrics, will be used for medical patients.

\* \* \*

Commencement exercises for the graduating seniors will be held on September 14, 1951. Forty-six girls will, on that date, become full-fledged graduate nurses. During the same week, approximately 50 new students will be admitted.

\* \* \*

Internes and their families, together with Dr. and Mrs. H. S. Judd, and Mr. and Mrs. C. N. Rasmussen were guests of the hospital at a picnic in Olympia recently.

\* \* \*

Members of the Senior Class and supervisors of the hospital enjoyed an all-day outing on Thursday, August 16th, on the Gallant Lady. A picnic dinner was served at the Yacht Club grounds at Wollochot Bay.

## MOUNTAIN VIEW SANATORIUM

As we start the fall season it may be of interest to note the progress on the new sanatorium during the summer months. At the present time the basement floor is practically completed and on the first floor the plaster and tile work is completed. The same work on the second floor is nearly finished but considerable work remains to be done on the upper three floors. It is hoped now that funds will be found available to completely finish the fifth floor at the present time while the building is under construction. Money for this was not obtainable at the time the contracts were let, sufficient funds being available for completion of only one-half of the fifth floor. The contractor states at this time that he feels the building will be ready for occupancy by February 1, 1952. We are all hopeful that

this is true but will not be too disappointed if the actual time of occupancy is perhaps a month or two later.

The Tuberculosis Association of Pierce County has undertaken the task of supervising the equipment of our new Occupational Therapy Department which will occupy the entire left wing of the first floor.

Visitors to the new sanatorium are all impressed by its appearance as they now can begin to visualize the completed building.

—Hollis R. Smith, M.D.

## DOCTORS

Business management today looks upon its personnel relations as a very important requisite to successful plant operations. These relationships reflect upon or contribute to public relations, the pathway to society's acceptance or support. Hospitals are no exception to this philosophy. To evaluate and prove this contention, the management of this institution suggested that some of the staff nurses themselves prepare something for the Bulletin, thinking that they would report on interesting vacations or plans for the future, but here's what we got. We are proud of our family.

"And what about the hospital at 744 Market Street—Doctors Hospital by name?"

"Unique in its way that it functions with the least amount of friction.

"This is due chiefly to the fact that it has a superintendent and staff members who work harmoniously together. There seems to be a spirit of co-operation and friendly interest among the staff members that is not always found in institutions of this class.

"We may attribute this phenomenon to two facts. First, we have a Superintendent of Nurses who has a broad understanding of nurses' problems and a willingness to make the necessary adjustments for a harmonious working schedule. Secondly, the evidence of the spirit of service which seems to permeate the atmosphere. This latter fact is accomplished by an adequate staff insuring proper nursing care."

## WASHINGTON MINOR

The annual staff picnic of the Washington Minor Hospital was held Monday, August 20th, at the home of Dr. and Mrs. R. A. Button. The occasion was to honor Mrs. Gertrude Hofgren, who has just completed 15 years of service at the hospital. A picnic supper was enjoyed in the garden. Later in the evening movies were shown by Dr. Button of many interesting scenes and experiences of their recent travels.

Mrs. Kathryn Reardon has joined the Staff of the Washington Minor Hospital. Previously Mrs. Rear-

(Continued on Page 21)

CARL E. WALLACE, B. S.  
Bacteriologist

TELEPHONE  
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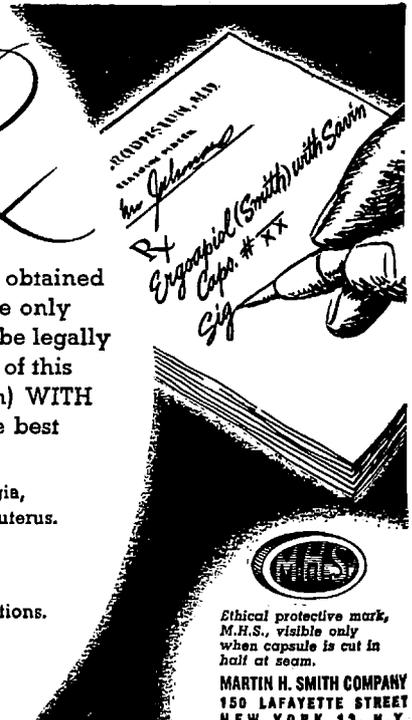
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## MEMBERSHIP ROSTER

Pierce County Medical Society

(Day indicates part or full day out of office.  
\* indicates applicant)

*ADAMS, SAMUEL E. Office 7120 6th Ave .....SK 1238 Residence Puyallup (Temp.).....Puyallup 5-7954	BOWLES, THOMAS K. (Honorary) Retired 4624 So. Yakima Ave.....GA 1540
ANDERSON, EDWARD R. General surgery—Wednesday Office Northern Pacific Hospital.....MA 6116 Residence 919 North G. Street.....MA 6613	BRADY J. MORRISON Medical Director Pierce County Hospital.....GA 3321 Residence, Route 6, Box 356, Tacoma.....YU 9853
ANDERSON, HORACE A. Internal medicine—All day Thursday Office 1108 Medical Arts Building.....MA 2601 Residence 3114 No. 33rd.....PR 6771	BROOKE, J. ROBERT General practice—Thursday and Saturday afternoon Residence 3814 North 12th Street.....PR 7216 Office 1206 So. 11th St.....MA 4272
ANDREWS, HARRY H. General practice—Friday Office 1003½ Main Street, Sumner.....Sumner 3-4351 Residence 603 Cherry Ave., Sumner.....Sumner 3-4605	BROWN, BURTON A. General Surgery and Diagnosis—Wed. and Sat. Office 843 Medical Arts Building.....BR 5281 Residence 3101 North 30th Street.....PR 2621
ANNEST, LEO General practice—Wednesday and Saturday Office 5241 So. Warner.....HA 2182 Residence 44 Orchard.....PR. 0924	BROWN, ROBERT W. Western State Hospital Fort Steilacoom, Wash.....LA 2151
ARNOLD, CHARLES B. General Practice—In Service	BROWN, WILLIAM C. Office 10011 Gravelly Lake Drive.....LA 2193 Residence 51 Oak Park Drive S.W.....LA 2403
AVERY, WILLIAM E. General practice—In residency	BUIS, ALBERTUS H. (Honorary) Retired 3594 McKinley Ave.
AYLEN, CHARLES H. (Honorary) Residence 816 W. Pioneer .....Puyallup 5-8383 Puyallup 5-7074	BURROWS, WILLIAM Office 700 N. Meridian, Puyallup.....Puyallup 5-2374 Residence Roseli Road, Puyallup.....Puyallup 5-8281
BACKUP, PHILLIP H. Anesthesiology Office Pierce County Hospital.....GA 3321 Residence 708 No. K.....BR 7345	BURT, ROBERT R. In Residency
BADER, B. A. General practice Office Western Clinic, Perkins Bldg.....MA 1141 Residence 1017 N. 12th.....BR 7995	BUTTORFF, DOUGLAS P. Office 1206 So. 11th.....BR 0559 Residence 3705 No. Washington.....SK 1254
BANFIELD, ERNEST E. Plastic and Reconstructive Surgery—Thurs. afternoon Office, 736 Medical Arts Bldg.....BR 0660 Residence, 1202 Ventura.....SK 2869	CAMERON, WALTER C. Ophthalmology—Wednesday and Saturday Office 1103 Medical Arts Building.....MA 1262 Residence Route 9, Box 941.....GA 6228
BARBER, THEODORE M. Psychiatry Office Box 600, Rainier State School.....Buckley 3811	CAMPBELL, JOHN R. In Residency
BARRY, SHIRLEY D. (Honorary) Retired Residence Puyallup	CARLSEN, EDWIN L. (Honorary) General practice—Tuesday and Saturday Office 5401½ South Tacoma Way.....GA 3331 Residence 5311 So. Lawrence Street.....GA 7330
BASKIN, LESTER S. General Practice and Surgeon—Thursday Office Western Clinic, Perkins Bldg.....MA 1141 Residence 906 No. Tacoma Ave.....MA 2333	CARTE, WAYNE B. In Service Residence 123 Alameda.....PR 1611
BEACH, ROBERT H. (Honorary) Retired Residence Tacoma Country Club	CLARK, THOMAS H. General practice—Wednesday Office 927½ Kincaid Ave., Sumner.....Sumner 3-3131 Residence 1422 Academy St., Sumner.....Sumner 3-4515
BENSON, JOSEPH A. Dermatology—Thursday Office 1007 Medical Arts Building.....BR 6771 Residence, Lake Killarney.....WA 8625	CLAY, HOMER T. Pediatrics—Saturday P.M. Office 828 Medical Arts Building.....BR 3803 Residence 818 North G Street.....BR 4534
BETTERIDGE, BRYCE General practice Office 4002 So. M.....HI 5251 Residence 2213 W. Grandview.....PR 1350	CROWE, VERNON E. X-Ray and General—Saturday Office 1126 Medical Arts Building.....MA 3038 Residence 424 North G Street.....MA 5521
BLAIR, SAMUEL L. (Honorary) General surgery—Retired Residence 314 North I Street.....BR 5374	DAYTON, DARCY M. Pediatrics—Thursday P.M. Office 429 Medical Arts Building.....MA 4378 Residence 631 Madrona Way.....PR 1678
BLAND, LELAND J. Office 914 Medical Arts Building.....BR 4444 Residence 4821 No. 19th.....PR 2064	DELANEY, GEORGE A. General practice—Saturday Office 1410 Washington Bldg.....BR 1782 Residence 3222 North 19th Street.....PR 3668
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	DEMING, J. EDMUND In Service
BOHN, JULIUS C. General practice Office 2602 North Proctor St.....PR 5511 Residence 3506 N. Union Ave.....PR 5256	DENZLER, CHARLES H. General practice—Thursday Office 927½ Kincaid Street, Sumner.....Sumner 3-3131 Residence 1309 Park Street, Sumner.....Sumner 3-3481
BOND, ROBERT G. General practice Office 1206 So. 11th St.....MA 3534 Residence 521 No. Yakima Ave.....MA 2321	DIAMOND, LEON S. American Lake Neurology and Psychiatry Veterans Hospital.....LA 2185
BONDO, PAUL E. General practice Offices 1027 Medical Arts Bldg.....BR 2161 403 Garfield St., Parkland.....GR 8607 Residence Parkland.....GR 7149	DIETRICH, CARLISLE Dermatology Tuesday, Friday morning, Saturday afternoon Office 942 Medical Arts Building.....BR 3645
BONICA, JOHN Anesthesiologist Office Tacoma General Hospital.....MA 1181 Residence 44 Summit Road.....PR 7164	DILLE, RODGER S. Internal Medicine—Wednesday Office 736 Medical Arts Bldg.....BR 0660 Residence 22 Bradley Road.....PR 3179
BOWEN, JESSE W., JR. In residency	DRAKE, B. ELIZABETH Diagnosis and diseases of women—Wednesday Office and Residence 6443 Wildaire Road.....LA 3847
	DRUCKER, GERHART A. General practice—Saturday afternoon Office 3902 So. Yakima.....HI 3064 Residence 523 South 61st Street.....GA 2448
	DRUES, ISADORE A. Eye, ear, nose and throat—Saturday P.M. Office 1212 Medical Arts Bldg.....BR 7447 Residence 822 N. Ainsworth Ave.....MA 6282

## 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

## DUTTON, HARRY H.

Neuro-psychiatry—Saturday  
Office, Western State Hospital.....LA 2151  
Residence, Western State Hospital.....LA 2151

## EGAN, JAMES H.

General practice—Saturday  
Office 710 Puget Sound Bank Building.....BR 2040  
Residence 3722 N. Washington Street.....PR 1133

## EHRlich, ALBERT

General practice—Wednesday  
Office 1206 So. 11th.....BR 2625  
Residence 10624 Brook Lane, S.W.....LA 3844

## ELLIS, RAYMOND C.

In Service  
Residence 5620 So. Asotin.....HA 8565

## \*EVERT, ROBERT N.

Urology  
Office 1514 Medical Arts Bldg.....BR 4209  
Residence 220 No. Tacoma Ave.....FU 1100

## FAIRBOURN, EDWIN J.

Internal medicine—Saturday  
Office 1507 Medical Arts Building.....BR 3520  
Residence 617 North C Street.....MA 8526

## FARGHER, CECIL R.

Director of Health—Saturday  
Office 2324 Pacific Avenue.....BR 9341  
Residence 712 No. C.....MA 2371

## \*FERGUSON, ROBERT M.

Office 1118 Medical Arts Bldg.....MA 6424  
Residence 608 So. 2nd St.....BR 1400

## FLORENCE, ROBERT W.

Fractures and Traumatic surgery—Wednesday  
Office Tacoma Medical Center.....MA 2516  
Residence, 3306 No. 22nd.....PR 9703

## FLYNN, JOHN R.

Röntgenology  
Offices 1514 Medical Arts Bldg.....MA 1515  
Tacoma Medical Center.....MA 5959  
Residence 610 No. Stadium.....BR 1675

## FOREMAN, BRADY H.

Honorary member—Retired  
4121 Madrona Way

## GALLOWAY, ZILPHA

Psychiatry and internal medicine  
Office, Western State Hospital.....LA 2151  
Residence, Western State Hospital.....LA 2151

## GEISSLER, GERALD G.

Eye, Ear, Nose and Throat—Friday afternoon  
Office, Western Clinic, Perkins Bldg.....MA 1141  
Residence, 3803 North 8th Street.....PR 7984

## GIBSON, ROBERT H.

General Surgery—Proctology—Wednesday  
Office 1206 So. 11th.....BR 8494  
Residence 3512 No. 25th.....PR 1363

## GOERING, WILLIAM H.

Orthopedic surgery—Saturday  
Office, 512 Medical Arts Building.....BR 6151  
Residence 1545 Sunset Drive.....SK 2205

## GRAY, CLYDE E.

General practice, gynecology and obstetrics—Saturday  
Office 1206 So. 11th.....MA 1651  
Residence 3819 No. 29th Street.....PR 2446

## GRENLEY, PHILIP

Urology—Thursday and Saturday P.M.  
Office 1216 Medical Arts Building.....BR 6251  
Residence 710 No. Eye.....MA 6621

## GRIFFIN, HILLIS F.

General practice—Saturday  
Office 605 South Pine Street.....BR 4455  
Residence 3102 North 13th Street.....PR 8343

## GUILFOIL, ERNA F.

Route 2, Box 528, Puyallup.....Puyallup 5-2090

## GULLIKSON, JOHN W.

General surgery—Wednesday  
Office Northern Pacific Hospital.....MA 6116  
Residence Tacoma Country & Golf Club.....LA 2235

## HABERMAN, CLAYTON

Colville Indian Agency  
Nespelem, Washington

## HANSEN, JOSEPH L.

General practice—Saturday  
Office 1206 So. 11th Street.....BR 6500  
Residence 3420 South M.....HA 8160

## HANSON, EUGENE W.

General practice—Wednesday  
Office 907 Medical Arts Building.....BR 3772  
Residence 3510 No. 33rd Street.....PR 1152

## HARDS, HILDEBRAND J.

Honorary member—Retired  
825 North Yakima Ave.....BR 1811

## HARRINGTON, BERNARD D.

Röntgenology—Wednesday P.M. and E. O. Saturday  
Office 1415 Medical Arts Building.....MA 7473  
Residence 2623 No. 29th.....SK 2363

## HATHAWAY, STILLMAN J.

Office Western State Hospital.....LA 2151  
Residence Western State Hospital.....LA 2151

## HAUSER, WILLIAM P.

Internal medicine and diagnosis  
Office 1206 So. 11th.....BR 6311  
Residence 1207 No. K.....BR 9880

## HAVLINA, JOHN M.

Obstetrics and gynecology—Saturday  
Office Tacoma Medical Center, Building 4.....BR 2512  
Residence 4017 So. 7th.....BR 3166

## HAZEN, BERNICE M.

Psychiatry  
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 No. 28th Street.....PR 1191

## HEATON, WARREN A.

Office Jones Building.....MA 8471  
Residence 637 So. Meyer St.....PR 0101

## HELLYER, DAVID T.

Pediatrics  
Office 722 So. K Street.....BR 4214  
Residence 7814 John Dower Road.....LA 7927

## HENNING, FRANK W.

General practice—Wednesday  
Office Western Clinic.....MA 1141  
Residence 212 Eldorado.....PR 0011

## HERRMANN, SIEGFRIED F.

Surgery—Wednesday and Saturday  
Office 707 Medical Arts Building.....BR 1419  
Residence 55 Summit Road.....PR 4466

## HILLIS, ALBERT E. (Honorary)

Eye, ear, nose and throat—Wednesday and Saturday  
Office 1103 Medical Arts Building.....MA 1262  
Residence 1001 No. G.....BR 8604

## HOPKINS, LEWIS A.

General practice—All day Saturday  
Office 1526 Medical Arts Building.....BR 6172  
Residence 3718 No. Mason Ave.....PR 6340

## HOSIE, MAHLON R.

Obstetrics  
Office 1012 Medical Arts Building.....BR 2106  
Residence 1210 Division.....MA 2644

## 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

## HOYER, LOUIS P., Jr.

General surgery—Thursday P.M.  
Office 407 Medical Arts Building.....BR 9202  
Residence 4117 No. 19th Street.....SK 2186

## HOYT, WALLACE P.

General practice—Thursday afternoon  
Office Puyallup Clinic.....Puyallup 5-6645  
Residence 703 4th S.E., Puyallup.....Puyallup 5-6336

## HUFF, RALPH M.

Internal Medicine and Cardiology  
Office 1206 So. 11th.....MA 4518  
Residence 3416 No. 30th Street.....PR 2460

## HUMISTON, HOMER W.

Urology  
Office 1514 Medical Arts Building.....BR 4209  
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

## HURST, CECIL

General practice—Saturday and Thursday P.M.  
Office 401 Medical Arts Building.....BR 6312  
Residence 3701 No. Washington.....SK 2244

## IRVIN, MICHAEL Z.

General Practice  
Office 11120 Gravelly Lake Dr.....LA 3911  
Residence 6430 So. Orchard.....LA 4515

## JAMES, FRANK H.

County Coroner  
County Court House.....MA 7121  
Residence 2910 Mt. View.....PR 9222

## JARVIS, JOSEPH B.

Radiology  
Office 110 4th N.W., Puyallup.....Puyallup 5-6645  
Residence 7216 Interlaaken Drive S.W.....LA 8049

## JOERS, LAWRENCE E. C.

General practice—Saturday  
Office 3205 Pacific Ave.....GA 3325  
Residence 3205 Pacific Ave.....GA 4242

JOHNSON, DAVID H.	
Obstetric—Saturday P.M.	
Office 1012 Medical Arts Building.....	BR 2106
Residence 63 West Road.....	MA 2856
JOHNSON, EDWARD J.	
Office Tacoma Indian Hospital.....	MA 1106
JOHNSON, MURRAY L.	
Surgery—Thursday—Early Saturday	
Office 1412 Medical Arts Building.....	BR 6862
Residence 3810 No. 35th Street.....	PR 8515
JONES, SCOTT S.	
Obstetrics and gynecology—Saturday A.M.	
Office 1212 Medical Arts Building.....	BR 3723
Residence 4405 No. 45th.....	PR 2640
JONEZ, HINTON D.	
Medical Director St. Joseph's M. S. Clinic	
Office.....	MA 4101
Residence Route 1, Box 519, Spanaway.....	GR 7154
JUDD, HERMAN S.	
General practice—Wednesday—Saturday P.M.	
Office 922 Medical Arts Building.....	BR 8439
Residence 1316 No. 10th Street.....	BR 6127
KAHLER, HAROLD F.	
General practice and neuropsychiatry	
Saturday afternoon	
Office 601 So. K.....	BR 5022
Residence 622 No. Cushman Ave.....	BR 3513
KALKUS, J. HUGH	
General practice—Monday	
Office Medical & Dental Bldg., Fife.....	WA 8696
Residence 414 8th Ave., N.E., Puyallup.....	Puyallup 5-7241
KANE, JOSEPH P.	
Honorary member—Retired	
3118 So. 140th, Seattle	
KARSHNER, WARNER M.	
Honorary member—Retired	
Residence 436 2nd St. N.E., Puyallup.....	Puyallup 5-5448
KASS, MYRON	
Neurology and Psychiatry	
Office, 807 Medical Arts Bldg.....	BR 6126
Residence, 4112 No. 36th Street.....	SK 2311
*KEGEL, RICHARD F. C.	
Radiology	
Office 522 Medical Arts Bldg.....	MA 6764
Residence 12328 Nyanza Road S.W.....	LA 8545
KEHO, J. ARTHUR	
Retired	
Residence 22 Summit Road.....	PR 6771
KELLER, WILLIAM N.	
Honorary member—Retired	
Box 76, Steilacoom	
KEMP, CHARLES E.	
Pediatrics—Thursday and Saturday afternoons	
Office 722 South K Street.....	BR 4214
Residence 3812 No. 39th Street.....	PR 7337
KITREDGE, GEORGE S.	
Pediatrics—All day Mon., Tues. and Fri. mornings	
Office, 10011 Gravelly Lake Dr. S.W.....	LA 2193
Residence 8317-95 S.W.....	LA 9302
KOHL, GERALD C.	
Obstetrics, gynecology, surgery—Thursday all day	
Office 1516 Washington Bldg.....	BR 4251
Residence 602 No. Tacoma Ave.....	BR 1041
*KOHLE, HUGH F.	
Office 5427 Pacific.....	HI 1775
Residence 3320 So. Thompson.....	HA 6811
KUNZ, GEORGE	
General practice—Saturday and Thursday	
Office 1209 So. 12th Street.....	BR 4747
Residence 21 Orchard Road.....	PR 1351
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
KYLE, PHILIP C.	
Obstetrics—Thursday and Saturday	
Office 1427 Medical Arts Building.....	MA 1561
Residence 701 No. Yakima Ave.....	BR 2009
LAMBING, JAMES D.	
General practice—All day Thursday	
Office, Gig Harbor.....	Gig Harbor 2660
Residence, Gig Harbor.....	Gig Harbor 2670
*LANE, ROBERT R.	
Office Medical Arts Bldg.	
Residence 2734 Soundview Dr. W.....	PR 0738
LANTIERE, S. ROBERT	
General practice—Wednesday and Saturday	
Office 1203 Medical Arts Building.....	MA 3070
Residence 3724 No. 33rd Street.....	PR 1346
LARKIN, HUGH A.	
General practice—Thursday	
Office 1616 Washington Building.....	BR 1064
Residence 705 No. 5th Street.....	MA 7406
LARSON, CHARLES P.	
Pathology	
Office Tacoma General Hospital.....	MA 1181
Residence 3219 No. 32nd.....	SK 2279
LASBY, JOSEPH O.	
General practice—Thursday	
Office 635 Provident Bldg.....	MA 6463
Residence 916 No. Tacoma Ave.....	MA 4788
LAWRENCE, MILLS E.	
Office 2603 5th Ave.....	BR 6842
Residence 3104 No. 8th.....	PR 5768
LESLIE, ARTHUR C.	
General practice—Thursday	
Office 3805½ South Yakima Ave.....	GA 1279
Residence 864 So. 37th Street.....	GA 8864
LIGHT, SAMUEL E.	
Dermatology and syphilology—All day Saturday	
Office 1503 Medical Arts Building.....	BR 1661
Residence 11150 Gravelly Lake Drive.....	LA 8833
LINK, RICHARD B.	
In Residency	
Residence 2512 No. Warner Street.....	PR 0068
LONG, THOMAS H.	
Honorary member—Retired	
2115 South K Street.....	MA 7816
LUDWIG, WILLIAM H.	
Eye, ear, nose and throat—Thursday, and Saturday P.M.	
Office 714 Medical Arts Building.....	BR 1700
Residence 2601 No. Junett Street.....	PR 6369
LUNDVICK, CYRIL V.	
Eye, ear, nose and throat—Wednesday, & Saturday P.M.	
Office 815 Medical Arts Bldg.....	BR 3343
Residence.....	Gig Harbor 4240
McBRIDE, GLENN G.	
General practice—Wednesday, Saturday P.M.	
Office 807 Medical Arts Bldg.....	BR 5385
Residence 952 Fairview Drive.....	PR 7564
McCABE, EDWARD F.	
General practice—Thursday	
Office 700 No. Meridian, Puyallup.....	Puyallup 5-2374
Residence Rt. 5, Box 403, Pacific Hiway.....	Puyallup 5-8176
McCOLL, CHARLES R.	
Pathologic anatomy and clinical pathology	
Office St. Joseph's Hospital.....	MA 4101
Residence 1906 So. 41st Street.....	GA 5413
McCOY, CHARLES C.	
Saturday	
Office Western Clinic, Perkins Bldg.....	MA 1141
Residence Bonneville Hotel.....	MA 1115
McGILL, CHARLES M.	
Industrial—All day Saturday	
Tacoma Smelter.....	PR 3551
Residence 2101 North Stevens.....	PR 0034
McPHAIL, ROSS E.	
Diseases of the Chest—Wed. and Saturday P.M.	
Office 807 Medical Arts Bldg.....	MA 0717
Residence Route 4, Box 899.....	GR 3153
McPHEE, WILLIAM A., JR.	
In Service	
Residence 3841 Pacific Ave.....	HA 6142
MacLEAN, SYDNEY M.	
Honorary member—Not in practice, retired	
Daytona Beach, Florida	
MacRAE, RAYMOND D.	
Roentgenology	
Office 1517 Medical Arts Bldg. and Tacoma	
Medical Center.....	MA 1515
Residence 324 North E Street.....	BR 2394
MADDISON, FRANK R.	
Internal medicine and cardiology—Sat. & Thurs. P.M.	
Office 1135 Medical Arts Building.....	MA 2348
Residence 4151 Madrona Way.....	PR 7689
MAGILL, CLYDE	
Urology—Wednesday and Saturday	
Office 1514 Medical Arts Building.....	BR 4209
Residence Route 7, Box 270, Olympia.....	Olympia 2-2383
MAGNUSSEN, NORMAN E.	
General practice—All day Saturday and Wednesday	
afternoon.	
Office 1403 Medical Arts Bldg.....	MA 6092
Residence 1315 No. 5th Street.....	BR 1604
MAIER, HASKEL L.	
Eye, ear, nose and throat—Wednesday & Saturday P.M.	
Office 936 Medical Arts Bldg.....	MA 2331
Office 4002 So. M.....	HI 5251
Residence 2707 Henry Road.....	BR 5216
MARSHALL, CHARLES E.	
Thursday and Saturday P.M.	
Office 1001 Medical Arts Building.....	MA 8266
Residence 12819 Avenue duBois.....	LA 9062
MATTSON, JAMES M.	
Internal medicine—Wednesday	
Office 1206 So. 11th.....	BR 8494
Residence 1410 Division Ave.....	MA 5773

MATTSON, WILLIAM W. General diagnosis and surgery—All day Wednesday and Friday Office 736 Medical Arts Building.....BR 3708 Residence 4602 North Water Street.....PR 1877	PASCOE, W. WELDON Honorary member Residence Route 3, Box 282.....Chehalis
MAY, CHARLES W. General practice—Thursday Office Northern Pacific Hospital.....MA 6116 2324 East 72nd.....HI 7788	PAUL, WILLIAM C. (Honorary)—Retired Residence 3718 No. 35th Street.....PR 3642
MEIER, HERBERT H. Obstetrics and Gynecology Office, Western Clinic, Perkins Bldg.....MA 1141 Residence, 7 Barlow Road, S. W.....LA 7554	PENNEY, WARREN B. Honorary member—Not in practice 401 So. Ridgewood Avenue Daytona Beach, Florida
MEIER, LEON General practice In Service Residence 315 No. G.....MA 1589	PETERSON, DONALD J. General practice Office Buckley.....Buckley 3281 Residence Buckley.....Buckley 4793
MITCHELL, WHITING B. Honorary member—Not in practice Altadena, California	PETERSON, WENDELL G. Orthopedic surgery—Thursday and Saturday Office 1422 Medical Arts Building.....MA 8882 Residence 624 No. Yakima.....BR 8273
MONAGHAN, RAYMOND W. General medicine and surgery Office 1500 Washington Building.....BR 3335 Residence 2935 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., Western Clinic.....MA 1141 Residence 1418 No. 10th Street.....BR 2863	PRATT, W. HOWARD Anesthesiologist Office and Residence 1115 No. Tacoma Ave.....BR 7951
MORSE, RAYMOND C. (Honorary)—Retired Residence, 143 4th N.W., Puyallup.....Puyallup 5-6791	QUEVLI, CHRISTEN, R. Diagnosis and internal medicine—All day Saturday Office 1325 Medical Arts Building.....MA 5233 Residence 2224 No. Tacoma Ave.....MA 3348
MUIR, EDWIN C. Internal medicine—Thursday P.M. Office 1307 Medical Arts Building.....BR 1386 Residence, 7314 North Street S.W.....LA 3576	RACE, GEORGE A. Office Orting.....Orting 5610 Residence.....Orting 1621
MURPHY, ROBERT C., JR. Psychiatrist, Director Child Guidance Center Office, 2324 Pacific Ave.....BR 9341 Residence, 3709 North Washington.....PR 8612	RADEMAKER, WILLIAM General practice—Thursday Office Tacoma Medical Center.....MA 8176 Residence 718 No. Adams.....PR 3155
MURPHY, THOMAS B. Surgery—Wednesday and Saturday Office 1118 Medical Arts Building.....BR 4440 Residence 803 Stadium Way.....BR 3033	REA, ROBERT H. Neuropsychiatry Office, Rainier State School, Buckley
MURRAY, DOUGLAS H. Orthopedic Surgery Office Tacoma Medical Center 1206 So. 11th.....MA 2421 Residence Route 5, Box 2911, Kent.....Kent 914-J	READ, JESSE W. General surgery—Wednesday and Saturday Office 1125 Rust Bldg.....MA 1505 Residence 800 No. C Street.....BR 3400
NACE, A. GEORGE (Honorary member)—Retired Residence 5824 So. Puget Sound Ave.....GA 1131	READ, WILMOT D. (Honorary) Office only—Wednesday and Saturday Office 1125 Rust Building.....MA 1505 Residence 816 South L Street.....MA 8563
NACE, F. MORRIS Office 1312 Medical Arts Bldg.....MA 1277 Residence 3807 No. 39th.....PR 0133	REYNOLDS, CHRIS C. General practice—Wednesday, and Saturday P.M. Office 922 Medical Arts Building.....BR 8439 Residence 3723 No. 34th Street.....PR 8434
NELSON, EVERETT P. Pediatrics—Saturday Office 722 South K Street.....BR 4214 Residence, 2232 West Blvd.....SK 2408	RICH, RICHARD J. General practice—Tuesday Office Lakewood Clinic, 10011 Gravelly Lk. Dr.....LA 2193 Residence 6627 Hilltop Lane S.W.....LA 8706
NEVITT, DONALD M. General practice Office Eatonville.....Eatonville 112 Residence Eatonville.....Eatonville 114	RIGOS, FRANK J. Radiology—Wednesday and Saturday Office Tacoma General Hospital.....MA 1181 Residence 2501 No. Union.....PR 8205
NIETHAMMER, WOODARD A. Surgery and Gynecology—Thursday Office 1035 Medical Arts Building.....BR 2108 Residence 3403 No. 21st Street.....PR 1787	RITCHIE, CYRIL B. General practice; allergy; surgeon—Wednesday & Sat. Office 1525 Medical Arts Building.....BR 1193 Residence Route 7, Box 598-X.....GR 7724
NORTON, RODERICK A. Pediatrics—Wednesday and Saturday P.M. Office 427 Medical Arts Building.....BR 0354 Residence 4216 No. Mason Ave.....PR 8531	ROBERTSON, J. BENJAMIN Honorary member—General practice Office Bankers Trust Building, 1111 Pacific.....BR 2713 Residence 301 No. J Street.....MA 6481
O'LEARY, ARTHUR P. General practice and obstetrics—Wed. and Saturday Office 729 Medical Arts Building.....MA 7342 Residence 3411 No. 29th Street.....PR 9712	ROBSON, JOHN T. Thursday and Saturday Neurology and Neurosurgery Office 1318 Medical Arts Building.....BR 8121 Residence 424 No. C.....BR 9206
OLSON, WILFRED R. Office Northern Pacific Hospital.....MA 6116 Residence 402 So. I.....BR 0154	ROSENBLADT, LOUIS M. General practice Office 1027 Medical Arts Building.....BR 2161 Residence 5 Rosemont Way.....PR 6231
OOTKIN, BERNARD N. General practice—All day Thursday Office Lakewood Center 1 to 5:30, Sat. 10 to 2.LA 9292 Residence 9148 Edgewater Dr. S.W.....LA 7061	ROSENBLADT, WILLIAM J. General practice—Saturday Office 1027 Medical Arts Building.....BR 2161 Residence 3 Rosemont Way.....PR 1156
PAINE, FREDERIC O. General practice Office 4002 So. M.....HI 5251 Residence 5243½ So. Tacoma Way.....GA 1651	RUNNING, DARRELL H. General practice and obstetrics—Wednesday Office 5401½ South Tacoma Way.....GA 3331 Residence Stellacoom.....LA 3092
PARROTT, GORDON M. Public Health Office 2324 Pacific Ave.....BR 9341 Residence 1023 No. Tacoma Ave.....MA 3423	SAMES, ALBERT A. Radiology—Thursday and Saturday Office 1415 Medical Arts Building.....MA 7473 Residence 640 Vista Drive.....PR 3133
PARROTT, MILES General practice—Wednesday and Saturday P.M. Office 1207 Medical Arts Building.....BR 5822 Residence 10109 South Park Ave.....GR 8541	SANDERSON, STEVENS S. Radiology (Diagnosis and treatment) Office 522 Medical Arts Building.....MA 6764 Residence 624 No. D Street.....MA 1555

SCHAFFER, RALPH C.	
Surgery—Wednesday and Saturday	
Office 1135 Medical Arts Bldg.....	MA 1224
Residence Tacoma Country Club.....	LA 8812
SCHECKNER, LEO	
Part time anesthesiology—Saturday	
Office 5241 So. Warner.....	HA 2182
Residence 1318 Division.....	MA 2616
SCHEYER, CARL	
General practice—Saturday	
Office Karshner Bldg., Puyallup.....	Puyallup 5-5300
Residence 511 15th Ave. S.E., Puyallup.....	Puyallup 5-2305
SCHULTZ, ALFRED L.	
Obstetrics and Gynecology—Wed. and Sat. P.M.	
Office 1226 Medical Arts Building.....	MA 5253
Residence 2701 N. Junett.....	PR 1576
SCHWIND, FREDERICK J.	
General practice—Wednesday	
Office 802 Medical Arts Bldg.....	MA 8202
Residence 1510 No. Proctor Street.....	PR 8691
SCHWIND, JUSTIN V.	
General practice—Thursday	
Office 802 Medical Arts Building.....	MA 8202
Residence 2522 No. Monroe.....	PR 4560
*SEVER, BUEL L.	
Office 340 Berkeley Ave.....	SK 2125
Tillicum Office.....	LA 2363
Residence 14439 No. Union.....	LA 8407
SHANKLIN, JAMES G.	
Pathology	
Office 722 So. K.....	BR 4464
Residence 3209 No. 29th	
SHEPPARD, JOHN A.	
Pathology	
Office Western State Hospital.....	LA 2151
Residence 812 No. State Street.....	MA 5674
SHOVLAIN, F. E.	
Superintendent, Western State Hospital	
Hospital and Residence.....	LA 2151
*SIMMONDS, FRANK L.	
Office 1206 So. 11th.....	BR 2512
Residence 7422 Steilacoom.....	LA 3303
SKINNER, LAWRENCE E.	
General practice—Thursday	
Office 10011 Gravelly Lake Drive, S.W.....	LA 2193
Residence 10224 Green Lane, S.W.....	LA 3991
SLEEP, SOMERS B.	
General practice—Wednesday	
Office 701 Medical Arts Building.....	BR 1512
Residence 2210 North Tacoma Ave.....	MA 1509
SMEALL, JOSEPH S.	
General practice and surgery—Friday	
Office 1206 So. 11th Street.....	MA 1360
Residence 1402 So. Pine Street.....	MA 3446
SMEALL, THOMAS A.	
General practice—Friday	
Office 1206 So. 11th Street.....	MA 1360
Residence 3206 North 29th.....	PR 7569
SMITH, GEORGE H.	
Honorary member	
Residence 506 No. 4th Street.....	MA 3622
SMITH, HELEN PRICE	
Tuberculosis	
Office Mountain View Sanitarium, Lakeview.....	LA 2169
Residence Route 7, Box 232	
SMITH, HOLLIS R.	
Tuberculosis—Saturday	
Office Mountain View Sanitarium, Lakeview.....	LA 2169
Residence Route 7, Box 232	
SMITH, PAUL B.	
Eye, ear, nose and throat—Saturday and Sat. P.M.	
Office 927 Medical Arts Building.....	BR 2356
Residence 403 No. 10th Street.....	BR 1463
SMITH, WARREN F.	
Surgery—Wednesday and Saturday	
Office 1412 Medical Arts Building.....	BR 6862
Residence 2402 No. Madison.....	SK 2432
STAATZ, DUMONT	
General practice—Wednesday and Saturday	
Office 512 Medical Arts Building.....	BR 6161
STAATZ, KARL S.	
General surgery—Wednesday and Saturday	
Office 818 Medical Arts Bldg.....	MA 4317
Residence 3408 No. 29th Street.....	PR 1550
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
STURDEVANT, KENNETH H.	
General practice—Wednesday	
Office 110 4th Ave., N.W., Puyallup.....	Puyallup 5-6645
Residence 130 5th Ave., N.W., Puyallup.....	Puyallup 5-5116
SULKOSKY, LEO F.	
General practice—Wednesday	
Office Karshner Building, Puyallup.....	Puyallup 5-5300
Residence 1403 5th St. S.E., Puyallup.....	Puyallup 5-8264
TEATS, GOVNR	
General practice—Wednesday	
Office No. 26th and Washington.....	PR 3586
Residence 3514 No. Washington Street.....	PR 1121
TERRY, BENJAMIN T.	
(Honorary) Retired	
Residence 220 Tacoma Ave. So.....	BR 1843
THOMAS, LEON B.	
Obstetrics and Gynecology—Thursday	
Office 1206 So. 11th Street.....	BR 7575
Residence 6908 DeKoven Dr., S.W.....	LA 9493
THOMAS, MAX S.	
Internal medicine	
Office 1206 So. 11th Street.....	BR 7573
Residence 6357 School Street, S.W.....	LA 7345
THORDARSON, S. STEFAN	
Eye, ear, nose and throat—Thursday and Saturday	
Office 1041 Medical Arts Building.....	MA 5847
Residence 3602 No. 36th Street.....	PR 5371
TODD, WILLIAM H.	
Neurology, Psychiatry—Saturday P.M.	
Office 722 So. K.....	BR 4464
Residence 2907 No. 26.....	PR 4892
TRIMBLE, CHARLES G.	
General practice and obstetrics—Thursday	
and Saturday afternoons	
Office 735 Medical Arts Building.....	MA 6878
Residence 620 So. Union Ave.....	PR 8184
TURNER, JOSEPH R., JR.	
Internal medicine—Wednesday and Saturday p.m.	
Office 435 Medical Arts Bldg.....	BR 3523
Residence 2720 Garfield Road.....	BR 3814
VADHEIM, JAMES L.	
General surgery—Wednesday and Saturday	
Office 707 Medical Arts Bldg.....	BR 2796
Residence 1908 No. Puget Sound Ave.....	PR 1195
WAHLBERG, ELMER W.	
Internal medicine—Tuesday	
Office Western Clinic, Perkins Bldg.....	MA 1141
Residence 3401 No. 27th Street.....	PR 5740
*WARD, JAMES F.	
Eye—Thursday P.M.	
Office 503 Medical Arts Bldg.....	BR 2666
Temp. Residence Bellevue.....	BE 4-4927
WEST, T. R.	
Office Western Clinic, Perkins Bldg.....	MA 1141
Residence 3214 No. 25th Street.....	SK 2631
WHITAKER, JOHN L.	
Pathology—Saturday	
Pierce County Hospital.....	GA 3321
Residence 3825 So. Tacoma Ave.....	HI 3092
WICKS, MERRILL J.	
Pathology	
Office Tacoma General Hospital.....	MA 1181
Residence 2724 No. 26th.....	PR 4337
WILLARD, DON G.	
General surgery—Wednesday and Saturday	
Office 1525 Medical Arts Bldg.....	BR 1193
Residence 722 No. C Street.....	MA 0630
WILLIAMS, FRANK L.	
Surgery—Wednesday	
Office 903 Medical Arts Bldg.....	MA 2661
Residence 502 No. I.....	MA 6886
WISEMAN, CLAUDE E.	
Surgery—Thursday, hours Saturday, 12 to 2	
Office 1307 Medical Arts Bldg.....	MA 7842
Residence 2118 No. Warner Street.....	PR 2390
WISLICENUS, GUSTAV A.	
(Honorary) Retired	
Residence 3502 No. 29th Street.....	PR 6625
WOOD, MERRILL D.	
Retired	
WRIGHT, ROSS D.	
Proctology and surgery—Wednesday, Saturday P.M.	
Office 1016 Medical Arts Bldg.....	MA 2252
Residence 3108 No. 31st.....	PR 4503
YODER, EDWIN C.	
Surgery—Wednesday	
Office Western Clinic, Perkins Bldg.....	MA 1141
Residence 11915 Clover Creek Dr.....	LA 7710

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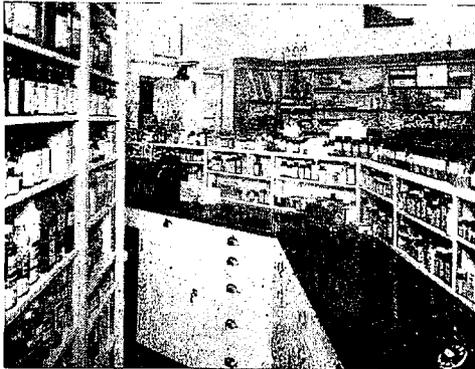
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(Continued from Page 13)

don was a general duty nurse at Virginia Mason Hospital in Seattle. Mrs. Reardon is a graduate of St. Luke's Hospital in Fargo, North Dakota.

Vacations are almost concluded. Mrs. Irene Mead spent the greater part of her vacation in Salt Lake City and returned by way of California and Oregon coast. Mrs. Ann Lyell is visiting her son, who is in the air corps, in Corpus Christie, Texas. Miss Irene Hoffman renewed old acquaintanceships in Seattle for two weeks. Mrs. Gertrude Hofgren motored with friends down the Oregon coast. Mrs. Sally McCallum spent the greater part of her vacation at Long Beach, Washington. Mrs. Nancy Wasalino visited friends at Camano Beach and also at Manzanita Beach, Oregon. Mrs. Inez Rose went fishing for several days at Neah Bay.

Mrs. Louise Anderson, anesthetist, is attending the American Association of Nurse Anesthetists convention September 17th to 20th, in St. Louis, Missouri. The convention is in conjunction with the American Hospital Association meeting. After the convention Mrs. Anderson expects to visit her home in Dalton, Georgia.

## PIERCE COUNTY

It might be interesting to hear of the doings and progress of the retired interne and resident staff of 1950-51. We feel fortunate in having Dr. Arthur Wendel, Dr. Dorothy Munce and Dr. Bernard Stern still with us. Dr. Wendel is now our chief surgical resident, Dr. Munce the senior medical resident, and Dr. Stern is serving a straight OB and GYN residency. Dr. Meredith Van Pelt returned to Swedish Hospital in Seattle as did Dr. Floyd Kelley, to continue with their surgical training. The following residents are serving in the armed forces: Dr. Robert Crabill in the U. S. Navy with current assignment to the troop transport service. Dr. Wayne Gourley, assigned to the Department of Psychiatry at Stoneman General Hospital, and Dr. Charles Bogue is stationed at Fort Worden. Dr. Myron Bass is currently serving in the Army somewhere in Alaska.

Dr. Anders Sola is now a resident in Physical Medicine in the Veterans Administration Hospital in Portland, Oregon, while Dr. Johan Wenberg is serving in the same hospital as a resident in medicine.

A long-distance telephone call received early last week revealed that Dr. Carl Mahler is planning on going into hospital administration in a town close to Denver, Colorado. Dr. Jesse Pflueger is in general practice in Ephrata, Washington, and Dr. William Gammon is now in the army, stationed at the present time in Georgia.

We are more than pleased with the smooth working relationship and cooperation demonstrated by our present house staff. Drs. Franz Hoskins, John Gahringer, Jr., Edward Eylander and Thomas McGranahan are all graduates of the University of Washington Medical School. Drs. Joseph Pollard, Jr., and Elmer Morgan hail from the University of

Colorado Medical School, while Dr. Lloyd Caauwe graduated from the State University of Iowa Medical School.

During the summer months clerkships were served by Roger Hallin from McGill Medical School, Ellen Chanin from Columbia Medical School, and George Schossow from the University of Nebraska Medical School.

## ACCREDITED HOSPITALS

One of the principal actions of the House of Delegates at the A.M.A. meeting at Atlantic City was the approval of a report of a reference committee on the Joint Commission of Accreditations of Hospitals. This action creates an entirely new commission to formulate standards, determine type and scope of inspections, maintain records, and award all certificates of accreditation of hospitals. Membership of the new group will consist of three representatives of the American College of Physicians, three from the American College of Surgeons, six from the American Hospital Association, and six from the American Medical Association.

It will be financed by the four organizations in proportion to their participation. This proposal is expected to end the serious controversy arising last year when the American Hospital Association assumed the hospital accreditation program formerly conducted by the American College of Surgeons. The House asserted positively that this program should remain under dominant control of the profession, urged greater voting power by the profession, and pointed out the desirability of general practice representation on the new commission.

A doctor wrote out a prescription in the usual illegible hand. The patient must have recovered quickly because he did not get it filled. In due time he forgot what the little piece of paper in his card case was.

The patient then used it for two years as a railroad pass. Twice it got him into Radio Music Hall and once into Ebbetts Field for a ball game. It came in handy as a letter from his employer to the cashier to increase his salary. To cap the climax, his daughter played it on the piano and won a scholarship to a conservatory of music.

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## BAD TEMPERS AND BIG MEALS HEALTH FOES

The attending physician to Congress since 1927, Dr. George W. Calver, urges members to watch their tempers and their stomachs for good health.

It is Dr. Calver's job to watch over the health of the national lawmakers. He finds that bad tempers and bad diets are making his job more difficult than when he started. Neither of these intemperances, he said in an interview, is conducive to good health or a long life.

"Rash name-calling has increased to an extent which would never have been permitted in past years in the give-and-take of floor debate," he declared. "It's bad for the giver and the taker—sends blood pressure up all around."

And on the subject of improper eating habits, he had this to say:

"It seems to be the objective of most people to get in the good graces of members of Congress by feeding them rich foods. One of my biggest problems is overweight."

Dr. Calver has no specific solution for the decadence in social amenities.

But he was quite emphatic about the heavy eaters.

He has, for instance, persuaded Congressional restaurants to put on the menus each day at least one light, attractive luncheon. And he provides a means for the lawmakers to burn up excess calories. He has persuaded more than half of them to join the gymnasium clubs in the office buildings and to take appropriate exercise.

—*Philadelphia Evening Bulletin.*

As the young lady oyster snuggled back into the sand after her first date with the dashing lobster she nudged her girl friend and whispered:

"It was wonderful. Simply wonderful. He took me to that secluded rock near the sandbar, looked into my eyes whispered sweet nothings in my ear, put his arms around me, and then . . ."

As she uttered those last words the lady oyster clutched at her throat and groaned in mortification.

"Oh, Good Lord—my pearls!"

—*Illinois Medical Journal.*

A bigamist is a man who has taken one too many.

## REPORT ON CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for August, 1951:

Chickenpox .....	4
German Measles .....	8
Gonorrhea .....	18
Impetigo .....	2
Measles .....	21
Mumps .....	10
Poliomyelitis .....	4
Scarlet Fever .....	2
Syphilis .....	4
Tuberculosis .....	7
Whooping Cough .....	2

The great big beautiful car drew up to the curb where the cute little working girl was waiting for a bus. A gentleman stuck his head out and said, "Hello, I'm driving west."

"How wonderful," said the girl. "Bring me back an orange."

\* \* \*

An inmate of an asylum approached a painter who was hard at work painting the ceiling.

"Have you got a good hold on that brush?"

"Sure, why?"

"Well, hang on tight. I'm gonna move this ladder!"

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Medical Direction

Charles Griffith  
Supervision

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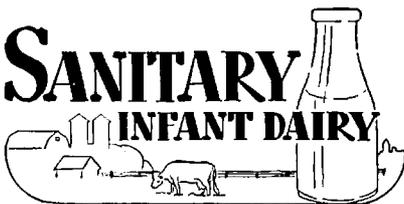


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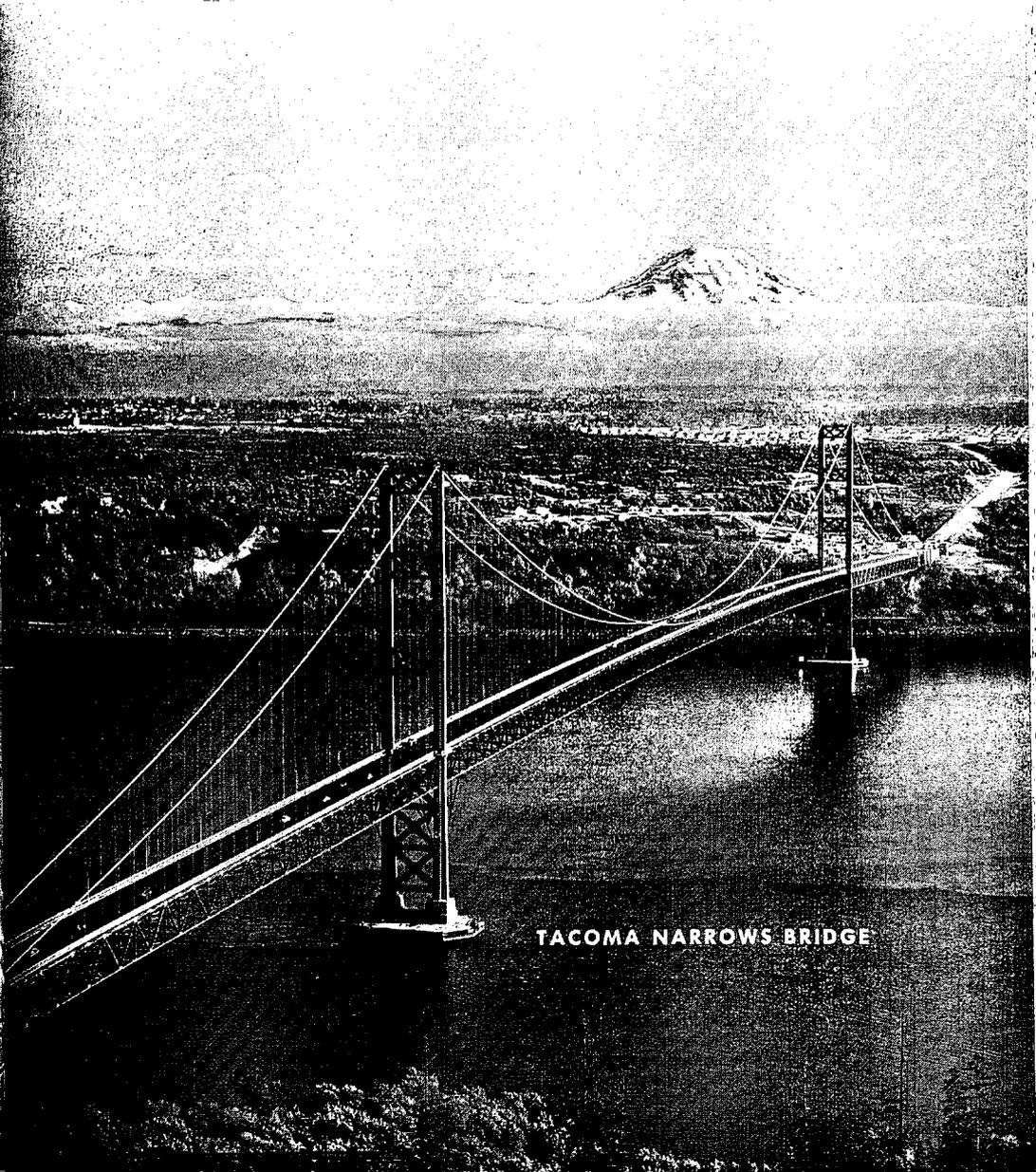
5 Retail Stores

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

VOL. XXII—No. 2

TACOMA, WASH.

OCTOBER - 1951



TACOMA NARROWS BRIDGE

# Pierce County Medical Society

1951

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Auxiliary News Editor	Mrs. Thomas B. Murphy

# Program

## MEDICAL ARTS AUDITORIUM

## PIERCE COUNTY MEDICAL SOCIETY

## MEETING

### OCTOBER 9, 1951

### 8:15 P. M.

DR. JOHN WHITACRE of the Pierce  
 County Hospital

"Sensitivity Studies of the  
 Antibiotics"

DR. RODGER DILLE

"Ballisto-cardiography" with  
 demonstration

\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.

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

We believe that the average physician, whether one of the oldsters or youngsters, knows very little about the "Code of Ethics" set up by the A.M.A.

Hardly a week goes by that someone, usually a doctor, does not inquire concerning the ethical principles of certain medical practices.

"These principles are not laws to govern but are principles to guide to correct conduct."

We shall attempt to select a few paragraphs from these General Principles, which may be interesting and instructive.

**Character of the Physician.** "The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Whoever chooses this profession assumes the obligation to conduct himself in accord with its ideals. A physician should be 'an upright man, instructed in the art of healing.' He must keep himself pure in character and be diligent and conscientious in caring for the sick. As was said by Hippocrates, 'He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life.'"

**The Physician's Responsibility.** "The profession of medicine, having for its end the common good of mankind, knows nothing of national enmities, of political strife, of sectarian dissensions. Disease and pain the sole conditions of its ministry, it is disquieted by no misgivings concerning the justice and honesty of its client's cause; but dispenses its peculiar benefits, without stint or scruple, to men of every country, and party and rank, and religion, and to men of no religion at all."

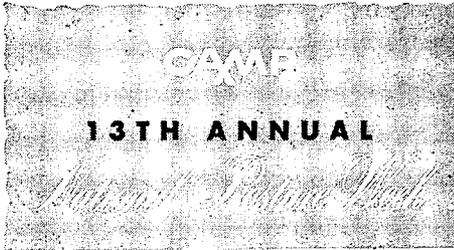
**Advertising.** "Solicitation of patients, directly or indirectly, by a physician, by groups of physicians or by institutions or organizations is unethical. This principle protects the public from the advertiser and salesman of medical care by establishing an easily discernible and generally recognized distinction between him and the ethical physician. Among unethical practices are included the not always obvious devices of furnishing or inspiring newspaper or magazine comments concerning cases in which the physician or group or institution has been, or is, concerned. Self laudations defy the traditions and lower the moral standard of the medical profession; they are infractions of good taste and are disapproved."

The most worthy and effective advertisement possible, even for a young physician, especially among his brother physicians, is the establishment of a merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of simple professional cards is approved in some localities, but is disapproved in others. Disregard of local customs and offenses against recognized ideals are unethical.

The promise of radical cures or boasting of cures or of extraordinary skill or success is unethical.

This is all that space will allow on this page, but we may give you more next month.

JOHN F. STEELE, M. D.



.. OCTOBER 15 to 20

**AGAIN** available...these helpful booklets  
FREE for presentation to your patients...  
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This important event in popular health education is being anticipated by communities throughout the nation.

Schools, colleges, factories, Y's, clinics, health centers and other institutions key special programs around dramatic posters and other educational material furnished without charge by the Institute.

Camp expresses its thanks to the medical profession and particularly the public health officers and educators throughout the country whose cooperation contributes so heavily to the success of the event and the year-round program it climaxes.

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

This issue of the Bulletin is the first to be published under the editorship of Dr. Homer W. Humiston. We know that you will be as happy as we are in his acceptance of the position. We are glad to welcome him as a worthy successor of Dr. Lewis A. Hopkins, our former editor.

---

In discussions of socialized medicine, the following question is frequently asked: What plan do the doctors have as a counter proposal? This question is a trap, not usually intended as a trap, but a trap, nevertheless. This type of question has drawn many a well meaning true liberal into counter-proposing some variant of the use of arbitrary authority in the solution of social and economic problems. When the true liberal takes this bait, and comes up with a plan which outdoes the socializer, he automatically becomes another socializer, of the "me too" species.

Some months ago the socialist government in England was guaranteeing a cheese ration of two ounces. In order to deliver on their promise the government, of course, pretty much had to control the cheese business. I have no information that the government failed to use whatever arbitrary authority they needed in order to fulfill their two-ounce promise. The Conservatives brought the matter up in the House of Commons, and eventually, the cheese ration came to a vote. The Conservatives won, and forced the cheese ration up to three ounces. By such action the government's responsibility in the matter of cheese was increased by 50%. Whatever arbitrary authority was required to implement the two ounce promise was, of course, increased by a like amount. Thus, the Conservatives outsocialized the socialists by the 50% that they increased the arbitrary authority of some government bureau in the matter of the cheese ration.

The doctors do have a counter proposal, but not a plan. By and large, the doctors favor an absolute minimum of the use of force and arbitrary authority in the field of medical care. This means the maximum use of the principles of private practice. Any of us who believe that the application of the principles of private practice produces the best in medical care should be aware of the fact that we are defending a principle which would be destroyed by any overall plan. Any counter proposal which would outplan the planners, would, of necessity, outsocialize the socializers. We have a defensible principle, let us not be sucked into being "me-tooers." In the matter of medical care, the bait is not cheese, but this counter plan is still bait.

HOMER W. HUMISTON, M.D.

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## FROM THE BULLETIN TWENTY YEARS AGO . . .

"There is a current rumor abroad that an economic depression has enveloped us like a cloud. The rumor has descended upon us with a fog of gloom. Any facts that really bear upon the question have long since been obscured by the pall which the rumor itself has caused. But there have been depressions before, and no one has yet been able to observe that either depressions, oppressions, repressions or expressions have ever modified in the slightest degree the fundamental traits of human nature."

\* \* \*

Numerous calls come into the office of the Society from doctors wishing to locate in Tacoma. They usually would like to share office space, or assume a partnership, and sometimes they merely want to know about desirable locations. If any of the members care to call the office when they have information pertinent to this it would be appreciated.

Since the announcement was made in the last issue of the Bulletin pertaining to office help for doctors there has been an increasing number of girls applying for positions. We have several that we feel are capable and conscientious, and if any doctors are in need of help we will be glad to contact them.

\* \* \*

If any doctor is interested in establishing himself in the endocrinology field he is advised to contact Dr. Warren H. Orr, Endocrine and Metabolism Clinic, Stimson Building, Seattle. Dr. Orr is retiring and would like to discuss the possibilities of his practice with any doctor interested.

## THE BALD ONES

The Cosmetic and Drug Review has come up with this comforting news for those afflicted with a progressively increasing forehead: "The real dope on masculinity vs. baldness has been assembled by the New York physician, skin and scalp specialist, Dr. Herman Goodman. He has shown by experiment that a male, secreting more than 25 milligrams of hormones per each 24 hours is apt to lose his hair in the male pattern, described as "pattern nerve baldness." A male, secreting less than 15 milligrams of the male hormone in each 24 hours, will retain his pompadour if not his youthful vigor. So again the girls are confronted with the same confusing decision in selecting their mates as they face with their car: "Which do you want, chromium on the fenders or horsepower under the hood?"

Dear Dorothy Dix: Last night I went out with a new boy friend. I never drink anything, but he insisted on my having a cocktail. And before dinner was served we had another one. Did I do wrong?

(Signed) Confused.

Dear Confused: My answer is this—probably.

## MEDICAL LIBRARY

Katherine Rogers, Librarian

Hours: 11 to 5—Monday through Friday

The librarian is taking a vacation from October 8th to 12th; during her absence a key to the library may be obtained from the Building Office or the Washington Minor Hospital. If material is taken from the library please leave a record of it on the library desk. It will be greatly appreciated.

\* \* \*

Surgery, v. 2, is missing from the library. Will the unknown borrower please return it?

\* \* \*

We are still shy some copies of Northwest Medicine; we particularly need some February, 1951, issues.

## SECOND ANNUAL LECTURE

The following notice was received by the Society office:

SECOND ANNUAL ALFRED A. STRAUSS  
LECTURE

sponsored by  
The Department of Surgery  
University of Washington

The Importance of Pathological and Radiological  
Studies in the Diagnosis and Treatment  
of Cholelithiasis

by

DALLAS B. PHEMISTER, M.D.  
Department of Surgery, University of Chicago  
Friday evening, October 26, 1951  
8:30 p.m.

Health Sciences Auditorium  
University of Washington

## PSYCHOSOMANIA

Just look at me—you'll see I'm ill.  
I've taken every sort of pill,  
Consulted doctors by the score  
Beat paths to many a clinic door;  
I cannot sleep, I cannot eat,  
I scarce can stand upon my feet,  
My throat is sore, my eyeballs burn,  
My 'innards' seem to writhe and churn,  
My brow is hot, my pulse too slow,  
I ache and ache from head to toe,  
I've had pains here and worse ones there—  
It's almost more than I can bear  
When doctors say there's nothing wrong  
And tell me I am well and strong,  
IT REALLY MAKES ME MAD AS HELL  
TO BE SO SICK WHEN I'M SO WELL!

—AMA Journal.

Some men smile in the evening,  
Some men smile at the dawn;  
But the man worthwhile  
Is the guy who can smile  
When his two front teeth are gone.

For their varying vitamin needs



## MEAD'S versatile "VI-SOLS"

water-soluble  
 pleasant tasting  
 easy to use

Poly-Vi-Sol, Tri-Vi-Sol and Ce-Vi-Sol provide 3 different vitamin combinations to meet particular specifications for individual patients.

Mead's Vi-Sols can be dropped into the mouth or mixed with formula, fruit juice or cereal.

Available in 15 and 50 cc. bottles with calibrated droppers for easy dosage measurement.



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<b>POLY-VI-SOL</b> each 0.6 cc. supplies	5000 units	1000 units	50 mg.	1 mg.	0.8 mg.	5 mg.
<b>TRI-VI-SOL</b> each 0.6 cc. supplies	5000 units	1000 units	50 mg.			
<b>CE-VI-SOL</b> each 0.5 cc. supplies			50 mg.			

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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

ERMA THORDARSON



Photo by Bert Perler

The get-acquainted tea will be held at the home of our president, Mrs. S. S. Thordarson, 3602 North 36th Stret, October 12, at 1:30 p.m. Serving as hostesses will be the social committee: Mrs. R. A. Norton, chairman; Mrs. W. R. Olson, Mrs. M. R. Hosiet, Mrs. George Delaney, Mrs. Charles Trimble, Mrs. Frank Maddison, Mrs. John Steele, Mrs. George Moosey, Mrs. Robert Murphy, Mrs. Elmer Wahlberg and Mrs. W. H. Pratt.

\* \* \*

Muriel and Everett Nelson will attend the Pediatrics Convention at Harrison Hot Springs this month.

\* \* \*

One of the most unusual parties was the one given by Ruth Rigos at the Rigos Day School. Many students enrolled and enjoyed the day at school. You should have seen Helen Florence saw wood.

\* \* \*

Jeanne and Jim Vadheim and their family enjoyed a vacation at a dude ranch in Montana.

\* \* \*

Ruth Arnold and her family are awaiting orders so that they may join Charlie in England.

\* \* \*

Lorraine Kunz received the women's third prize at the Medical Fishing Derby in Seattle, and Jeannie Schwind received a silver compote as the

## OFFICERS FOR 1951-1952

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Program.....	Jeannie Schwind
Telephone.....	Gladys Hansen
Blood Bank.....	Dorothy Maier
Legislative.....	Helen Kittredge
Today's Health.....	Merle Herrmann
Public Relations.....	Pat Flynn

fourth prize. Our golling women won no prizes although Kay Anderson played an excellent game.

\* \* \*

Who was the member of the Auxiliary who went to San Francisco the day after her baby was born?

\* \* \*

Susan Jean was born August 31st to Gypsy and Lou Hoyer. Peter and Mary like their little sister well enough.

\* \* \*

Helen Bennet has written to her friends telling them about the workings of the El Paso Medical Auxiliary. The Auxiliary hires cateresses who prepare and serve the lunches for the meetings. The guests pay \$1.25 each, and the auxiliary usually makes \$30.00 or more every meeting.

\* \* \*

Helen Kyle was a national delegate to the Alpha Chi Omega convention in Hanover, Alabama. Her son, Paul, visited many cities in the eastern and southern states. We understand she was also on a quiz program and won several prizes.

\* \* \*

Jean and Bob Gibson will attend a reunion at Rochester in October.

\* \* \*

The Duerfeldts and the Maddisons will attend the Internal Medicine Convention in Victoria, the 28th and 29th of September. The Duerfeldts recently drove to Missoula to welcome their new granddaughter, Susan Katherine, born August 20th. They enjoyed a trip through Glacier National Park on their way home.

\* \* \*

Joan and Andy Anderson have another boy, Stephen, born September 6th.

## NURSING HOMES HAVE NEW RULES

New rules, regulations and standards governing nursing homes were adopted by the State Board of Health Friday (July 20). The regulations were formulated in accordance with a law passed by the 1951 legislature.

Dr. J. A. Kahl, acting state director of health, said the regulations contain not only the mandatory requirements, but also recommendations for improved standards which will serve as a guide toward better operation.

Applying to all nursing homes having four or more patients, the regulations are state-wide and replace former rules and regulations promulgated by counties and cities under the "Place of Refuge" act, Dr. Kahl stated.

"These standards provide for uniformity all over the state, as contrasted with the former situation under which we had 44 different sets of regulations, some of them quite inadequate," he commented.

The regulations cover the various phases of nursing home operation, including physical plant, heat, light, ventilation, sanitation, food and food handling, medical and nursing care, personnel and general facilities. Higher standards are set for new construction and alterations.

All patients must be under the care of a physician under the regulations. Nursing home employees must be in good health and have regular chest x-rays.

Fire protection measures must meet standards of the state fire marshal.

The regulations previously were approved by a 10-member advisory nursing home council created by the new law, Dr. Kahl said.

Some 300 nursing homes have applied for licensing by the State Health Department under the law.

—From Tacoma Bulletin.

Two little Dutch boys were walking along a dike with their mother. On impulse one of the boys pushed his mother into water. Each time as she came up he pushed her under again. At last she came up no more. With a smile of satisfaction he turned to his brother and said, "Look, Hans, no mom."

After several hours of luckless fishing, the little city girl suddenly threw down her pole and cried "I quit."

"What's the matter?" her grandfather asked.

"Nothing," said the child, "except that I can't seem to get waited on."

Doctor (after examination): "Mrs. Smith, I have some good news for you."

"The name is MISS Smith!"

Doc: "Well, then, Miss Smith, I have some bad news for you!"

"What's a burlesque show?"

"One in which the actors pretend everybody in the audience is from Missouri."

## 210,000 DOCTORS NEEDED BY 1954

Approximately 210,000 physicians will be required by the United States to meet specialized needs of mobilization by 1954, when it is expected the armed forces will have a troop strength of 5,000,000, according to Dr. Howard A. Rusk, chairman of the Health Resources Committee of the Office of Defense Mobilization.

Dr. Rusk said that the Nation faces a shortage of 22,000 physicians, and an "even more critical" deficit of 83,000 nurses by 1954.

He said his committee based the estimates on increased population, possible mobilization of the 5,000,000 troops in the armed forces, and added civilian defense and other needs.

### Demand Increasing

"It is at once apparent that substantial deficit in medical manpower is already upon us and this deficit is steadily increasing." "It is not possible to avoid or even reduce this deficit before 1954. Whatever the demands, the present supply of physicians must meet all needs until then, or as soon thereafter as the training of additional physicians not now in process of education can be completed."

Dr. Rusk, a member of the faculty of the Medical College of New York University, said the current shortage of nurses was not caused by a decrease in the number of nurses, since there are more today than ever before, but by an increasing demand for nursing services.

Meet success like a gentleman and disaster like a man. . . .

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## Karen Rynning

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## PREVENTION OF CEREBRAL PALSYP

Three possible ways in which to prevent newborn children from being afflicted with cerebral palsy resulting from Rh factor incompatibility are suggested in an article by Dr. Meyer A. Perlstein, chief of the Children's Neurology Clinic at Cook County Hospital. He says that the most effective way to prevent this crippling condition is through selective marriages of Rh negative women with Rh negative men. Cerebral palsied children resulting from Rh incompatibility of the parents, come *only* from the marriage of an Rh negative woman and an Rh positive man.

Dr. Perlstein also outlines two other preventive methods. One is total blood transfusion for the child suffering from the effects of blood incompatibility and the other (still in an experimental stage) is use of injections of protective substances to prevent the pregnant woman's blood antibodies from damaging the child.

The author writes that only one in 25 children born to Rh negative mothers will develop erythroblastosis fetalis and that of those who do, only one in five will develop cerebral palsy.

He emphasizes prevention as the most important way to meet the problem of cerebral palsy from this cause. "The most effective method of preventing sequelae is before pregnancy; to this end, if a woman is aware of her blood type and husband's blood type, she may plan accordingly with respect to child-bearing. It may be that by making Rh testing a pre-marital requirement, Rh negative girls will seek out their consorts from among Rh negative men. It might be noted here that if the present suggestion to have the complete population typed because of the danger of bombing, it is very likely that the percentage of Rh babies may be lower, since there is no better medicine in prophylaxis than education."

—*Winnebago County Medical Society Bulletin.*

### Baiter Hurry Up!

Watson chided his bachelor friend for not marrying. "Time is slipping along, you know," he said, "and you may get left." "Nonsense," his friend scoffed. "There are plenty of fish in the sea." "True," replied Watson—"but has it ever occurred to you that the bait may be getting a bit stale?"

## Ghilducci's Florists

*Taroma's Leading Floral Shop*

909 Pacific Ave. BRoadway 3277

## YOU DID IT — NOW FIX IT

If you have an overweening ambition which allows you to step on the necks of your colleagues in your scramble toward the top—

If you are not ashamed to be one of those whose exorbitant fees have helped to create the widespread notion that private medical care is an expensive luxury—

If you are content to be a cold clever technician to whom no person can turn for an answer to any of the thousand little questions which plague his daily life—

If you operate on a patient and then cannot be reached to see him when something goes wrong—

If you have ever dared to say "My price is such-and-such, either that or nothing"—knowing full well that no decent patient wants something for nothing—

If you have ever dared to inquire "Don't you think your wife (or baby or father) is worth that much?"—knowing full well that in grief or gratitude the family will not protest too much—

If you have ever been guilty of any such cruel or arrogant conduct your actions have reflected themselves upon all the others in your profession. You personally are in some measure responsible for such dislikes as the government or the people have developed for the way medicine is now practiced. And one thing is certain: you never could survive as a family doctor.

On the other hand there are thousands on thousands of physicians in this country, most of them family doctors, who are energetic but not offensively aggressive, who weed out the chiselers among their clients, but scorn to load extra charges on honest patients. They are the men and women to whom the community turns for help in small matters as well as for succor in grave crises. These men are apt to be simple in their tastes and kindly in their outlook, never hard-eyed and ostentatious. They are willing to give and take as necessity demands. They do the bulk of all medical work, carefully and without stint. The irony is that as today's political squirrel cages whirl, it is they and not you who are more likely to be thrown off and broken like their brothers in other lands.

Well?

If you think there is no public relations problem, you are wrong. If you think you are not a responsible party, you are doubly wrong. To avoid expropriation of medical practice by the government you have one course—in all dealings with your patients be governed by the Golden Rule. It saves wear and tear, and it is good business.

For the sake of American Medicine, consider this seriously.

—*Norfolk Medical News.*

A minister in a small town was called to perform his first marriage ceremony. The bashful couple remained standing after he had finished the rites and in a brave attempt to round off the affair, he stammered: "It's all over now. Go and sin no more!"

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# The Hospitals . . .

## ST. JOSEPH'S

Dr. Hinton D. Jonez, Medical Director of the St. Joseph Hospital Multiple Sclerosis Clinic, has been invited to present a diagnostic clinic on "Multiple Sclerosis" at the International Medical Assembly of the Interstate Postgraduate Medical Association of North America being held in St. Louis, October 22 to 25.

The new internes and residents on duty at St. Joseph's Hospital are:

### Residence in Pathology:

Doctor Frank James, Coroner. First year resident.

Internship—St. Joseph's Hospital, Tacoma from 1939 to 1940. Four years in the service.

Doctor Richard Vimont. Fourth year resident.

Medical School. St. Louis University. 1945.

Internship—St. Joseph's Hospital, Tacoma, '46.

Residency in Pathology—Colorado State Hospital, May, 1948, to June, 1949. Santa Rosa Hospital, San Antonio. July, 1949 to June, 1951.

### Interns:

Roland Dean Benedict — Medical School, University of Utah. Home: Caldwell, Idaho.

Donald Francis Cummings—Medical School,

Creighton University. Home: Tacoma, Wash.

Jack J. Erickson—Medical School, University of Utah. Home: Salt Lake City, Utah.

Arthur Marlatt—Medical School, Creighton University. Home: Corning, Iowa.

Marye Maxine Moosey — Medical School, University of Pittsburgh. Home: Monogha, W. Va.

Robert M. Shay—Medical School, Creighton University. Home: Bellingham, Washington.

Walter LeRoy Sobba—Medical School, Creighton University. Home: Fowler, Kansas.

Amir Rouhi—Medical School. Paris. Home: Teheran (Iran).

The extensive renovation of the Student Nurses' residence is scheduled for completion about October 15th. The contractors and workmen have been busy most of the summer converting the living quarters, class rooms and laboratories into the latest scheme of nursing school design.

## MOUNTAIN VIEW SANATORIUM

A campaign is being sponsored by the officials of the Mountain View Sanatorium for the purpose of raising funds to buy equipment for an Occupational Therapy Department. Donations not only of money, but of equipment are being asked. Photographic and dark room supplies, woodworking tools, both hand and power, sewing machines, kitchen equipment such as refrigerators and stoves and culinary utensils and other materials used in this type of work are earnestly requested.

No existing funds will cover the cost of such equipment and as occupational therapy is recognized as a necessary adjunct to rehabilitation of tuberculosis patients the campaign is a worthy one and merits your attention.

## VETERANS ADMINISTRATION

This hospital has had several new members assigned to our Staff in the closing months of the summer; namely, Dr. Raymond M. Brown, from Santa Barbara, California, who was formerly with the Veterans Administration at Oakland. He has a position of Staff Psychiatrist.

\* \* \*

Dr. Josephine Hinrichsen also has the position of Staff Psychiatrist, coming as a transfer from the Veterans Administration Regional Office, Washington, D. C. Dr. Hinrichsen is a diplomate of the American Board of Neurology and Psychiatry in the field of psychiatry.

\* \* \*

Dr. Fred L. Edele, Chief of the Dental Service, recently retired after thirty-five years of government service and was succeeded by Dr. Robert E. Marsh, who came to us as a transfer from the Veterans Administration Hospital, Minot, North Dakota. Dr. Edele was well liked by both the patients and personnel and we hope he will find many interests in his more leisure hours.

\* \* \*

On September 6th and 7th, Dr. Samuel Futterman, Chief of the Mental Hygiene Clinic, Veterans Administration, Los Angeles, California, conducted a two-day seminar on "Ego strength" and "The team approach in Psychotherapy." This was well attended by the various branches of our medical staff and visitors from the Western State Hospital and Madigan Army Hospital.

\* \* \*

On October 2, at 1:30 p.m., Dr. B. O. A. Thomas, Professor of Dentistry, University of Washington School of Medicine, will give a talk on "Common Oral Disorders and their Treatment."

\* \* \*

On October 10th and 31st, at 2:30 p.m., Dr. C. A. Finch, Associate Professor of Medicine, University of Washington, will talk on "The Physiology of the Red and White Cell" and "Blood Disturbances and their Management."

\* \* \*

Members of the Pierce County Medical Society are invited to attend all three lectures which will be given in our Medical Conference Room, on October 2, 10 and 24th.

## TACOMA GENERAL

Dr. Bonica and Dr. Fisher attended the annual meeting of the Northwest Society of Anesthesiologists in Victoria, B. C., on September 7 and 8, 1951. Dr. Bonica was elected President of this organization. Dr. Backup is Secretary of the group. Dr. Bonica is also President-Elect of the Washington State Society of Anesthesiologists.

Miss Bonnie Schrag, an honor student from the class of 1951, is now employed in the Operating

(Continued on Page 15)

CARL E. WALLACE, B.S.  
Bacteriologist

TELEPHONE  
MAIN 4241

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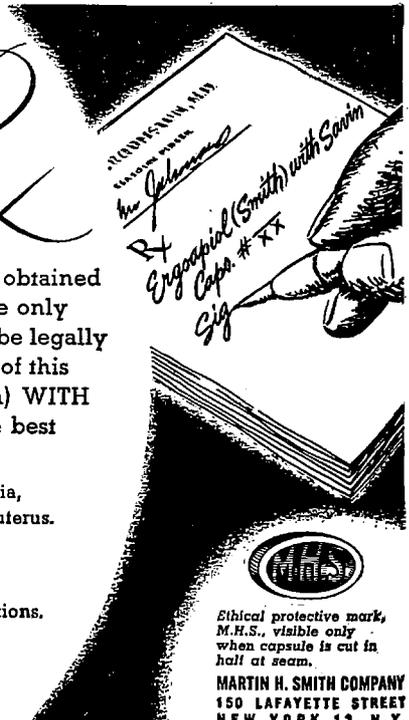
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(Continued from Page 13)

Room. Mrs. Patricia Mundt will leave the Operating Room to work for Dr. Thomas Murphy.

William Jonez and Gene Lombardi have recently finished their course in laboratory technology. Bill will work at the Tacoma Indian Hospital, and Gene will be employed at the Renton Hospital. Eight new students entered training as laboratory technicians in September.

Recently a seminar on Hematology was held at the University of Washington Medical School. Students and technicians from Tacoma General were present at the meetings. Also held in Seattle was a refresher course in hematology, sponsored by the State Public Health Department. Several students and technicians attended these classes. At the present time, Miss Ann Barlow, bacteriologist, is on a vacation trip to California and Utah.

Mrs. Fulkerson, Chief Dietician, will attend the annual meeting of the American Dietic Association to be held in Cleveland from October 8 to 12. She will also be a delegate to the Washington State Dietetic Association meeting in Seattle in November. Mrs. Guilford is vacationing in Southern California. Mrs. Janet Johnson has returned to her work in the Dietary Department after an absence of almost a year. Miss Elaine Lagas, from Idaho Falls, a niece of Dr. Annett, will join the staff on October 20 as therapeutic dietician.

On September 14, commencement exercises were held at the First Methodist Church for the 47 members of the class of 1951. These students were honored for their excellent work, both in the classroom and on the wards. They were Mrs. Ruth McCall King, Miss Marliiss McCann, and Miss Bonnie Schrag.

Fifty-seven new students became members of the class of 1954 on September 16, 1951.

Mrs. Robert L. Evans, who has been Social Director at Jackson Hall since it first opened its doors to student nurses, has retired because of ill health. Filling her position is Mrs. Betty Corbett, who has previously done some relief work for Mrs. Evans.

Miss Schenk and Miss Forsberg attended a Western regional work conference of the National League of Nursing Education in Salt Lake City. After the conference they took a vacation trip through Utah, Arizona, California and Oregon, visiting many of the national parks in those states.

Miss Jewett, Principal of the School of Nursing, was recently appointed by Governor Langlie to the State Board of Nurse Examiners.

## WASHINGTON MINOR

Mrs. Henrietta Button has returned to the Washington Minor Hospital, Inc., as president of the board and director of the hospital. Mrs. Button will relieve Miss Marion Thornton, who has been the president and director for the past three and one-half years. Miss Thornton is taking an extended leave of absence and is leaving New York City the 12th of October for a Mediterranean cruise on board the "Excalibur."

Mrs. Elsie Mercer has joined the staff of the hospital and will serve in the capacity of director of nurses and floor supervisor.

Another recent addition to the staff is Miss Dolores Sylling, N.N., a graduate of Northwestern Hospital of Minneapolis, Minnesota. Miss Sylling will supervise the 3-11 shift.

## HEART ASSOCIATION TO MEET

The following letter was received by the Pierce County Medical Society:

August 9, 1951

THIRD ANNUAL SYMPOSIUM  
of the  
WASHINGTON STATE HEART ASSOCIATION  
in cooperation with  
WASHINGTON STATE DEPT. OF HEALTH  
on  
"DIAGNOSIS and THERAPY of PERIPHERAL-  
VASCULAR DISEASE"  
and  
"SURGICAL TREATMENT of MITRAL  
STENOSIS"

October 19 and 20, 1951

U. of Wash., Medical School Auditorium

Once again the Washington State Heart Association and the Washington State Department of Health cooperate to bring to the physicians of Washington State some of the latest developments in the field of circulatory diseases.

In our previous symposia, on Rheumatic Fever and on Arteriosclerosis, the best speakers available were secured. We have again secured four outstanding authorities, two on Peripheral-Vascular Disease: Doctor Travis Winsor of Los Angeles, and Doctor Norman E. Freeman of San Francisco; and two of the pioneers in the recently developed and much discussed field of Mitral Commissurotomy: Doctor Robert P. Glover and Doctor O. Henry Janton, both of Philadelphia.

In addition to their scheduled papers, the speakers will conduct panel sessions and discuss questions from the audience. We also hope to arrange for an interpretation of your problem EKG's by Doctor Winsor, co-author of the book, "Primer of Electrocardiography."

Details of the program will be forthcoming. There will be no registration fee. We hope you will be able to attend.

Again, may we remind you to save these dates—Friday and Saturday, October 19 and 20, just preceding the U. of W.-Illinois football game.

Sincerely,

Donal R. Sparkman, M.D.,  
President

Kazimer B. Skubi, M.D.,  
Chairman Committee on  
Professional Education

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<b>NICOLAI'S 56th ST. PHARMACY</b> 5431 Pacific	HI. 4023
FIRCREST PHARMACY 620 Regents Boulevard	SK. 1414
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GERRICK'S DRUG 2415 So. 12th	BR. 1414
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HOVELAND DRUG CO. 6th and Proctor	PR. 1122
HULL'S PHARMACY 8606 So. Tacoma Way	LA. 8080
JACOBS PACIFIC DRUGS 8248 Pacific	GA. 6445
JOHNSON'S DRUG STORE Parkland	GR. 7333
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VIRGE'S DRUG CO. 914 Pacific	MA. 4311
WEBB'S PHARMACY 2617 No. 21st	PR. 6228

Doctors: The names in dark print are advertisers in the Bulletin; patronage of them will be appreciated.

## PEDIATRICIAN WANTED

Dr. Darcy Dayton has accepted the position of physician for the Tacoma Public Schools. He is anxious to contact a pediatrician who could assume his practice, sharing an office with Dr. Roderick Norton. The applicant must have his boards or be board eligible.

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## OCCUPATIONAL THERAPY AT COLLEGE OF PUGET SOUND

It is more or less axiomatic that success is assured to the person who brings enthusiasm and sincere interest to his job. It is not to be wondered then that Miss Edna Ellen Bell has met with success far beyond even her fondest dreams in the establishment of an Occupational Therapy Department at the College of Puget Sound. Miss Bell is ardently enthusiastic about her work; when interviewed she spoke in glowing terms of the marvelous opportunities in this field, the interesting work, the chances for travel, the sources of individual satisfaction.

Occupational therapy is not just for the "knitting and tating girls" as Miss Bell put it, it is an opportunity for people, men as well as women, having four basic requirements, to find, not only for themselves a profitable and interesting profession, but the satisfaction in knowing that they are helping people who would otherwise be helpless. The four requirements are an interest in science, an ability in the creative and manual skills, a liking for people, and the desire to help people who are handicapped by physical or mental disabilities.

An interest in science is necessary because courses in biology or zoology, anatomy, physiology, neurology, kinesiology, psychiatry and psychology must be taken. Ability in the creative and manual skills demands more than a speaking acquaintance with woodworking power and hand tools, sheet metal work, leatherwork, ceramics, plastics, big floor looms, and of course, the small hand looms and knitting.

The training program in O.T. at the College of Puget Sound has a four year curriculum with a required additional year of clinical application; a degree of Bachelor of Science is awarded upon completion of the course. Upon graduation a position is almost guaranteed as Miss Bell has thirty to fifty requests for graduates on her desk all of the time. The women graduates may also join either the Army or the Air Force in the Women's Medical Specialist Corp as a second lieutenant. The salaries are comparable to those of graduate nurses.

The curriculum for O.T. departments has been set up by the American Medical Association, but because the graduation requirements of the College are those of a Liberal Arts College, Miss Bell has found it necessary to add to the AMA curriculum. Therefore, a graduate in O.T. at the College of Puget Sound not only has a thorough knowledge of her chosen work, but a well integrated college education.

Because of the necessity of understanding that a patient's motivation must sometimes be redirected towards a more healthful and progressive goal, students in O.T. put in at least three months of clinical application before graduation in either a psychiatric hospital or psychiatric ward. Their observations of patients are frequently helpful in diagnosis although, of course, their function is never more than observation. One interesting factor is

that occupational therapists work only on prescription and never in private practice.

The field for this type of work is almost limitless: paraplegics, polio victims, tuberculosis patients, heart cases—the list includes almost every form of illness that requires rehabilitation—and rehabilitation is the goal of all O.T. workers. It is not enough that patients be taught to knit afghans or make ashtrays out of clay; the object is not to keep them busy, but to evaluate personal potentials, aptitudes, and measurements of vocational skills; it is to bring back into use muscles that have become weakened by inactivity; it is to stimulate and encourage and provide a goal for the discouraged and the disheartened; it is to establish that a victim of disease or injury is not necessarily going to be a burden because of incapacity.

Miss Bell spoke highly of the cooperation of the members of the Pierce County Medical Society in their willingness to lecture before her students; she spoke also of their interest in O.T. work and hearty acceptance of its practicability. And practical it surely is; one wonders how we ever got along without it.

## REPORT ON CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for September, 1951:

Chickenpox .....	14
German Measles .....	1
Gonorrhoea .....	19
Impetigo .....	1
Measles .....	2
Mumps .....	3
Pneumonia .....	1
Poliomyelitis .....	9
Ringworm .....	2
Scabies .....	2
Scarlet Fever .....	1
Syphilis .....	1
Tuberculosis .....	6
Vincent's .....	1

The inventor of the forty hour week was Robinson Crusoe. He had all his work done by Friday.

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## JIN-E-KOLO-JEE

The night after the last trustee's meeting, I found myself wandering "lonely as a cloud" on the further bank of the Styx. The Stygian (hard G from the Greek gamma) darkness was relieved only by a distant shaft of light, the source of which I could not immediately determine. Approaching it cautiously, I discovered it came from an enormous tub resting on its side. Seated within the tub were two men (or should I say shades)?

It took no more than the most elementary deductive reasoning to conclude that the Greek with his tub and lantern was Diogenes. The American gentleman could be none other than Noah Webster. So occupied with their discussion were the two shades that I entered, sat down and made myself comfortable, unobserved, so that my presence in no way put any restraint on the give and take of the debate which was in progress.

*Diogenes:* "Mr. Webster, your English dictionary is in the main a most admirable job, but there are some inaccuracies which you undoubtedly will wish to correct in your next edition. Let us take as an example (indicating a word in the volume spread upon his knees) the word for the study of women. It is, of course, derived from the Greek word for women and discourse or study of. You give the preferred pronunciation as jin-e-koloji. In Anglicizing the Greek word the gamma has become a G. You make that G soft while in the original Greek the gamma is hard. I hold that, therefore, G should be hard in English."

*N. H.:* "O.K. Then I'll change it. Hereafter the pronunciation will be with a hard G—Ginckoloji."

*Diogenes:* "Just a moment, Noah. In the original Greek the Y was upsilon pronounced oo. How about it?"

*N. H.:* "Okey doke. Henceforth we will give the pronunciation as Goon-e-koloji."

*Diogenes:* "Again just a moment. The long e comes from the Greek eta — pronounced a and should be so pronounced when the word is Anglicized."

*N. H.:* "All right! All right! It shall hereafter be pronounced Goon-a-koloji. I hope you are satisfied!"

*Diogenes:* "Far from it. Please note that the G in ology also comes from gamma and should be hard."

*N. H.:* "That would make it goon-a-kology (hard G's). Diogenes, you've said a mouthful, such a mouthful that I cannot swallow it. For centuries the best usage has been in Anglicizing words of Greek derivation to represent gamma with a soft G and upsilon with a Y. The pronunciation authorized in the next edition of my work will stay as is, jin-e-koloji, even though it is difficult to refute your logic!"

Edward S. Brackett, M.D.  
Rhode Island M.J., April, 1951

The young father-to-be, registering his wife in the maternity ward, asked anxiously, "Darling, are you positive that you want to go through with this?"

## "HERMITS" NO HELP IN PUBLIC RELATIONS

Webster's dictionary gives the definition of a hermit as one who retires from society and lives in solitude. A pretty poor description of a doctor, you say. Well, maybe so; but look around (in a mirror) and consider again.

For a group of professional men who draw their living from the public, whose very oath of life devotes itself to public welfare, M.D.'s are notorious for their apparent lack of interest in public responsibilities and civic organizations. The doctor who "darses" to enter politics or who "brazenly" takes an active part in civic affairs is looked upon with disdain by his colleagues. Count the active M.D.'s you know who take part in politics; not only office seekers, but those who have the "audacity" to seek to have good candidates elected. List the practitioners who actively support the civic clubs. Ah, yes, there are many who belong and attend meetings (to eat) but how many will fill an office, serve on a committee, actually do something for community betterment?

Don't forget . . . this community in which we practice medicine is the same place in which our children will be reared. The eyesores that our civic clubs are trying to clear up will hurt our eyes as well as anyone's. New business enterprises swell our coffers as well as the city treasurer's.

The lack of interest in our community or the lack of civic pride among doctors is indeed a distressing thing. If there is any one group who should be among the civic leaders it is the local M.D.'s. Doctors by their training are leaders; by their professional work know the needs of our people.

In times such as these when the medical profession throughout our nation is threatened with the loss of its esteemed position; when we are fighting against socialization; when we are fearful of the apparent rise in popularity of the pseudo-medical charlatan, should we not emerge from our hermit's cave and take an active interest in our community? An active interest in civic affairs is worth more in public relations than all the prepared talks, folders, and pamphlets made available by our experts.

—*The Recorder, Columbia, S. C.*

David Dubinsky (before sailing for Europe) told about a labor leader who went to a matrimonial agency.

"Is this a union shop?" he inquired first.

"Oh, certainly!"

He picked up a picture of a luscious 25-year-old and said, "I'll take her."

"No, you have to take this lady," said the manager, showing a picture of a gray-haired woman of 65.

"Why do I have to take her?" thundered the labor leader.

"She," said the manager, "has seniority."

—*Summit County Medical Society Bulletin.*

The best place to find a helping hand is at the end of your own arm.

## HOSPITALIZATION PLAN FOR THE AGED PROPOSED BY OSCAR EWING

Mr. Ewing, with administration support, has proposed a system of hospitalization for the aged and certain dependent groups. Drafting of the bill has not been completed, but it likely will be introduced soon. Following are the main provisions, data from AMA's Washington Office:

**Persons Covered:** All persons 65 and over (and their dependents) who are entitled to social security cash benefits, regardless of whether they actually are receiving benefits; widows under 65 with dependent children; any other survivors who are eligible for SS benefits under existing law.

**Benefits:** Sixty days hospital service in any one year; hospitals to be paid for services, drugs and appliances which the hospital customarily furnishes to its bed patients; *specifically excluded are (1) medical care, except that generally furnished as an essential part of hospital care for bed patients, and (2) semi-private accommodations, unless the beneficiary himself is willing to pay the difference.*

**Limitations:** *While FSA would regard this hospitalization as the insured right of eligibles, not all could be taken care of.* Because of wide variations in the rate of hospital occupancy, potential beneficiaries in certain areas would find it difficult, if not impossible, to obtain the service. Mr. Ewing explains that on the national average, hospitals are 71 or 72 per cent occupied, whereas 85 per cent is considered the practical maximum. In theory, beneficiaries would have access to this 13 or 14 per cent not now occupied. Also, *the program would not cover tuberculosis or mental patients, nor most chronic patients.* Mr. Ewing said a chronic patient would be eligible if his condition became acute. However, he said specifically that *rest homes and domiciliary homes could not participate.*

**Administration:** At national level, *the FSA or his agent would set policy;* the Federal Hospital Council would advise him, *but would not have veto power.* State health departments would be encouraged to handle the program and work out contracts with hospitals, but if a state declined to participate, individual hospitals would be eligible; if the state did not license, a participating hospital would have to meet standards set by FSA, in consultation with Federal Hospital Council. Mr. Ewing said provision would be made to keep patient records confidential, and to insure that the federal government would not control hospitals or participate in their policy-making.

**Financing:** The program would be financed by what Mr. Ewing describes as surplus in current social collections from employers and employees. If, instead, these costs were to be assessed against payrolls, FSA experts estimate that the increase would be only 1/10 of one per cent on both employers and employees, an amount regarded by them as too small to justify the increase. *Mr. Ewing said that this operation would not constitute use of funds legally earmarked or committed for other purposes.* Total

cost of the first year (probably 1953), is estimated at \$200,000,000, a figure arrived at in this manner: By that year, about 7,000,000 persons would be eligible (5.5 million over 65). FSA planners who said they were using insurance statistics as well as their own public welfare records, said *they estimated the average person over 65 years required about two and a quarter days of hospitalization each year, with eligible younger adults and children averaging between half a day and a day.* The total of these patient days, multiplied by an assumed hospital cost of \$15 per day, produced the \$200,000,000 estimate for the first year. It is contemplated that a hospital's patient day cost will be determined by averaging out its costs for "administration, dietary, housekeeping, nursing, X-ray laboratory, etc., but excluding costs for outpatients, research, each."

**Certification:** *A patient would not be eligible for hospitalization until a physician had certified that this was necessary. It would be the responsibility of the physician to decide when a chronic case, ineligible for hospitalization, became an acute case, and therefore eligible. Under the plan, the physician himself would make arrangements for placing the patient in a hospital if space could be found.*

**Administration Arguments In Favor Of Plan:** Sponsors emphasize that this plan would provide a form of hospitalization for groups of people *least able to obtain non-government hospitalization (the aged) as well as those least able to afford such coverage (widows and dependents).* Furthermore, they point out that this would mean a reduction in federal, state and local public welfare contributions. Mr. Ewing said, "Benefit checks (at current rate) cannot be stretched to cover unpredictable and heavy expense of illness requiring hospitalization." He cited several spot-check surveys of cities as evidence, including one which found that less than three-fifths of old age assistance beneficiaries were able to pay their expenses from their own resources when hospitalized. The sponsors report that only about 10 to 15 per cent of the people over 65 have hospitalization insurance and believe that "even if voluntary hospitalization insurance were more readily available to older persons, limitations on the benefits—largely unavoidable in such policies—would discourage their purchase because such limitations greatly reduce the adequacy of the protection."

**Sponsorship:** The plan has been under preparation for many months, with a number of outsiders, including some labor leaders, advising and assisting FSA officials. Mr. Ewing said at his press conference that he had also consulted with officials of the American Hospital Association and the Catholic Hospital Association. He did not say, however, that these groups supported the idea. Mr. Ewing said he had talked it over with a number of Senators and Congressmen before making the plan public officially. Asked if he thought there would be opposition, Mr. Ewing said, "*I can't conceive that anyone with a heart would oppose this. This is something they will have paid for themselves in insurance . . . I can't believe doctors don't want sick people to have attention.*"

# IF IT'S GOOD FOR THE DOCTOR SHAW CAN SUPPLY IT

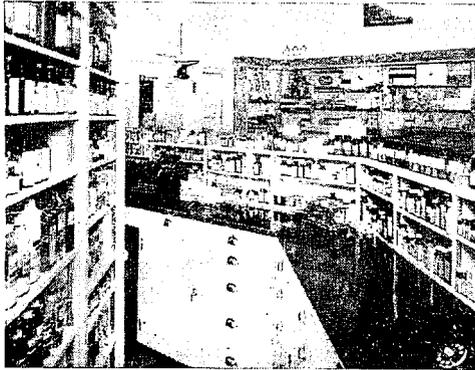
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## THE AMERICAN WIFE

There are now about 38,000,000 married women in the United States, an increase of some 8,000,000 since 1940. The present total, reflecting the marriage boom of the war and immediate postwar periods, is a record high not only in absolute numbers but in relation to the adult population as well.

The prospects of an early marriage, which traditionally have been good for the average girl in our country, have become even brighter in recent years. It is, therefore, not surprising that American wives are relatively young—two-fifths are under 35 years of age and only one sixth are over 55 years. The typical wife is somewhat younger than her husband; this is true in three-fourths of all families. In one-eighth, however, she is older than her spouse, generally by only a small margin. In the remaining proportion the husband and wife are the same age.

One of the factors influencing a girl's chances of becoming a wife is her educational attainment—the more schooling the lower are her chances of marriage. Thus, in 1947 the proportion ever married among the women at ages 35-44 was almost 95 percent for those who had completed less than seven years of school, compared with about 90 percent for the high school graduate, and with 83 percent for women with at least one year of college. However, the girls with higher educational attainment who do marry generally get the men with the greater amount of schooling.

Perhaps as many as two out of every three American women were employed at some time before they married. Many of them continued to work after marriage in order to supplement their husband's earnings until the baby came. Thus, almost one-half of the wives are in the labor force before the first wedding anniversary, as against less than one-fifth after five years of marriage. A considerable number of women return to the labor force after they have raised their children. Early marriage and moderate-sized families make it possible for women to work outside the home while they are still in early midlife. For these and other reasons, women now constitute a sizable segment of the country's labor force. Currently, about 30 percent of all workers are women; about one-half of them—9,000,000—are married.

Remarriage has grown in popularity in recent decades, thus increasing the proportion of families resulting from second or subsequent marriages. At present, wives who have been previously married represent about one out of every eight married women in our country, a somewhat smaller proportion than for men. Altogether, in somewhat more than one out of every six families, either the husband or wife had been previously married.

The average wife in our country can look forward to many years of married life (barring divorce). As an illustration let us take the case of a woman 25 years of age who marries a man of 30. According to the mortality of the white population in 1948, the expectation of life is 40 years for the husband and 49 years for the wife. Their joint expectation of life is 36 years. This is substantially greater than

the expected joint lifetime at the turn of the century. In 1900 the average marriage at these ages would have endured only 28 years before one of the spouses died. When a marriage is dissolved by death, it is the wife who is likely to survive; currently the odds are two to one that the wife will outlive her husband.

—Metropolitan Life Ins. Co., *Statistical Bulletin*, April, 1951.

## FACTS ABOUT SCALP AND HAIR

The average adult with blond hair has 140,000; brunette and black average 108,000; and red or titian have 90,000 hairs.

The average length of female hair is 26 inches—male hair is 4 inches.

The average life of adult hair is about two to four years. The first hairs live many years, the succeeding hairs less. It is usually around the late teens and early twenties, that the falling out of old hair becomes noticeable. This is in most cases a normal thing, as this is old, dead hair, and will be replaced in most cases by new hairs. About 60 hairs a day are lost in this manner. As the individual grows older, less and less replacement occurs. Varying with each person, the appearance of thinning out of the hair, or premature baldness, may occur early or late in life. Some families carry a hereditary gene for early baldness, which may show up in every male member, or miss some.

Undue rate of loss of hair can often be slowed down by keeping the scalp and hair in clean condition. Beginning this care in childhood is the best way to have and hold a good head of hair.

Attached to each hair is an oil gland which empties its secretion into the hair follicle. A certain amount of oil is necessary for a good healthy scalp. Too much oil is detrimental. Obviously, the application of oil to an oily scalp is to be avoided, yet many persons mistake the mixture of dried oil and desquamated skin for a dry scalp.

Loss of hair may be hastened by poor local and/or internal conditions. Chronic fatigue, anemia, illnesses, etc., may interfere with proper blood supply to the scalp. Excessive dandruff, rough combing and brushing, tight braiding—all are detrimental. Some dermatologists feel that local constriction or tension on the scalp, as caused by constant scowling and frowning, etc., may unfavorably influence the blood supply.

—Nassau Medical News.

A visitor at an asylum saw a man sitting at a desk writing. Wishing to be friendly, he remarked, "What are you doing, my friend?"

"Writing," the man replied.

"To whom are you writing?"

"To myself."

"Writing to yourself! Well, what are you telling yourself?"

"How do I know? I won't get the letter till tomorrow."



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## EFFICIENCY PROGRAM

The College of American Pathologists announced the organization of a program to improve the efficiency and to increase the uniformity of medical laboratory analyses. At first this program will function primarily in supplying highly standardized and very accurate solutions that will enable small and large pathology laboratories to develop and maintain uniformly reliable test solutions in the field of chemical determinations. Other branches of medical laboratory work will soon be included in the scope of activities if present plans are continued.

Improvements in chemical studies of specimens derived from patients in physicians' offices and in hospitals will greatly benefit not only the patient being studied but also the physician and the community. They will aid immensely in establishing more accurate diagnosis and they will enable a more exact control of treatments prescribed for certain diseases.

College members who represent about 80 per cent of all certified pathologists now have a uniform source of standardized, extremely accurate chemical solutions prepared in a manner that is likely not to deteriorate. These solutions can be used to verify the correctness of the individual laboratory stock solution, check the accuracy of personnel in performing a test or can be used as a daily reference standard when determinations are made.

No other group than pathologists has organized an attempt to improve the accuracy of laboratory tests. This is the second organized effort of pathologists to increase the efficiency of laboratory determinations. The first improvement, sponsored by the American Society of Clinical Pathologists before the College of American Pathologists was organized, dealt with the complete standardization of the Wasserman test. Up to that time samples of the same blood tested in different laboratories sometimes produced contradictory results. Later the pathologists urged the U. S. Public Health Service to continue the method they evolved.

"What's in the fancy vase on the mantel?"

"My husband's ashes."

"Oh, I'm sorry. How long has he been dead?"

"He isn't. Just too lazy to find an ashtray."

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I'm gonn a try to play the game, and play it hard, and play it fair. I may not win, but just the same I'm gonna try to do my share. I may not always meet the test as well as some more clever "guy," but while my heart beats in my chest, I'm gonna try.

I'm gonna try to stand the gaff, yet keep my nerve; I'm gonna seek to love and work and play and laugh, and never show no yellow streak. I'm gonna struggle to be kind, and not grow hard of face and eye. I'll flop at times, but never mind, I'm gonna try.

I'm gonna try to be a friend that folks can trust, and who they know will be the same way to the end, whether the luck runs high or low, I'll hitch my wagon to a star, and set my goal up in the sky; and though I may not get that far, I'm gonna try!

—Author Unknown.

## 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!

—Summit County Medical Society Bulletin.

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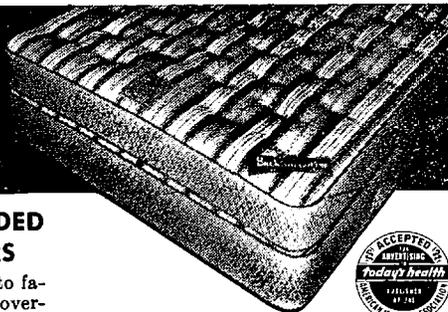
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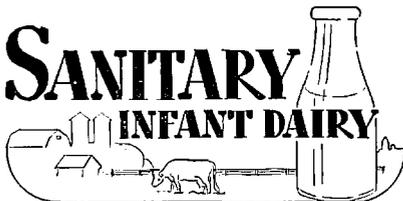


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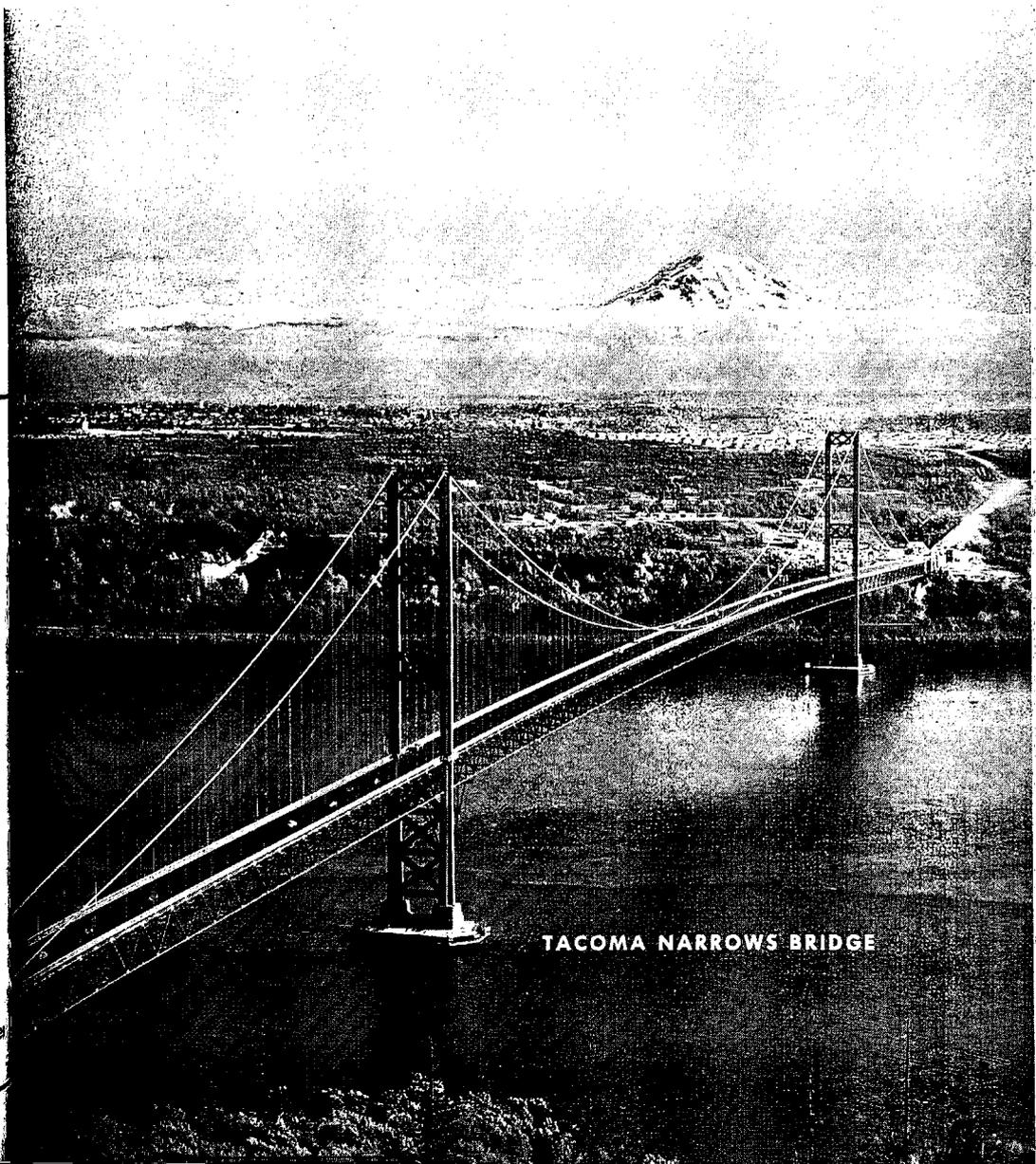
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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

VOL. XXII—No. 3

TACOMA, WASH.

NOVEMBER - 1951



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# Pierce County Medical Society

1951

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## Meeting of the Pierce County Medical Society

Tuesday, November 13, 1951

## MEDICAL ARTS AUDITORIUM

8:15 P. M.

# Program

Symposium on Arteriosclerosis  
 Sponsored by the Washington State  
 Heart Association

Speakers: Donald R. Sparkman, M.D.,  
 President of the Association

Robert A. Bruce, M. D.,  
 Assistant Professor of Medicine,  
 University of Washington

\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.

## The President's Page . . .

We have appealed to your generous nature several times this year, and now we just wish to mention a couple of those causes again, and then give you some more "Ethics."

The Physician's goal for the American Medical Education Foundation for this year has been set at a minimum of \$1,000,000.

"American's medical schools need your aid. If they are to withstand successfully the effects of rising costs, reduced income from endowments and fewer large individual gifts, medical schools need voluntary financial assistance from every physician in the nation."

Business, industry, agriculture and labor have joined forces and organized a National Fund for Medical Education, which goal is 5 million dollars. They are doing a grand job and need our help. Any money you contribute to the American Medical Education Foundation can be deducted from your gross income for tax purposes.

. . .

One more word about the Community Chest. Most of you have responded generously, but there are still many who have just put off sending in the pledge card. Remember, you don't have to pay it in cash. Pay any old way you wish, but get the card in so we'll know what to count on.

. . .

We do not know how much these quotations from the revised Principles of Medical Ethics of the A.M.A. interest you, but some of the brothers said they were interesting and educational so that's all the encouragement we need.

Patience, Delicacy and Secrecy. "Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the state. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidences entrusted to him as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would desire another to act toward one of his own family in like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications."

Prognosis. "The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should assure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family."

The Patient Must Not Be Neglected. "The physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving notice to the patient, his relatives or his responsible friends sufficiently long in advance of his withdrawal to allow them to secure another medical attendant."

Membership In Medical Societies. "For advancement of his profession, a physician should affiliate with medical societies and contribute of his time, energy and means so that these societies may represent the ideals of the profession."

Safeguarding the Profession. "Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education."

"A physician should expose, without fear or favor, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. Questions of such conduct should be considered, first, before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations, provided such a course is possible and provided, also, that the law is not hampered thereby. If doubt should arise as to the legality of the physician's conduct, the situation under investigation may be placed before officers of the law, and the physician-investigators may take the necessary steps to enlist the interest of the proper authority."

JOHN F. STEELE, M.D.

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\*Gosselin, George A., M.D.  
*Neurology and Physiology in Functional States*  
*Connecticut State Medical Journal*  
 15: 109-113, (February) 1951

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

Successively, through Initiative 141, the Welfare Act of 1947, and Initiatives 172 and 178, the State of Washington became responsible for furnishing medical care to indigent persons. It is not our purpose at the moment to comment on the propriety of this commitment, but only to raise some of the questions that come with its implementation.

Physicians have done a pretty good job of convincing the public that the private patient, by and large, day in and day out, gets better medical care when he has free choice of physician. When the State government finds itself so committed our law makers find themselves in somewhat of a quandry. They can easily see (i.e. those who will look) two things with real clarity. First: If the recipient of State supported medical care has full free choice of physician, with the bill paid by the State, the patient can, and does, cost a lot of money. Second: If the recipient receives care from designated physicians, functioning under the control of the State, the corresponding care will be a lot cheaper.

In my mind's eye, I can visualize a querulous little gnome of a recipient, one with a really inquiring mind, standing in the mud between the Pierce County Hospital and the unfinished Sanitarium and wondering: "If I should get pulmonary tuberculosis, I'd go there, (pointing south) and get cared for by the regular staff; but if I get gall stones, I'll go there, (pointing nrth), and I can pick any one of a couple of dozen surgeons to fix me. Now, isn't that a little screwy?"

HOMER W. HUMISTON, M. D.

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## SOCIETY NEWS

At the October meeting of the Pierce County Medical Society Dr. John F. Steele, president, appointed the following doctors as members of the nominating committees: Drs. Jesse Read, Homer Humiston and Roderick Norton, chairman; Drs. Bernard Harrington, Robert Lantiere and Warren Smith, chairman.

Dr. Norton's committee nominated the following members:

President-elect—Miles Parrott.

Vice President—David Johnson.

Secretary-Treasurer—Gerald C. Kohl.

Trustees—Glenn McBride, C. H. Denzler, Russ Hosie, A. A. Sames.

Delegates—Chris Reynolds, Gerald Kohl, Miles Parrott, Frank Rigos, Wm. Goering.

Alternate delegates — Glenn McBride, Herman Judd, Fay Nace, W. G. Peterson, Russ Hosie.

Dr. Smith's committee nominations were:

President-elect—Kenneth Sturdevant.

Vice President—Burton Brown.

Secretary-Treasurer—Gerald C. Kohl.

Trustees—C. B. Ritchie, Roderick Norton, Fred Schwind, Carlisle Dietrich.

Delegates—Homer Humiston, Gerald Kohl, Frank Maddison, Bernard Ootkin, Wm. Rosenblatt.

Alternate Delegates — Robert Florence, Philip Grenley, Frank Rigos, Chris Reynolds, Paul Smith.

\* \* \*

Because of a recognized shortage of Registered Nurses the Practical Nurses Association of Washington is organizing an extension course which will provide the licensed practical nurses with certain needful procedures. This plan has the approval of the Washington State Nurses Association. The Pierce County Practical Nurses Association has announced that it is forming an Advisory Board to discuss and plan the course, and through the organization's president, Hilda M. Jones, a request for a member of the Pierce County Medical Society to act as representative was made. Dr. Steele appointed Dr. J. B. Robertson to serve in this capacity.

\* \* \*

The Annual Meeting of the Washington Division, American Cancer Society, Inc., will be held in Seattle at the Olympic Hotel on November 30 and December 1st. Dr. John Whitaker has been appointed by Dr. Steele to represent the Pierce County Medical Society at this meeting.

\* \* \*

Dr. Cyril Lundvick attended the annual meeting of the American Academy of Ophthalmology and Otolaryngology which was held October 14th to 19th in Chicago.

\* \* \*

Dr. John Bonica was elected president of the Northwest Society of Anesthesiologists at its annual meeting held in Victoria, B. C., on September 7th and 8th. Dr. Bonica is also president-elect of the Washington State Society of Anesthesiologists.

\* \* \*

Dr. Ernest E. Banfield attended the American Society of Plastic and Reconstructive Surgery which

met at Colorado Springs November 1st and 4th. He attended the American College of Surgeons November 5th to 9th on his return trip.

\* \* \*

The Society received a letter from Mayor Anderson's office asking that a member be appointed to serve on the Tacoma Citizens' Armed Forces Committee. This committee has in the past included coordinated recreational activities, the Armed Forces Day annual program, housing problems, and the annual Christmas party for wounded servicemen at Madigan Hospital, in its activities. The committee is basically a broad coordinating and planning group of representative resources, acting in close cooperation with each other and the military. Dr. Steele has appointed Dr. Edward R. Anderson as the Pierce County Medical Society's representative.

## MEDICAL STUDENTS TO PUBLISH MAGAZINE

The first issue of the Journal of the Student American Medical Association, a 72-page publication, will make its appearance in January. Russell F. Staudacher, executive editor, announced this month.

Published nine months of the year — skipping July, August and September when schools are closed—the magazine will have a circulation of more than 33,000. It will be sent to 26,191 medical students and approximately 7,000 interns.

The Journal's contents will be approximately one-half editorial and one-half advertising. About 80 percent of the editorial space will be equally divided between scientific articles and socio-economic articles.

Remaining space will be taken up by special features. These will include a newsletter, tightly written items of interest to medical students and interns, such as pharmaceuticals, equipment and instruments. There will be book reviews, a question and answer page, letters to the editor, editorials, a diagnostic problem and a pictorial feature on a medical school.

The Student American Medical Association, organized in Chicago in December 1950, is composed of medical students in a majority of the 79 medical schools of the United States.

Objectives of the organization are: 1. Advancement of the profession of medicine; 2. Contribution to the welfare and education of medical students; 3. Familiarization of its members with the purposes and ideals of the medical profession; 4. Preparation of its members to meet the social, moral and ethical obligations of the profession of medicine.

"The Student American Medical Association will provide the young doctor with a broader realization of the socio-economic aspects of Medicine," Mr. Staudacher said, "It will demonstrate to tomorrow's doctor his duties and responsibilities not only as a physician but as a citizen of the community. It will show the young doctor why the nation's medical schools need his enthusiastic support to continually improve medical education."

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# WOMAN'S AUXILIARY

## *To The Pierce County Medical Society*

Our first meeting, "the get acquainted tea" was most enjoyable. Charlotte Sanderson, the civilian defense chairman, arranged to have Mr. Frank Evans give a very interesting talk on civilian defense. He stressed the fact that it is each citizen's duty to learn to help himself in the event of an atomic attack, and to be well versed in first aid.

\* \* \*

Linda, who is three years old, has joined Jane and Dell Lambing's family. They are very proud and happy to have her with them. Congratulations to you both.

\* \* \*

We regret to hear of the death of one of our old members, Emma Wislicensus. Our sympathy is passed on to Henrietta Rea on the recent death of her husband, Dr. R. W. Rea.

\* \* \*

The dancing lessons at the University Club are now completed. Watch the Reynolds, Farghers, and the Flynns at the next dance. One, two, three kick.

\* \* \*

Florence Gullikson has gone to Minneapolis to visit her family.

\* \* \*

Volunteer workers at the Blood Bank last month were Dorothy Maier, Hilda Lantiere, Augusta Neithammer, Aleva Jones and Jeanne Schwind. If you want to feel better by helping others and the blood bank, call Dorothy Maier at BR. 5216.

\* \* \*

John and Pat Flynn had a nice week's vacation. They went first to Harrison Hot Springs—and you should see John play golf—and then on to eastern Washington where they visited some old friends.

\* \* \*

Kathleen Lundvick has been in Seattle visiting her daughter while Dr. Lundvick was attending a convention in Chicago. They are enjoying their new home at Rosedale.

\* \* \*

Kathryn Humiston had a luncheon for one of our new members, Doreen Evert. Kathryn now has her Master's degree and is working for the Public School System.

\* \* \*

A new arrival, a girl, has been welcomed into the Leon Thomas family.

\* \* \*

Off to the land of paradise and sunshine, Hawaii, are the Herman Judts. They will go by boat and return by plane. Have a real nice vacation.

\* \* \*

Ruth Light is doing a wonderful job as president of the Tacoma Womens' Presidents' Club.

\* \* \*

Off to conventions in various cities are: Marcy and Dr. Peterson in Yosemite for an Orthopedic

### OFFICERS FOR 1951-1952

President .....	Erma Thordarson
President Elect.....	Muriel Nelson
First Vice President.....	Aleva Jones
Second Vice President.....	Helen Kittredge
Recording Secretary.....	Jean Judd
Corresponding Secretary.....	Dorothy Schultz
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Program.....	Jeanne Schwind
Telephone.....	Gladys Hansen
Blood Bank.....	Dorothy Maier
Legislative.....	Helen Kittredge
Today's Health.....	Merle Herrmann
Public Relations.....	Pat Flynn

convention. Charlotte and Dr. Sanderson in Minneapolis, Margaret and Charlie Larson in Chicago to a Pathological convention.

\* \* \*

Emma Bonica is sick in bed with the mumps. We all hope you have a speedy recovery.

\* \* \*

Lelia and John Robson and two children have returned from a lengthy and enjoyable trip. They toured the middle west and southern states. While in El Paso they visited Helen and Ray Bennett. A Dude Ranch in Mexico proved to be most exciting for the children. Before returning home they enjoyed the sunny climate at San Diego and Laguna Beach.

## Oh, the Pearls!

"Mother, I wish I didn't look so flat-chested," said my 15-year-old daughter as she stood before the mirror in her first formal dress.

I remedied the matter by inserting pulls of cotton in strategic places. Then I hung around Mary's neck a string of seed pearls—just as my grandmother had done for my mother and my mother for me.

At midnight her escort brought her home. The moment the door closed behind him Mary burst into tears. "I'm never going out with him again," she sobbed. "Mother, do you know what he said to me? He leaned across the table and said, 'Gee, you look sharp tonight, Mary. Are those real?'"

"I hope you told him they were," I said indignantly. "They've been in the family for three generations!"

My daughter stopped sobbing. "Oh, the pearls! Good heavens, I'd forgotten all about them."

## FROM THE BULLETIN TWENTY YEARS AGO . . .

### MEDICAL ECONOMICS

There is abundant evidence to the effect that the type of scientific service that is rendered to the public by the medical profession is very satisfactory, as a rule.

There can be no doubt, however, in the minds of thinking members of the profession, to the effect that the financial side of medical practice is very unsatisfactory to the general public.

Sickness beneficial associations, hospital associations and the contract system have grown in popularity because the public is seeking some escape from the uncertainty and the increase of sickness costs.

Statistics have been produced to show that physicians are not overcharging, that hospitals are operating at a fair cost, and that nurses are underpaid; yet the fact remains that 70 per cent of the people of the United States are having a hard time in meeting the costs of the present day standard of living, including sickness costs.

Invariably all studies in the field of medical economics narrow down to the one conclusion that this 70 per cent is experiencing an increasing difficulty in meeting costs that have been imposed unavoidably by advances in medical science.

The only real answer to the situation is some form of insurance. Thus far the old line insurance companies have not offered sickness insurance at a price which is within the reach of the average worker, and the public has taken refuge in beneficial associations and fly-by-night insurance.

Some form of sickness insurance is certain to grow out of the present discussion, however, and it behooves the medical profession to give real study to the principles involved in sickness insurance. Socialistic writers advocate state medicine. Others feel that compulsory state sickness insurance can be operated in a manner that will keep it out of politics. A third group advocates widespread insurance by private insurance companies, because it will eliminate politics; while the medical profession seeks some system which will preserve to it a measure of financial fairness and unhampered professionalism.

This is a big problem; the answer will come by degrees and the profession should keep apace with the studies.

—H. J. Whitacre, M.D.

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## In Memoriam

ROBERT HOMER REA

Born Knox, Indiana, 1878, and died August 10, 1951.

Dr. Rea passed away suddenly and quietly, as quietly as he had lived and worked.

His life's interest was psychiatry. He devoted twenty-five years to the progress of mental health through his services as assistant superintendent at the Western State Hospital. He had a keen aptitude for the legal aspects of mental hospital management.

He was employed as neuropsychiatrist at the Chicago State Hospital from 1910 to 1921, and held various positions with the Veterans Administration, all in the field of psychiatry.

Dr. Rea retired from his position at the Western State Hospital June 30, 1950, and some time later rejoined the Veterans Administration in their offices in Seattle.

He died at his desk faithful to his duty to the last. He was a modest man, honest, conscientious, uncomplaining. His dry wit and many kindnesses endeared him to his friends.

At the age of 73 he ended a life of work well done in the interest of humanity.

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Hours: 11 to 5—Monday through Friday

We are again publishing a list of bound periodicals that have been borrowed and not returned. If you find that you have any of these missing books please call the library and they will be picked up.

American Review of Tuberculosis, v. 44  
Annals of Allergy, v. 4  
Annals of Internal Medicine, v. 15-2  
Archives of Dermatology, vs. 44, 48.  
Archives of Internal Medicine, v. 72  
Archives of Neurology and Psychiatry, vs. 49, 53, 55  
Archives of Ophthalmology, v. 19  
Archives of Otolaryngology, vs. 31, 44  
Archives of Pathology, vs. 27, 30, 35, 38, 44  
Archives of Pediatrics, vs. 33, 38, 39, 40  
Archives of Surgery, vs. 20 (1 and 2), 41, 50, 51, 53  
British Journal of Ophthalmology, v. 26.

\* \* \*

We are anxious to obtain all of the copies of GP of this year; if any doctor subscribes to this periodical and would like to donate them to the library when he has finished with them it would be greatly appreciated.

\* \* \*

We have on file the names of several office workers and nurses who would like to find employment in a doctor's office. If any doctor is in need of such we may be able to help him.

\* \* \*

If any doctors are interested in really old medical books we have several in the library that merit more than passing attention. We have all of the volumes of the American Journal of Medical Sciences since 1828. Those were the days when articles on "Observations and Experiments on the Efficacy and Modus Operandi of Cupping-Glasses, in preventing and arresting the effects of Poisoned Wounds" were given much attention. The most prevalent term in therapy of almost any ailment was "bleed until fainting," and there are case histories of people who had lost their entire brain through a wound in the head, but who lived to enjoy many years of perfect health! This book is interesting also because of an almost day-to-day account of a small-pox epidemic in Philadelphia during which the doctors fought constantly against the prejudice that had arisen against vaccination.

Two other books of considerable age in the library are two Atlases of Anatomy, one dated 1798 and printed in Edinburgh, and the other dated 1879 and printed in Cincinnati. These books contain beautiful etchings, executed with precision, of the human body. When the 1798 Atlas was printed it was still the custom to use an f instead of an s everywhere in a word except at the end. The first sentence in the introduction looks something like this: "The parts of which the human body is composed, are extremely numerous and complicated. It is, perhaps, this circumstance alone which has

deterred any single person from attempting to publish a set of Tables that should comprehend exact delineations of the whole."

Other periodicals which have been printed for many years and which we have copies are the Annals of Surgery with our first copy dated 1874. British Medical Journal, 1884, and New York Medical Journal, 1890. By now, of course, these books are merely curios as far as being of value in reference work is concerned, but if anyone has any doubts as to the tremendous progress that the medical profession has made he has only to look at these old books.

\* \* \*

Of special interest to doctors is the campaign being sponsored by the Marcus Whitman Foundation. As most of you know Marcus Whitman was the Northwest's first medical missionary and although he was massacred at the peak of his career by the Indians that he was attempting to help his name has gone down in history as a man memorable for his courage, determination, integrity and selfless desire to help humanity. He has been selected to represent the state of Washington in Statuary Hall in Washington, D.C., as the legislature has named him for this honor; it is for the purpose of raising sufficient funds (\$30,000) for this statue that the Marcus Whitman Foundation is instituting their campaign, and it is their ardent hope that the doctors of Pierce County Medical Society will show their admiration for the now famous Dr. Whitman by contributing to the campaign.

Mr. Carlin Aden, of Clover Park High School and an alumnus of Whitman College, will speak at the November meeting of the Society in behalf of the Marcus Whitman Foundation campaign.

"Is there any legend about that mountain?" asked the tourist of a native.

"Yep," was the reply. "Two lovers once went up the mountain and never come back again."

"Is that so? And what happened to them?" the tourist asked, breathlessly.

"Went down t'other side."

\* \* \*

Doctor: "Your husband must have rest. Here is a sleeping powder."

Wife: "When do I give it to him?"

Doctor: "You don't give it to him. You take it yourself."

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# The Hospitals . . .

## ST. JOSEPH'S

Dr. Howard Pratt, hospital anesthesiologist, recently completed the written examinations of the American Boards in Anesthesiology.

Miss Arleen Bauer is resigning her position in the operating room to become the bride of Mr. John Russell, of California. Miss Patricia Petrovich, class of '51, will replace her.

Dr. C. R. McColl, capable chief of the hospital's pathology department and Dr. R. T. Vimont, fourth year resident in pathology, attended the semi-annual meeting of the North Pacific Pathological Association, held at the University of Washington on the 28th and 29th of September.

C. P. C.'s are held weekly, on Friday mornings at 9 a.m.

Roentgenologists, R. D. MacRae, John R. Flynn, and F. Rigos, have recently formed a new x-ray association.

Sister M. Columba, supervisor of the Obstetrical Department, announces the installation of the new Blossom Air Pressure Lock for use in the delivery rooms.

Mrs. Doris Pike, joined the second floor surgical nursing staff in September accepting the joint capacity of assistant supervisor and head nurse.

Sister M. Agnes Ann is at the Sacred Heart Hospital in Spokane taking a post-graduate course in obstetrics given under the auspices of the Gonzaga University.

Laboratory technicians now serving their year's internship at the hospital include: Miss Rosemary Richmond, Seattle University; Twylla Lucas, Seattle University; Joan Brand, Seattle University; Catherine Talbott, Oregon State College; Delores Hebert, Seattle University; Joan Johnson, University of British Columbia.

Graduate Laboratory Technicians and their new sources of employment are as follows: June Tang, U. of W., Swedish Hospital, Seattle, Wash.; Betsy Louie, U. of W., U. S. Veteran's Hospital, Portland, Oregon; Nadine Louie, U. of W., Maynard, Seattle; Joyce Wallner, No. Dakota U., St. Joseph's Hospital, Aberdeen, S. Dakota; Mary Jane Bartlett, Seattle University, Doctor's Clinic, Portland, Oregon; Sister Jerome Mary; College of St. Theresa, Winona, Wisc.; St. Joseph's, Aberdeen, Washington.

Extension courses, given through the Seattle University, are now being conducted for the graduate nurse staff and will be continued throughout the fall, winter, and spring quarters.

Sister M. Evard, Director of the School of Nursing, will attend the "Workshop on Self-Evaluation

for Catholic Schools of Nursing," a program prepared under the supervision of the Catholic University in Washington, D. C., and to be presented at the Portland University, in Portland, Oregon, on October 29th, 30th, and 31st.

Attendance at the "Open House" held in the School of Nursing, from 4 p.m. to 10 p.m. on Tuesday, October 16th, was noteworthy, and many expressed wonderment at the colorful transformation taking place therein. Sister M. Valeria, beloved superintendent of the hospital, has spared nothing in her efforts to restore much that was beautiful in the original architecture, and to modernize and improve the potential charm of the former through employment of the best ideas to be obtained from the notable advances made in modern building and design.

The books listed below are reported missing from the Medical Library on the first floor. If anyone should discover them lying about, their prompt return will be greatly appreciated.

"A Primer of Electrocardiography", 616.07 B 89—Burch, Geo. E. and Winson T.  
 "Office Gynecology", 618.1—Greenhill.  
 "Mench Manual", 610—Mench.  
 "Practice of Medicine", V. 6. 610—Tice.  
 "Medicine of the Year", 610.8—Youmans, John B.

Sister M. Valeria and Sister M. Bona Ventura have completed arrangements to attend the A.C.S. meeting on Hospital Standardization in San Francisco, California, from November 5th to the 9th.

## TACOMA GENERAL

Tacoma General Hospital has entered the field of magazine publication with the appearance of Volume 1, Number 1, of *Topix*, a periodical devoted to news about the Hospital and its personnel. It is a neat little journal with pictures, cartoons, departmental news, and even a recipe for lemon meringue pudding. Walter Heath is the advisor and Margaret Miller is the editor. We are happy to welcome the newcomer and we are sure it will have the success that it deserves.

## PIERCE COUNTY

The personnel, present and past, of the Pierce County Hospital, including many of the members of the medical profession who have served internships or actively participated on the staff, paused for a little while on October 31st, 1951, to pay tribute to Miss Hannah Tvedt. Miss Tvedt has terminated twenty-seven years of continuous, faithful service at the Pierce County Hospital.

One cannot help but wonder as to how many ex-county patients will look upon her leave from the hospital with very sincere regret. A large number of nurses aides and orderlies as well as

(Continued on Page 15)

CARL E. WALLACE, B.S.  
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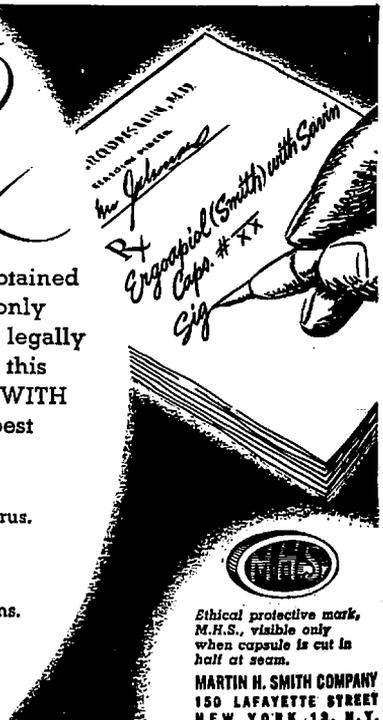
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**GENERAL DOSAGE:** One to two capsules, three to four times daily—as indications warrant.

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

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## DATES TO REMEMBER

When the Ancients wrote into the Bible that there is no new thing under the sun, they implied that man cannot create anything basic which has never existed. He can merely discover something unknown—or rediscover something that was previously known but had become lost. He can take what he finds and add to it, subtract from it, or rearrange its elements—thus producing a new combination.

A study of the history of the remedies used by man for the treatment of diseases indicates that many of the modern drugs are not new but were known to primitive man for many years before they appeared on the shelves of the corner drugstore.

Centuries before the discovery of the wonder mold—penicillin—the peasants in the Balkans applied moldy bread to wounds in order to prevent infection. In some parts of the United States, for years a piece of moldy cheese was placed on a bad cut to promote healing.

Nearly a thousand years before pharmaceutical manufacturers began refining digitalis, the people of Walos used it for the treatment of heart disease. The equivalent of the common aspirin pill was swallowed in the form of salicylates by the Hottentots hundreds of years ago.

Studies are now being conducted at the National Cancer Institute in Washington on the effect of mandrake root, which dates back to the sorcerers of the Dark Ages, in checking growth of cancer cells.

Indians of the South American jungles have made important contributions to our modern medicine chest. They have given us quinine for the treatment of malaria; the local anesthetic cocaine; the laxative cascara sagrada; and, the stimulant caffeine which is used for the treatment of shock. Curare, one of their arrow poisons, has been claimed by some to be useful in relieving certain symptoms of poliomyelitis. The root of sarsaparilla taken by a Bolivian tribe for general debility was recently found to contain a chemical having the same properties as testosterone, the expensive and potent male hormone.

The Chinese herb doctors used ephedrine for a long time before it was introduced here for the treatment of nasal and other conditions. Chemists at the California Institute of Technology, who are studying an evergreen shrub with which the Chinese for centuries have treated malaria, have found it manyfold more potent than quinine.

We learned about many drugs from the American Indian. A research project sponsored by the Navy is being conducted at Western Research University at Cleveland, where 1,100 plants many of which were used by Indian medicine men are being tested for their medicinal value. Perhaps our next wonder drug may pop out of the cauldron of some aboriginal-medicine man.

—Reprinted from *Nassau Health*, Dec. 20, 1950.

From the Dallas, Texas, *White Rocker*: "The hard work was followed by a nasty lunch served by Mrs. Georgia Wachholtz. . . ."

## LAUGHS FOR A DULL DAY

Our sense of humor may be a bit distorted, but we really expect a great deal from these laughs for a dull day. They should arise from reading the best answers taken from reports made during the past year by Social Service Investigators. They were compiled by our Southern correspondent at Andalusia, Alabama, and come to us by way of the Cleveland, Ohio, Rotary Reminder. If no more than a smile is produced, it is the fault of our presentation, and not of the material copied. Now go ahead and laugh at these:

Woman and house neat but bare.

Man has ulster on his stomach.

Man supported parents before marriage.

Woman has no job to be mentioned.

Couple breaking up home, friends helping.

Milk needed for the baby and father is unable to supply it.

Until a year ago this applicant delivered ice and was a man of affairs.

Couple have been completely stripped. Now are barely able to get along.

These people are extremely cultured. Something should be done about their condition.

Man has diabetes and is insulated twice a day.

Applicant took job as janitor in home for the working girls—lasted three weeks.

Nice quiet home family. Dorothy has been out since July.

Roomer pays no board as he usually acts as god-father.

The people have religious pictures all over the place, but seemed clean, however.

Man recently had operation but is able to hold any position he assumes.

Applicant has one child, Lillian, who is three months old and owes twelve months' rent.

Saw woman. She has seven children. Husband a veteran.

Applicant is typical real American. He is the father of eight children.

Woman still owes \$45 for a funeral she had recently.

Man hit by automobile. Speaks broken English.

The daughter, Mary, is active mentally and otherwise. She has advanced herself, but not at home.

Family's savings all used up — relatives have helped.

Applicant's wife is a lady and hardly knows what it is all about.

Applicant and family got \$15 from neighbors for moving from former address. Saw mother and a child—evidence of a father.

As the train pulled into the station, the porter knocked on a compartment door. "Chicago," he announced. "Shall I brush you off, madam?"

"Certainly not," she replied icily. "I'll descend in the usual way."

\* \* \*

From the Raleigh, N. C., *Times*: "Corsages of gardenias marked the places of Mrs. Champlie and Mrs. Cherry, and nosegays of panties were at the places of the other guests."

## IF IT'S GOOD FOR THE DOCTOR SHAW CAN SUPPLY IT

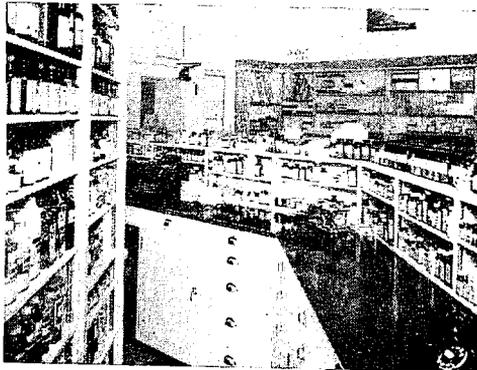
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## THINGS TO THINK ABOUT

### Medical Schools Set Enrolment Record More Doctors Graduated

Medical schools of the United States in the last year took further steps to protect the future health of the nation by enrolling the largest number of students in their history.

This was revealed today in the 51st annual report on medical education in the United States and Canada, compiled by the Council on Medical Education and Hospitals of the American Medical Association. The report, published in the current (Sept. 8) Journal of the American Medical Association, was prepared by Dr. Donald G. Anderson of Chicago, secretary of the council, and his aides, Dr. Francis R. Manlove and Mrs. Anne Tipner.

A total of 26,191 students were enrolled in 79 approved schools in the United States for the 1950-51 academic year. This compares with the previous high record of 25,103 in the year before, an increase of 1,088 (4.1%). Since 1941, when there was an enrolment of 21,379 students in 77 approved schools, the increase has been 4,812 (22.5%).

The report also disclosed that the academic year just opening will see a continuation of this increase in medical education because of the enrolment of a record freshman class. It is estimated that about 7,400 new students will enter medical schools this fall, compared with the previous record of 7,182 a year ago.

Also important from a future health protection standpoint was a survey which showed plans were under way in many states for the opening of additional medical schools and for the expansion of existing facilities.

"Significant progress is being made toward resolving the financial problems of the medical schools," the report also said. "Funds available to the schools during 1951-52 will total approximately \$109,600,000, which represents an increase of \$36,000,000 in the last four years. In addition to the usual sources of funds, the schools this year are receiving grants from the National Fund for Medical Education and the American Medical Education Foundation. However, serious financial problems remain for a number of schools."

There were 6,135 physicians graduated last year, as compared with 5,533 the year before and the highest for any year except 1947 when with the termination of an accelerated program several schools graduated more than one class, bringing the year's total to 6,389. In the seven years before World War II, the annual graduations from approved schools ranged from 5,089 to 5,377.

Privately-owned schools enrolled 14,191 (54.2% of total) students last year, as against 13,781 (54.9%) the year before. Enrolments in state and municipally-owned schools were 12,000 (45.8%) and 11,322 (45.1%), respectively.

The trend toward exclusion of out-of-state students by state and municipally-owned schools continued. Of the total of 3,470 students admitted, only 236 (6.9%) were nonresidents as against 249 (7.2%) the year before.

Privately-owned schools admitted 3,707 students, of whom 1,951 (52.6%) were nonresidents, as against 1,905 (53.1%) in the preceding year.

Women enrolled totaled 1,564 (5.9% of total), compared with 1,806 (7.2%) in the preceding year and a high of 2,183 (9.1%) in 1947. The total, however, was higher than for any year prior to 1946. Freshmen women numbered 376 (5.3% of the class), as against 387 (5.5%) the year before. The number of women graduates was 468 (7.6%) as compared with 595 (10.7%) in 1950 and a record high of 612 (12.1%) in 1949.

Veterans enrolled numbered 14,528 (55.4% of all students), as against 16,541 (65.9%) the year before. Seventy-four of the veterans were women, a decrease of 25. Veterans enrolled in the freshman class numbered 2,867 (39.9%) as against 4,152 (58.9%) the year before. This was the smallest group of veterans to be enrolled in the freshman class since the end of the war.

Negro students enrolled in 46 United States schools totaled 658 (2.5%), compared with 647 (2.6%) the year before in 42 schools.

The schools estimated that about \$16,30,000 (21.9% of budgets) will come from tuition fees. Last year, tuition fees provided \$15,200,000 (22.5%). The remainder of their requirements will come from other sources, including endowments, grants and gifts.

Seventy schools were able to supply information on the scholastic record of those accepted for admission. This showed that approximately 40 per cent of the students entering medical school last year had "A" averages, another 40 per cent had "B" averages and almost 20 per cent had averages of "C" or lower in their college work. A survey in the previous year indicated that only 9.1 per cent of the freshmen had "C" average.

The report pointed out that this refutes the charges made in irresponsible quarters that students who do not maintain a straight "A" average in college have little or no chance of being admitted to medical school.

The report cited the widespread interest in the development of new medical schools. The University of California at Los Angeles this fall was admitting its first freshman class, two years earlier than originally planned. Mississippi was expected to break ground soon for a four-year school. West Virginia is preparing plans for a school at Morgantown. New Jersey was expected to call a special session of the legislature to locate a new school and to provide for its financing.

Plans also were under consideration in Rhode Island, Massachusetts, Florida, Missouri, New York City and elsewhere.

Ten approved medical schools in Canada had a total enrolment of 4,016 last year, and graduated 858 doctors. In the preceding year, nine approved schools had an enrolment of 3,743 and graduated 791 doctors. The University of Ottawa Faculty of Medicine, a new school, was approved this year.

Canadian schools reported 214 women students (6% of total). Women graduates numbered 63 (7.3%).



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## PHARMACEUTICAL SERVICERS

The Tacoma Association of Pharmaceutical Servicers (TAPS), the social and educational organization composed of pharmacists, medical service representatives and drug salesmen, have completed their requirements for Civilian Defense duties. This was announced by Joe E. Sohlberg, President, and R. A. Taylor, Chairman of the Civilian Defense Committee. The TAPS are the first organized group in the city of Tacoma to be sworn in for Civilian Defense duty. The following members have been assigned to these hospitals in the Tacoma area to coordinate their duties at the hospital as indicated:

Tacoma General Hospital—J. E. Sohlberg, William Orr, R. M. Bowser, R. J. Schmall, Ray H. Hayden, Claude Shipley.

St. Joseph's Hospital—Gyle McMurry, Carl F. Meldner, D. M. Lentz, J. T. Curtis, Al Luft, Art Miller.

Pierce County Hospital—Paul Jones, H. R. Carpenter, K. S. Rosen, E. F. Springer, H. D. Morgan, Clifford Honvlez, Stan Shaw.

Northern Pacific Hospital—Lloyd Johnson, James M. Peterson, Dick Hopkins, James Law, R. L. Hill. Doctors Hospital—Guy Schubert, W. R. Westall.

Tacoma Indian Hospital—A. P. Gallucci, J. D. Keys, Warden Netzel.

Puyallup General Hospital—Art Harding, Richard Bell, Ellis Bull.

Arrangements are being made at the present time to continue the above mentioned educational program such as training in Blood transfusion and technique in the course of study.

A farmer visiting a state mental hospital was strolling about the grounds when he came upon an inmate sprawled restfully under the shade of a tree. After a word of greeting the man sat up and eyed his visitor with interest.

"What do you do for a living?" he finally asked.

"I'm a farmer."

"Farmer, huh? I used to be a farmer. Darned hard work."

"Sure is," agreed the visitor.

"Ever try being crazy?"

"Why no," the shocked farmer replied.

"You ought to try it some time," declared the inmate as he again relaxed on the cool grass. "Beats farmin'."

## 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, 1951 to October 20, 1951, inclusive:

Chickenpox .....	24
Gonorrhea .....	21
Impetigo .....	2
Influenza .....	1
Malaria .....	50
Measles .....	2
Mumps .....	16
Poliomyelitis .....	7
Scarlet Fever .....	3
Syphilis .....	3
Tuberculosis .....	23
Typhoid Fever .....	1
Vincent's Disease .....	1
Whooping Cough .....	5

Junior: "Dad, why are all these holes in the board?"

Rotarian: "Why son, those are knot holes."

Junior: (after a long silence)—"Well, Dad, if they are not holes, what are they?"

\* \* \*

From the San Francisco *News* account of the Lodi grape festival: "The Lodi queen, officials said, will be selected without benefit of bathing suit."

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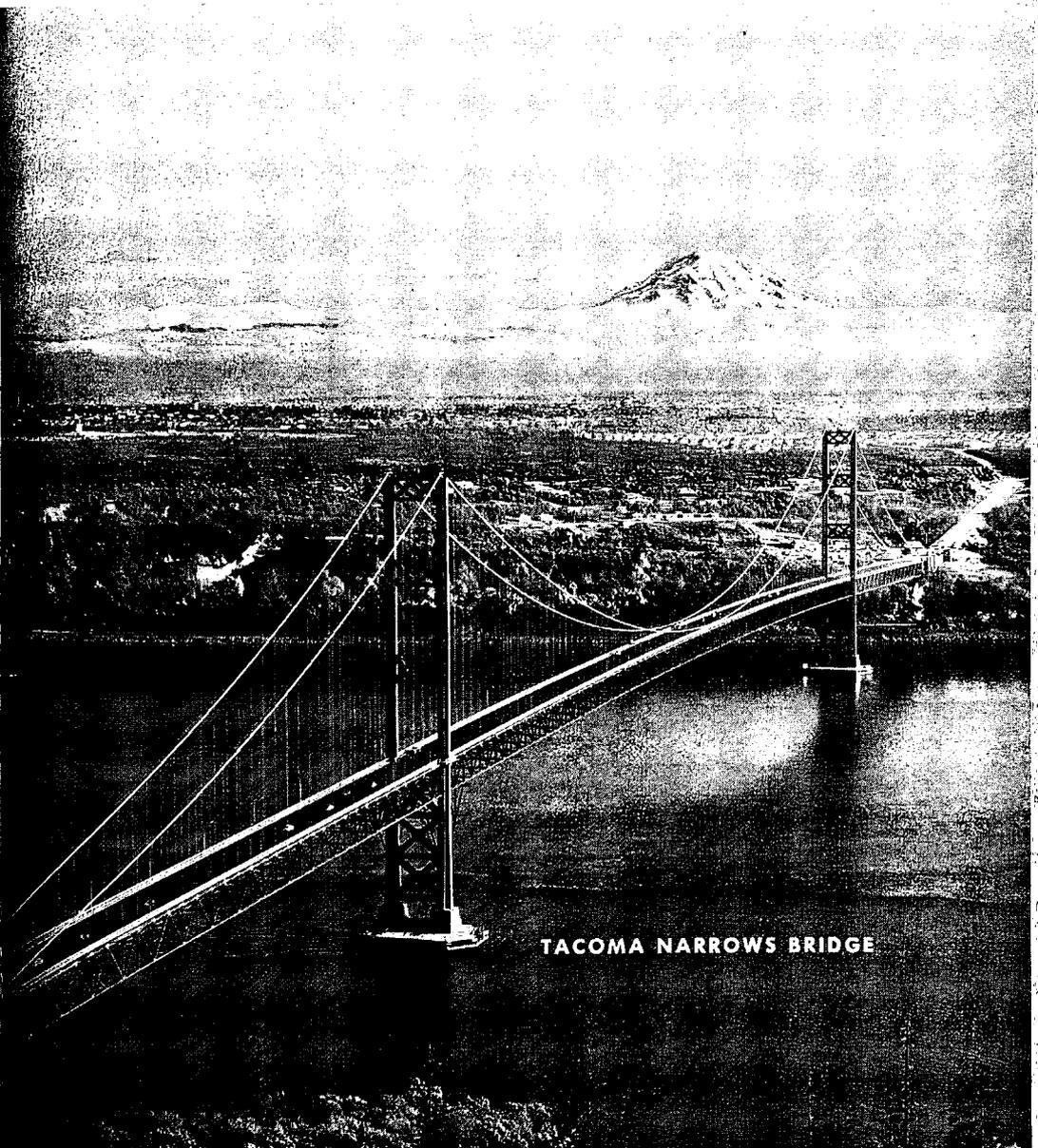
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*The* **BULLETIN** *of the*  
**PIERCE COUNTY MEDICAL SOCIETY**

VOL. XXII—No. 4

TACOMA, WASH.

DECEMBER - 1951



**TACOMA NARROWS BRIDGE**

# Pierce County Medical Society

1951

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## Meeting of the Pierce County Medical Society

Tuesday, December 11, 1951

MEDICAL ARTS AUDITORIUM

8:15 P. M.

## Program

BILL BURNETT, Chief of Bremerton  
 Navy Yard Police, and former  
 U. S. Narcotic Agent will speak  
 on Narcotic Addiction

\*Cover photograph of the Tacoma Narrows Bridge of 1950 through the courtesy of Harry Boersig—Aero-Marine Photo Service.

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

Strange as it may seem, this year, which we thought would seem endless, is now drawing to a close and a "Swan Song" is now in order.

At our first meeting of the year last January we discussed some of the disturbing factors which might beset all of us during 1951, such as the war in Korea (pardon me, they say it isn't a war!); the adoption of 178 and attempting to work it out; procurement and assignment of our doctors; civil defense as worked out between the Health Department and our Medical Society.

These difficulties have all been taken in our stride, thanks to our wonderful committee members and their willingness to co-operate for the good of "the other fellow."

It has made the year seem very short, and we are happy indeed that conditions have been such that only a few of our physicians have been called upon to leave their homes and practices.

Another thing that is very pleasing is the fact that Joe Stalin is still stalling and therefore has given us no need to really participate in Civil Defense. Dr. Murray Johnson, chairman of our Civil Defense committee, and Dr. Cecil Fargher, City and County Health Officer, are working out a plan under recent regulations, and will probably have it ready for our January Bulletin. This plan will give us a clear picture of just where to go and what to do in case of disaster from the air.

Our Procurement and Assignment committee, under the able direction of Dr. Charles Larson, will have another meeting in early December to consider some of the new regulations, and also to consider some of the newer members of our Society. They will receive their questionnaires soon, and the Committee of Nine will classify them.

Dr. Larson says that the new regulations will mean that quite a considerable number of doctors may be called. We hope that with the new agreement in Korea the demand for doctors in the services will slow down.

We feel that you men have really done a very nice job in taking care of the welfare patients under 178. We believe the majority of patients who come under that classification feel that they have had good care.

Staff members at the County Hospital have devoted a great deal of time to the marginal cases. Residents and Internes have received a lot of good training in their association and co-operation with the doctors on the staff.

Dr. Fargher and his staff at the Health Department have handled the screening of patients very well. They have attempted to take the old chronic cases away from the Bureau because the Bureau did not agree to handle them, and we feel that they have done very well with them.

This has been a rather rambling talk, but may we give credit where credit is due. It is our desire to thank the Chairman and members of each committee for the wonderful interest they have shown. In some of the early numbers of the Bulletin last spring we expressed ourselves on certain committees. Now we desire to include all of the committees.

There has been an air of friendliness among the entire medical profession of Pierce County which does not seem to prevail in all of our County Societies over the State and Nation. It has been a long time since we have seen or heard evidence of "throat cutting."

We desire to take this opportunity to wish all members of the Pierce County Medical Society and their wives and families a very Merry Christmas, and Health, Wealth and Happiness during 1952.

JOHN F. STEELE, M. D.

## FUNCTIONAL NERVOUS DISORDERS

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\*Gosselin, George A., M.D.  
*Neurology and Physiology in*  
*Functional States*  
*Connecticut State Medical Journal*  
15: 109-113, (February) 1951

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

In a recent issue of The FREEMAN magazine is a most illuminating article\* by "a public relations practitioner." The results of an intensive study of attitudes of some 22,000 employees are presented. The problem was to assay the feelings and attitudes of working men toward "business" as private enterprise, and also their feelings and attitudes toward increasing government intervention in economic matters. An interview technic was used in an attempt to "get a free flowing, uninfluenced record of the respondent's reactions. We tried to dig down to the mass of inchoate feelings, prejudices and unconscious dynamics underlying surface moods." The complete article should be required reading for anyone even superficially interested in such matters.

Of the many inferences drawn by the author, I should like to pick one for comment. "Neither the men nor the women of this group have much confidence in their own ability to improvise effectively—especially in the realm of ideas—hence they both turn to authority for reassurance."

Any kind or form of social collaboration begins as an idea. It must be conceived by at least one mind before it can be implemented. The whole of the furnishing of medical care is social collaboration. So, also, is each individual item of care. There are individuals who can examine the problems of the distribution of medical care in the realm of abstract thought, and do so rationally. He must, however, compete with irrational conclusions in the open market for public acceptance.

Physicians, by and large, have understanding of the components of the best possible medical care, but have we demonstrated much aptitude toward getting the public to turn to our "authority" rather than that of far less qualified politicians?

HOMER W. HUMISTON, M. D.

\* "Free Enterprise: The Workers' View," by A. A. Iberman, THE FREEMAN, October 8, 1951.

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## LETTERS RECEIVED

The following letters were received at the Society office:

C. B. Clizer, M.D.  
Tekoa, Washington

November 12, 1951

Dear Sir:

There is an opening for a promising young physician in our community at this time. I was wondering if you knew of anyone available.

Due to ill-health I desire to have someone take over my practice. I have a well-equipped office and at present am doing government work and other contract work in connection with my general practice.

This business is located in a small town, population of about 1500, in the center of a vast farming community in the Palouse country which brings in patients from a large territory.

For the young physician starting out in general practice this would be an ideal spot to locate.

Dr. Edward L. Turner, Dean of Medical School, Seattle, suggested you could possibly be of some assistance to me.

I would appreciate hearing from you at your earliest convenience and want to thank you for whatever help you may be able to give me.

Yours very truly,

Dr. C. B. Clizer, M.D.

\* \* \*

League of Women Voters of Tacoma

November 16, 1951

Dear Friend:

The League of Women Voters is asking you to attend a meeting to be held on Thursday evening, December 6, for the purpose of presenting to the alert citizens of our community some of the basic needs for changes in our city charter.

These needs will be presented through a panel discussion with Dr. Hugh Tudor, presiding, and Mr. Earl Marble, Mr. Michael Sterbick, Mr. Warner Matson taking part. They are members of the Citizens' Committee of fifteen appointed by the mayor. They have been studying our present charter and the operation of the city government for over six months; they will present the principal points of information gathered. Such information ought to help any citizen form his judgment in the coming city election in March. The program is being presented by the League of Women Voters as a civic contribution.

The League of Women Voters of Tacoma is a non-partisan group, a part of the National League formed over thirty years ago for the express purpose of promoting intelligent participation of citizens in their government.

We feel sure that for such a purpose you will come yourself and bring others of your group. The meeting is on Thursday evening, December 6, at 8:00 in Weyerhaeuser Hall of the YWCA, located at 401 Broadway.

Sincerely yours,

Mrs. H. A. Magill,  
Miss Helen L. Sohlerberg.

## MEDICAL LIBRARY

Katherine Rogers, Librarian

Hours: 11 to 5, Monday through Friday

The librarian would appreciate having all unbound periodicals that have been taken from the Library returned as soon as possible as all complete journals are going to be sent to the bindery after the first of the year. If it proves necessary to send reminder cards to all delinquent borrowers the time consumed will be lost as far as reference and research are concerned, and the temper of the librarian is going to be somewhat frayed along the edges. If we had a larger staff we would offer to pick them up for you, but, under the circumstances, you know that we cannot.

\* \* \*

We still have on file the names of several trained secretaries and medical assistants and nurses who would like to work in a doctor's office. Please call the office if you have an opening.

\* \* \*

May we remind you again that the librarian is a notary public and will notary free of charge any documents for members of the Society.

\* \* \*

Among the new books in the library are two that are outstanding. *The Origin of Medical Terms* by Dr. H. Alan Skinner is a mine of information on the derivations of terminology used today. Aside from being encyclopedic in its scope it is fascinating reading. The history of methods of therapy is given in concise, easily-remembered fashion, and the present-day use of each term is explained simply but adequately.

*The Surgical Treatment of the Motor Skeletal System* is in two volumes: Volume one includes Deformities, Paralytic Disorders, Muscles, Tendons, Bursae, New Growths, Diseases of Bones and Joints, Amputations. Volume two has articles on Fractures, Dislocations, Sprains, Muscle and Tendon Injuries, Birth Injuries. Dr. Frederic W. Bancroft was the supervising editor, and Dr. Henry C. Marble was the associate editor. The list of authors contributing to these volumes contains nearly fifty names of doctors who are prominent in this field.

\* \* \*

The Society Library has ordered a small portable Microfilm Viewer which will be available in a short time. The Army Medical Library is now prepared to lend to any medical library, free of charge, microfilms of otherwise unprocureable material. If any doctors wish material of this kind, it would be well to advise the librarian a few weeks in advance as it takes some time to get it from Washington, D. C.

## CORRECTION

It was stated in the November issue of the Bulletin that the nominating committees were appointed by Dr. Steele. This is incorrect as they are chosen by election and should be so stated.

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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

The desert bridge luncheon will be held on Friday, December 14th, at 1:00 o'clock in the Evergreen Room at Schoenfeld's. Mrs. Robert Gibson will be chairman for the party.

\* \* \*

The Medical Auxiliary is sponsoring an ice skating party at the Ice Arena for the student nurses of Tacoma General Hospital and St. Joseph's Hospital. The party will be on December 7th from 10 p.m. until midnight. All members of the auxiliary are invited.

\* \* \*

Helen Jarvis has turned out to be a painter. She has been working on her bedroom for a month. Is it completed as yet, Helen? You no doubt are getting a lot of experience, and maybe you can get some other painting jobs.

\* \* \*

Gypsy Hoyer has her hands full with Lou sick in bed with the mumps, and taking care of her new baby. Keep your chin up, Gypsy, and maybe you can get a vacation later.

Dr. and Mrs. Murray Johnson, Dr. and Mrs. Jim Vadheim, and Dr. and Mrs. Ernest Banfield attended the medical convention in San Francisco. Jeanne and Jim also attended the surgical convention in Vancouver.

\* \* \*

Helen and Robert Florence leave the first of December to go to Los Angeles. They will then drive on to Palm Springs after the convention. George and Lorraine Kunz, and Lester and Pearl Baskin, will also be attending the Los Angeles convention.

\* \* \*

Louie and Reg Govan and their little girl are flying to Palm Beach, Florida, for the holidays. They will be guests of Louie's family. Attending the Sugar Bowl game on New Year's Day will be one of the highlights of their trip.

\* \* \*

We all hope that our past president, Kay Anderson, has recovered from her recent illness. Take it easy, Kay, and don't get sick again.

\* \* \*

Joan and Dr. Anderson are now moved into their new home. It is lovely and they are enjoying it very much.

\* \* \*

Helen and Leo Scheckner had an enjoyable trip to Denver. Dr. Scheckner attended the Colorado State Medical convention while Helen and her mother visited friends. They then enrolled their daughter in the Colorado Women's College where she is an art major.

\* \* \*

Mrs. George Kunz, Sr., Jeanne Judd, Dorothy Meier, Evelyn Hardgrove, Ruth Murphy, Mrs. A. W.

### OFFICERS FOR 1951-1952

President .....	Erma Thordarson
President Elect.....	Muriel Nelson
First Vice President.....	Aleva Jones
Second Vice Presiden.....	Helen Kittredge
Recording Secretary.....	Jean Judd
Corresponding Secretary.....	Dorothy Schultz
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### CHAIRMEN OF COMMITTEES

Year Book.....	Helen Jarvis
Membership.....	Edith McGill
Publicity.....	Ruth Murphy
Social.....	Helen Florence
Program.....	Jeannie Schwind
Telephone.....	Gladys Hansen
Blood Bank.....	Dorothy Maier
Legislative.....	Helen Kittredge
Today's Health.....	Merle Herrmann
Public Relations.....	Pat Flynn

Howe, Helen Kittredge, Miriam Kemp, Louie Govan, Hilda Lantiere, and Edith Trimble were volunteer workers at the Blood Bank this past month.

\* \* \*

Ruth and Albert Sames have returned from a trip to Minneapolis. Ruth said she was glad to get back to Tacoma.

Hope that you all have a very enjoyable Thanksgiving.

## A DENTIST GOES TO THE CHILDREN

A mobile dental unit, complete with dental chair, x-ray machine, a dentist and a dental hygienist, will roll into suburban Cook County, Illinois, this month, bringing dental services to children heretofore unable to receive such services. Aimed at controlling and preventing dental diseases, the unit was purchased and equipped by the Cook County Department of Public Health through a \$12,000 grant from the State Health Department. To become eligible for state funds, it was necessary to transfer a dentist from County Hospital Clinic to the County Health Department. An advisory committee of the Chicago Dental Society has suggested standards of eligibility to determine the children who will receive dental care from the mobile unit.

From an engagement announcement in the Stamford, Conn., *Advocate*: "The bedding will take place in Paris in July."

## FEDERAL SECURITY AGENCY APPROPRIATION ENACTED

Of more than passing interest to medical men should be the following list of expenditures included in the 1952 fiscal year appropriation bill for the Federal Security Agency (P. L. 134). The bill was signed into law by the President on August 31. Selected health items of interest to the medical profession are listed below. It is reasonably certain that many of us are not fully aware of the huge amount received by the Federal Security Agency.

	<i>Funds available for fiscal 1951</i>	<i>Funds requested for fiscal 1952</i>	<i>Funds voted for fiscal 1952</i>
Venereal Diseases .....	\$ 12,863,500	\$ 11,800,000	\$ 11,653,360
Tuberculosis .....	9,400,000	9,000,000	8,745,000
General Public Health .....	16,084,000	16,084,000	15,960,000
Communicable Diseases .....	6,260,600	6,150,000	5,915,747
Sanitation and Industrial Hygiene .....	3,670,030	3,800,000	3,648,158
Hospital Construction Grants (new) .....	85,000,000	75,000,000	82,500,000
Hospital Construction—			
Liquidation of Authorized Projects .....	110,000,000	120,000,000	100,000,000
Hospitals and Medical Care (operation) .....	29,024,000	30,200,000	30,200,000
National Institutes of Health .....	13,913,900	15,800,000	15,500,000
National Cancer Institute .....	19,886,000	19,947,000	19,500,000
Mental Health Activities .....	9,505,000	10,800,000	9,518,987
National Heart Institute .....	14,554,400	10,150,000	10,000,000
Dental Health Activities .....	1,954,850	1,750,000	1,598,654
Construction of Clinical Center, Bethesda, Md. ....	15,125,000	18,590,000	17,685,540
Vocational Rehabilitation—Payments to States ..	20,600,000	23,000,000	21,500,000
Children's Bureau—Grants to States .....	30,250,000	33,000,000	31,500,000
Public Assistance Grants—Old-Age, Blind, Disabled, etc. ....	1,280,000,000	1,300,000,000	1,150,000,000

—Mahoning City Medical Society Bulletin.

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### NOTES FROM DEPT. OF HEALTH TACOMA PUBLIC SCHOOLS

Ringworm of the scalp has appeared in a few of the schools, and since it is quite communicable in children up to fifteen years of age, it is a disturbing threat.

It is the established policy of the Tacoma Public School System that the Health Services must advise parents to consult the family doctor in all cases suspected of requiring diagnosis and treatment. This policy must apply in ringworm of the scalp.

Since it is known that the best medical care can result in a cure only after a period of four to six months, these cases are apt to become a therapeutic embarrassment to the doctor. Epilation by x-ray is more effective, but carries a degree of danger.

The problem in the schools is to prevent spread of the infection on the individual and to other children.

The Public Health Regulations of this State, Book II requires:

*"Isolation:* Exclusion of children under fifteen years of age from school until a minimum of one week of suitable fungicidal treatment has been received; provided that such treatment be continued consistently thereafter until the infection has been eradicated.

Infected children allowed to attend school after one week of treatment, but before complete eradication of the infection, must continuously wear tight-fitting caps while in school or on the school grounds. Garments for out-of-doors wear, such as caps and coats, must be kept well separated from those of non-infected children.

Infected children shall not make use of public barber shops or beauty parlors, and shall not be allowed to attend theatres.

*Quarantine:* none.

#### Recommendations

Teach infected children and their familial and school contacts how the infection is spread and the measures necessary to prevent spread, which will include such matters of personal hygiene as the use of separate individual toilet articles (brush, comb, towels), avoidance of close personal contact with the head of the infected person, (use of separate pillows, care in playing), and use of head coverings.

Suggestions for medical management:

- a. Clip all of the hair closely, or at least a generous margin about the lesion.
- b. Apply local treatment once or twice daily.
- c. Epilate manually or with adhesive tape once or twice a week.
- d. Wash the head two or three times weekly.

Our grateful thanks to Drs. Niethammer and Dumon Staatz for attending the Stadium and Lincoln football teams during the season's games. This is a very important and sometimes difficult service since the surgeon must quickly decide whether to allow a player to remain on the field or not as it may sometimes be against the wishes of the coach or even the player himself.

### CANCER EXPERT TO SPEAK NOVEMBER 30

Dr. Michael B. Shimkin, head of the Laboratory of Experimental Oncology at Laguna Honda Home in San Francisco, will be the featured speaker at the American Cancer Society dinner at the annual state meeting in Seattle, November 30, President Stephen F. Chadwick said today.

Chadwick said that Dr. Shimkin, outstanding in the field of cancer research, will come to the Washington Division ACS meeting to discuss "Some Problems of Cancer Research." The day-long session will be held in the Olympic Hotel and will be climaxed with the physician's talk at 7 p.m.

More than 300 representatives are expected to attend the meeting and invitations are in the mail to all board of director and delegate members throughout the state and to prominent lay and professional people who have evidenced an interest in the cancer control problem.

The meeting will open at 10 a.m. and include the election of the board of directors and reports from districts of the state. Royal L. Garff, Ph.D., speech professor at the University of Utah, will speak at luncheon on "Selling the Cancer Crusade." During the afternoon, campaign awards will be presented and a symposium and panel discussion held on the American Cancer Society's program and organizational procedure. Mrs. R. E. Mosiman, state commander of the society's field army, arranged the meeting program.

Reservations for the meeting may be made through local ACS leaders or by contacting the American Cancer Society at the Lyon Building in Seattle.

From the Malone, N. Y., *Telegram:* William Andrews returned home yesterday from the hospital, where his left leg was placed in a cast following a fracture of the right ankle."

\* \* \*

"Mr. Boyd, Daddy wants to borrow your corkscrew."

"O. K. Johnny, you run along home and tell him I'll bring it right over."

\* \* \*

"What is a consulting physician?"

"He's a doctor they call in at the last minute to share the blame."

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# The Hospitals . . .

## VETERANS ADMINISTRATION

On November 21, 1951, Dr. Oskar Diethelm, Psychiatrist in Chief of the New York Hospital (Payne Whitney Psychiatric Clinic) gave an interesting talk on "Psychotherapy in Schizophrenia" at this hospital. He has been Professor of Psychiatry at Cornell University Medical College for many years and is the author of "Treatment in Psychiatry," which was published in 1950. The lecture was well attended by our own medical staff and by local physicians, nurses and sub-professional personnel.

Dr. Harry D. Hunter has recently been assigned to our Staff, coming from the Butler Hospital, Providence, Rhode Island. He is not a stranger to the Northwest as he and Mrs. Hunter both attended the University of Washington. He received his medical degree at the Rochester School of Medicine, New York.

We also welcome another new member to our Medical Staff—Dr. Lowell R. Hughes. Dr. Hughes has had psychiatric training and experience at the University of Pennsylvania School of Medicine, Western State Hospital, Northern State Hospital and Military Service. He is a diplomate of the American Board of Neurology and Psychiatry.

In view of the early anticipated psychiatric residency program at this hospital, several members of our medical staff will be making trips to Seattle to sit in at Staff Conferences with the University of Washington psychiatric consultants and the Seattle Veterans Administration psychiatric staff. Dr. Frank C. Bowers attended such a conference on November 20th and Dr. L. S. Diamond plans on attending alternate sessions.

## ST. JOSEPH'S

Mrs. Walter Stelling and the committee which assisted her with the preparations for the annual St. Joseph's Nurses Alumni Dance, held at the Winthrop on Saturday, October 3rd, may feel justly proud of its unparalleled success. A capacity attendance enjoyed the occasion.

Miss Joyce Barratt, M.T., graduate of L. D. S. Hospital in Salt Lake City, Utah, and Mr. Warren Brown, M. T., graduate of St. Benedict's in Ogden, Utah, joined the laboratory personnel in November.

The administration is pleased to announce the return of Mrs. Mae Patterson, Veteran Medical Secretary, with the outstanding record of fifteen years service at her hospital post. Mrs. Patterson was hospitalized for several weeks, and for the remainder of her absence has been convalescing at the home of her daughter in Seattle.

Doctor and Mrs. Samuel E. Adams, became the

proud parents of their third child, a son, on Friday, November 16th. Two small brothers at home are looking forward to making his acquaintance.

A diagnostic clinic on "Multiple Sclerosis" was presented by Dr. Hinton D. Jonez, before the International Medical Assembly of the Interstate Postgraduate Medical Association of North America at St. Louis, Missouri, on October 24th. Dr. Jonez has been extended an invitation to conduct another clinic on the same subject at the 1952 meeting of the International Medical Assembly in Cleveland, Ohio. In due time the present paper will appear in *Postgraduate Medicine*.

The first floor of the hospital, became the scene of much activity on Saturday, December 1st, with the onset of the School of Nursing's "Winter Wonderland Frolic." The festivities, under the skillful direction of Miss Sadie Foye, got under way with the consumption of the delicious fare served in the cafeteria from five 'til seven. Approximately a dozen booths, the contents of which proved fascinating enough to tempt even the most thrifty spenders, graced every available recess of the great hall.

Sister M. Valeria, Superintendent, has graciously issued the following survey of her recent attendance at the "Thirtieth Annual Hospital Standardization Conference," held at San Francisco:

"The Hospital Conference consisted of eleven sessions, all of which were held at the auditorium in "Polk Hall North" except the opening General Assembly, which was held in the main auditorium. Themes at the sessions included Collaboration in Hospital Standardization, Hospitals of the Future, Care of the Chronically Ill, The Surgical Service, Medical and Hospital Public Relations, Demonstration of Control of Explosion Hazards in the Operating Room, Nursing Services, Preparedness Responsibilities of Hospitals, Medical Records, Trustee-Physician-Hospital Problems, and Forum on Trends in Hospital Administration.

Dr. Paul S. Ferguson, M.D., Assistant Director, in charge of Hospital Standardization, informed us that papers on the above topics, which were discussed at length, will be published in the A.C.S. Journal at a later date.

## PIERCE COUNTY

As a part of the plan for a combined dietary service for the Pierce County Hospital and the new Mountain View Sanatorium, extensive alterations are to be made at the county hospital. During the next two and a half months the hospital kitchen will be totally rebuilt and will be converted to electric cooking throughout. A completely equipped bakery kitchen, salad kitchen, and diet kitchen will add greatly to the efficiency of an increased operation. Newly designed stoves, ovens, and broilers

(Continued on Page 15)

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(Continued from Page 13)

have already been delivered and are awaiting installation. Stainless steel steam tables, work tables, sinks, etc., are also ready for delivery.

During this period of construction the ingenuity of the Dietitian will be somewhat taxed in maintaining food service. However, we wish to assure all staff physicians that we will maintain our special and general diets consistent with good hospital standards.

Dr. Kenneth Whyte, representing the State Medical Association, and Dr. J. Morrison Brady, representing the State Hospital Association, attended a meeting on civil defense November 9th and 10th in Chicago, Illinois. This meeting was called as a joint meeting of the American Medical Association, the American Hospital Association and the Association of State and Territorial Public Health Officers, as well as representatives of the Federal Civil Defense Association who gave lectures on the opening day.

Throughout the first day's meeting and on into the night, consistent emphasis was placed on the fact that civil defense thinking in general had to be accepted by the American public as part of their way of life. Borrowing the context of two speakers from Washington, D. C., Headquarters, "The United States now, by virtue of alteration and transportation is strategically vulnerable." The most optimistic military information indicates that under ideal radar screening, not more than 20% of the enemy planes could be prevented from reaching strategic industrial areas in the United States. With the implied loss of military invulnerability, continued civil defense planning will be a national prophylactic measure through which in time of need one might at least be able to reduce loss of life and property.

The second day was devoted primarily to study groups and fixation of responsibility in civil defense planning and teaching. To summarize this briefly, it was agreed that medical planning is primarily the responsibility of the medical profession. The hospitals' part was an available teaching potential and organization nucleus. The public health officers were charged with the responsibility of developing the programs and assisting in every way possible in the satisfactory working completion of the programs.

## TACOMA GENERAL

Walter Heath has returned from a week in San Francisco. He presided at one of the sessions of the Hospital Standardization Conference which was held in conjunction with the Clinical Congress of the American College of Surgeons.

From the Medical Record Department: Did you know that in the last 24 years "Tacoma General Hospitalville" (babies born in the hospital) has had a population exceeding that of the city of Everett, Washington, by 2019 people? The total population of this "Hospitalville" during these years has been 32,243.

Dr. Charles Larson spent several weeks in the

east last month attending the annual Pathology conference in Chicago and the meeting of the American Cancer Society in New York.

Dr. Merrill Wicks went to Minneapolis for the annual meeting of the American Association of Blood Banks.

Dr. John Bonica is just back from a recent convention in Washington, D. C.

On November 10th, Richard Alan Fisher was born. Dr. Fisher is mighty proud of this six pounds and thirteen ounces of boy.

## SOCIETY NEWS

Dr. Lewis A. Hopkins has been appointed to serve another term on the Board of Trustees of Northwest Medicine.

The following excerpts from the Pierce County Medical Society By-Laws should be read by all members before the next meeting.

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

It is hoped that there will be a good turnout for the next meeting of the Pierce County Medical Society as a very interesting program has been arranged. Bill Burnett, Chief of the Bremerton Navy Yard Police, and former U. S. Narcotic Agent will be the speaker. Dr. Philip Kyle, who has heard Mr. Burnett speak says: "This was an extremely interesting, instructive talk. He divided his talk into four parts covering Opium, Morphine, Cocaine and Marihuana. He brought samples of the drugs and instruments for their use. This talk is very informative for the physician and one that will be long remembered, as he is an easy fluent speaker whose talk is based on knowledge and experience which he is now in a position to tell."

## MEDICAL INGENUITY

The ingenuity of AF Surgeon Lt. Arthur Sampson, Jr., and the window wiper on a jeep saved the life of a sailor whose chest had been crushed by a ¾-ton truck near the front lines. As fluid filled the man's lungs, evacuation became impossible, and the end appeared near.

In a desperate measure, the surgeon attached a long rubber tube to the vacuum pump of a jeep's windshield wiper, placed a closed bottle in the line, and inserted the other end of the tube in the patient's mouth.

With the engine and windshield wiper switch on, the makeshift pump worked perfectly. The sailor's chest was pumped clean and he was evacuated to a rear area hospital. The quick-thinking surgeon and the versatility of a jeep had saved his life.

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## "WHAT DO YOU GET FOR YOUR \$25?"

The following address was delivered by Dr. W. W. Bauer, director of the A.M.A. Bureau of Health Education, at the recent annual meeting of the Medical Society of the State of Pennsylvania in Pittsburgh.

When you send that check to your local medical society, including state dues and, more recently, A.M.A. dues, the thought may flash across your mind—what am I getting out of this? The immediate and obvious answers are that you are getting status as a reputable physician accepted by your professional colleagues plus recognition of your right to mingle with them professionally and participate in their discussions and work with them for common objectives. You are getting a place in a great team of almost 150,000 members dedicated to "the advancement of the science and art of medicine and the betterment of the public health."

That little membership card entitles you also to a great many other services, some direct, many indirect. Some years ago the late Dr. Rock Sleyster, President of the A.M.A., characterized the Association headquarters as an ammunition factory where products are developed for use on the battle lines. Some of these products are as tangible as a pamphlet and others, equally important, as intangible as an attitude.

You are well acquainted with the routine membership privileges such as attendance at meetings with participation, eligibility for committees and offices, and the right to be heard in any meeting of physicians. I will spend no time dwelling on these but proceed at once to some of the services available to you of which you must be unaware, because you utilize them so seldom.

The Judicial Council furnishes a court of last resort to decide ethical questions under the general policies laid down by the House of Delegates, thus giving the individual physician the strength inherent in group support for his ethical standards which are often at variance with the ideas of less altruistic individuals.

The evaluation of new drug products through the Council on Pharmacy and Chemistry is a service which affects every practicing physician. He can make direct use of it by using and encouraging the use of accepted products, but whether he does so or not, the whole level of production and introduction of new drugs is raised by the very existence of the Council and the knowledge among manufacturers that whatever new drug product they offer to the profession will be closely scrutinized and evaluated without fear or favor. In like manner the Council on Foods and Nutrition tends to improve the quality and regulate the claims for foods having medicinal significance, while the Council on Physical Medicine and Rehabilitation performs a similar function in its field.

The evaluation of medical schools and hospitals through the Council on Medical Education and Hospitals is known to every physician. So is the work of the Bureau of Legal Medicine and Legis-

lation, whose name defines its functions and whose reports in the *Journal* and subsequent assembling in volumes of reports and decisions have served physicians for many years. Well known also is the Council on Scientific Assembly and the closely related Committee on the Scientific Exhibit through which the world's greatest medical meetings are made available to physicians twice a year, once in the form of the Annual Session, and once on a more regional basis through the Clinical Session, held in midwinter. Of course, the *Journal* of the American Medical Association and the nine specialty journals require no introduction to the doctor. When he considers his \$25 investment, the *Journal* or his alternate choice of one of the special journals would in itself fully compensate him, considering the prices of other publications and the intrinsic value of his own organizational press. Everything over and above these can be regarded as extra dividends.

If your state medical journal is a member of the State Journal Advertising Bureau, you get consultation and sales service on advertising contracts which have made possible large increases in revenue and savings in sales costs, and have opened the pages of state journals to advertising which might otherwise not have been available.

Dr. Olin West once related the story of a doctor who came into his office to complain about the increase of A.M.A. fellowship dues from \$6 to \$8. Doctor West, who had known his visitor for many years, listened to his complaint and then engaged him in casual conversation and finally asked him how his golf game was. The doctor admitted that it was excellent and then Doctor West asked him where he played, whereupon he named three or four golf clubs in the Chicago area. Doctor West commented that this must be rather expensive to which the doctor replied that his total dues did not exceed a few hundred dollars a year. Doctor West then reverted gently to the original topic and source of complaint, a \$2 increase in fellowship dues.

In these days of high and spiraling prices, the A.M.A. must buy materials and services in a rising market. Printing materials and office supplies are increasingly expensive and so are labor and clerical costs and travel. It is necessary in such a situation either to curtail services or to meet the cost by developing increased income. The A.M.A. has nothing to sell to the public and therefore cannot increase commodity prices. Its only source of income is the advertising revenue of its publications and the dues of its members. The Association has taken special pride in its independence of government funds, foundation grants, and other income whose acceptance might impair the complete freedom of the Association to determine its policy and voice its opinions. The profession must pay a price for these privileges because, paradoxically enough, freedom is not without price.

To return to the recital of services which are tendered you with your membership card, may I refer to the Council on Medical Service through

(Continued on Page 19)

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(Continued from Page 17)

whose studies, meetings, and liaison activities great progress has been made in making better medical service available to more people at prices which they can afford through hospital, surgical and medical insurance, the establishment of grievance committees and emergency call services, community health councils, and in many other ways. The medical profession can have no better advantage than the public good will accruing from its services to patients, not only in individual practice but through organized medicine. In a similar way, the Council on Industrial Health has not only helped to promote health and safety in industry but has improved relationships among employers, physicians and workers to the mutual benefit of all. So has the Committee on Rural Health, the Committee on Emergency Medical Service in the event of war or disaster, and the Commission on Chronic Illness in which the Association is one of four major participants. Each of these in its own field renders a service to every individual doctor when it serves the people and enhances the value and the prestige of the medical profession as a whole.

The Bureau of Investigation, one of the oldest A.M.A. departments, beginning before the turn of the century as a column in the *Journal* entitled "Propaganda for Reform," continues its unceasing war on quackery and frauds, though its task has been lessened by the heightened activities of the Post Office Department, the Food and Drug Administration and the Federal Trade Commission in these areas. No small measure of this government activity is attributable to the influence of the medical profession. The Bureau of Medical Economic Research has combated another kind of quackery practiced by the distorters of statistics and the misusers of facts and has, in addition, contributed much constructive statistical research, establishing such new concepts as medical service areas supplanting the old county unit system, and pointing out that medical costs have risen less than general living costs and that medical efficiency is not measured by number of doctors but how much and well doctors can serve their patients; these are but a few of the contributions of this Bureau. It has also established the growing importance of accidents in mortality and morbidity.

Hidden away in a corner, although a corner of sizable proportions now, is a little-known department, the Chemical Laboratory, upon which the scientific councils of the Association lean heavily in the evaluation of drugs and foods.

The library of the Association, with its periodical lending and clipping service and the book reviews and abstracts in the *Journal*, is well known to most physicians. This in itself is a service for which commercial organizations collect far greater fees than the \$25 which the doctor pays per year for the privilege of calling upon the resources provided by the A.M.A.

Another part of what you get for your \$25 is the Washington Office which has maintained in the capital city a dignified, informative channel of contact with our national legislators which they have

appreciated increasingly in the few years this office has existed. Much of the information about pending legislation affecting the public health and the practice of medicine would reach the medical profession too late or not at all if it were not for the Washington Office.

In every war situation the medical profession, despite adverse publicity, has always fulfilled its obligations to the nation. At the present time the Council on Emergency Medical Service is performing a patriotic duty in procurement of medical officers for the armed forces and at the same time maintaining adequate service to the civilian population and protecting the legitimate interests of doctors.

In the field of public relations everyone knows of the determined educational campaign conducted by the Association to ward off the threat of governmental control in medicine. Much less publicized are the public relations values of the continuing services rendered by the Association. Any and all of the activities already enumerated have inevitable repercussions of a favorable nature upon the public attitude toward the medical profession. Health education is so closely related to public relations that the line of demarcation is often very hazy and only the close cooperation which exists between the Department of Public Relations and the Bureau of Health Education prevents duplication, overlapping, and unwholesome competition. The Public Relations Department handles press and magazine relationships. Network and transcribed radio and television have been assigned to the Bureau of Health Education as well as convention coverage in this field for the Annual and Clinical Sessions. The Public Relations Department sometimes handles radio and television in connection with the meetings held by various bureaus and councils such as the Annual Congress on Medical Education and Licensure, the Congress on Industrial Health, the meetings of the Rural Health Committee, etc. The electrically transcribed health programs of the Association have a very definite accessory value in public relations, covering, as they do, 80 per cent of the nation's heavily populated areas with 11,000 annual broadcasts in which 300 to 600 of the country's 800 AM radio stations participate. So also do the occasional documentary network programs. The Question and Answer correspondence with lay readers extends direct personal service to 15,000 inquirers a year.

Committee work and advisory services extended by many departments to governmental agencies, voluntary health agencies, cooperating professional groups, educators, business men's and women's organizations, labor unions, and religious organizations all have a two-fold value: they give needed help which can come only from medical sources, and they make friends for the medical profession in ways difficult to measure, but no less real for all that.

The phase of committee, conference, and workshop service with which I am most familiar is that rendered by the Bureau of Health Education

(Continued on Page 21)

## IF IT'S GOOD FOR THE DOCTOR SHAW CAN SUPPLY IT

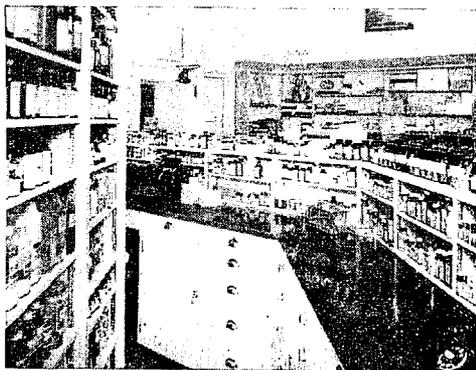
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(Continued from Page 19)

through our medical and educational consultants in school health work. Meeting with national and state level groups of doctors, educators, and public health workers and through national conferences on physicians and schools, these consultants offer a two-way channel of communication between doctors and educators, locating and smoothing points of friction, interpreting professional viewpoints, and cooperatively integrating interprofessional activities. This work grew out of one of the earliest of the Association's liaison committees, the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. Through these contacts it has been possible for me to serve twice on a year-book commission of the American Association of School Administrators, the first time in 1940-1942, to originate the year-book, "Health in Schools," and the second time, this year and last, to revise that same book. "Health in Schools" is among the most widely distributed and popular publications of the National Education Association. It contains nothing that is not in full accord with accepted medical principles. Its companion volume, "Health Education," first published in 1925 and in its fourth edition in 1948, occupies a similar commanding position. A third volume devoted to school health services as distinguished from health education is in preparation. Pamphlets such as "Suggested School Health Policies," "Health Appraisal of School Children" and others have been influential in establishing policies and procedures in relation to school health which improved the health of our children without impairing the family doctor relationships which we know to be fundamental to good medical care.

## OBJECTORS TO SOCIALIZED MEDICINE MULTIPLY

The Christian Science Monitor said recently that opposition to compulsory health insurance is growing more widespread.

"Public opinion, in fact, is getting better posted as to what such state medicine means," the paper said editorially, adding: "When President Roosevelt first took up government health insurance (later to drop it) little was known of this European system in the United States. But its recent costly experience in Great Britain and parts of Canada has

figured so notably in the day's news that American public sentiment is at last becoming informed.

"Danger of enactment seems no longer so imminent as it appeared for a brief time during the New Deal. The diminishing enthusiasm in Congress for health insurance may be credited in part to the number and standing of the national organizations which have recorded their disapproval. Yet sustained opposition is clearly necessary lest the proposal again attain a showing of popularity."

## GRIEVANCE COMMITTEES

Some misunderstanding exists on the purpose and function of "grievance committees." Formation of these committees has been recommended to serve as a group for discussion of the differences which may arise between patients and physicians. This committee gives the patient an opportunity to present his grievances, to hear discussion, and to be properly advised. Many misconceptions exist in the mind of the public regarding medical practice. These can be explained by a group so established for the purpose. At this time the practicing physician may obtain valuable information on some of his patient's problems of which he has no knowledge. Basing its actions upon the premise that misunderstanding or absence of proper information is the cause of grievances, the committee has a welcome opportunity to improve the public relations of the medical profession.

—*Editorial, Journal of Arkansas Medical Society.*

## TAX WHERE THE MONEY IS

Experts do not agree on many phases of taxation, but all experts agree on one point—the tax has to be levied where the money is.

Treasury estimates show that if the government confiscated all the income not now taxed from all those above the \$10,000 bracket, the total revenue would not exceed \$3,500,000,000. But the non-taxed income below the \$10,000 bracket is more than \$68,000,000,000.

Yet the House bill proposes to get most of its income from the top brackets—where it just ain't. The cream already has been skimmed.

—*Excerpt from Editorial, New York World-Telegram, August 6, 1951.*

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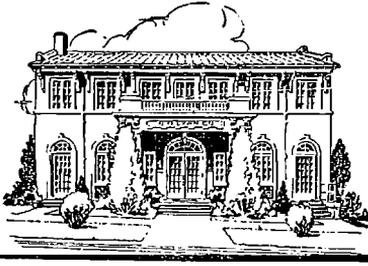
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## WHO TAUGHT YOU TO DRIVE?

Bill Barrett, organizer and head teacher of the Tacoma Driver Training School, is a man with a mission. He is also one of those fortunates who can make a living with his mission. He believes, and he is convincing in his argument, that the solution to the traffic problem with its horrifying statistics is not state-inspected cars, superbly engineered highways, traffic lights or buttons, but educated drivers: drivers who have been expertly taught not only in handling a car, but whose judgment has been supervised, who understand what goes on under the hood of the car when in motion, who appreciate the necessity and benefit of traffic signals. These are the ones who will cut down the daily fatalities that shock everyone who reads a newspaper or listens to the radio.

Mr. Barrett organized his school about five years ago and during the last three years there has seldom been a time when there were less than a hundred and fifty names on his waiting list. Inasmuch as it takes anywhere from eight to forty hours to teach a student to drive, the period of waiting is sometimes two months or more. However, due to these conditions, Mr. Barrett has taken an assistant in his school and the waiting list is being cut down. Both Mr. Barrett and his assistant have been certified by the American Automobile Association as teachers of automobile driving which is, according to Mr. Barrett, something entirely different from merely driving.

A beginner in the Tacoma Driver Training School is first examined as to his visual limits as well as in light and color. Then, supposing that he is adequate in this area, he is taken out in Mr. Barrett's dual control car. This car gives the beginning student a certain amount of confidence as he knows that the teacher can assume control of the car instantly if need be. The length of time that it will take to become a proficient driver depends on age, intelligence, adaptability. Surprisingly, sex does not enter into the matter. Mr. Barrett does not for a moment insist that women are as good drivers as men on the whole, but he does say that women can be taught to be as good as men. The fact that so many women are poor drivers is primarily a matter of lack of training and not a biological phenomenon.

A course of study is as necessary to becoming a good driver as it is in learning anything; without a plan learning becomes a heterogeneous conglomeration of unrelated facts and cannot possibly result in a finished product of any merit. Mr. Barrett has a check list that covers every contingency known to driving. I wish it were possible to give examples from this list, but it is so extensive that no example would do it justice. I can only say that if Mr. Barrett can check you out on this monumental chart you've really had it! You couldn't be anything but an accurate and accomplished driver.

From an ad in the South Bend, Indiana, *Tribune*:  
 "Amazing New Pill. Stops all body odors and breath too."

## DEDUCTION

Population of the United States .....	135,000,000
People 65 years or older .....	37,000,000
*Balance left to do the work .....	98,000,000
People 21 years or younger .....	54,000,000
*Balance left to do the work .....	44,000,000
People working for the Government .....	21,000,000
*Balance left to do the work .....	23,000,000
People in Armed Services .....	10,000,000
*Balance left to do the work .....	13,000,000
People in State and City Offices .....	12,800,000
*Balance left to do the work .....	200,000
People in hospitals, insane asylums .....	126,000
*Balance left to do the work .....	74,000
Bums and others who won't work .....	62,000
*Balance left to do the work .....	12,000
Persons in jail .....	11,998
*Balance left to do the work .....	2

### TWO—YOU AND I

And you'd better get a wiggle on—I'm getting tired of running this country alone!

—*The Lake County Medical News.*

From the Kingman, Kansas, *Journal*: "Mr. Banks will be at Padgett's barbershop, starting Saturday, and states that he is again available for butchering livestock."

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## FEE SPLITTING

By Walter C. Bornemeier,  
Chicago Medical Society Bulletin

For the past thirty-nine years, fee-splitting has been a term that has been used frequently, but not once has it been defined. Most of the people who have used the term merely mention it and then drop it like a hot potato. It seems almost everyone is against it. As a term it occupies a similar position to syphilis and sin, and like those two, it cannot be eliminated until it is diagnosed.

Most references to fee-splitting are in these words, "fee-splitting in any guise". That then covers a lot of territory, so if we are called upon to embrace it or reject it, we must reject it. In this phase, however, the combined bill is very frequently included. I should like to see (1) fee-splitting defined, and (2) the combined bill given the honorable status which it deserves.

The last issue of the J.A.M.A. under General Qualifications for members of the American Board of Surgery, prominently displayed at the top of page 509, quote: "The board, believing that the practice of 'fee-splitting' is pernicious, leading as it does to a traffic in human life, will reserve the right to inquire particularly into any candidate's practice in regard to this question." With all the rules and regulations and close scrutiny of surgery in the present-day hospital, I wonder what is meant by "traffic in human life" and I sincerely wonder why this entire phrase is used and reused, yet no one ever takes the trouble to define and clarify what is and what is not ethical.

The College of Surgeons in their Principles of Financial Relationship have stated that combined bills are considered ethical for organized clinics and legalized partnerships. The implication seems to be that it is unethical to have a combined bill under any other circumstances. I can't see why it is not ethical for any two or more doctors working on a common problem to send a bill together.

Are the people who write the code afraid that some general practitioner will get a portion of a fee without contributing much to the welfare of the patient? By discouraging the general practitioner, he is frozen out of the picture, and the patient has lost his best friend, and the specialist has lost his right hand man. Why not embrace the family doctor into the picture, let him contribute the help that his present-day status demands of him, then assure the patient that the bill will be a reasonable bill, ethically divided among the doctors who have attended him? With the present-day tendency toward group practice, we should be happy to see the specialist and general practitioner cooperate and help each other.

Who writes the code of ethics and who enforces our rules? The Judicial Council of the A.M.A. and the Board of Regents of the College of Surgeons play a very important part in writing the code. The enforcement is done mostly by lay people, by anyone who wants to put the medical profession on the spot. It therefore behooves us to make our rules

accurate and clearly defined. At a reference committee meeting considering this subject last June in Atlantic City, a member of the Judicial Council stated that they always consider all of these things when called upon to enforce the rules. He forgets, however, that the public doesn't pull any punches when they hit us over the head with our own rules and regulations.

About a year ago I asked the Board of the College of Surgeons and last June I asked the reference committee considering the report of the Judicial Council of the A.M.A. to consider adding one sentence to their codes governing fees. This is the sentence: "Where two or more doctors have worked together in a single illness, a combined bill is permissible provided that the names of all doctors receiving a portion of the fee appear on the bill head or statement rendered." To date, nothing definite has apparently been done, and I think we should support these two bodies of men in their attempt to clarify this issue. I'll admit it's a touchy subject, and anyone breaking into print might have his ears pinned back. It must, however, be done, and I believe the A.M.A., College of Surgeons, and the American Hospital Association should throw away this 1913 code and write a new one.

## 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, 1951, to November 20, 1951, inclusive:

Chickenpox .....	40
German Measles .....	3
Gonorrhea .....	11
Impetigo .....	1
Measles .....	4
Mumps .....	18
Pneumonia .....	1
Polio-myelitis .....	3
Ring Worm .....	2
Scarlet Fever .....	1
Syphilis .....	5
Tuberculosis .....	16
Whooping Cough .....	1

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## DON'T STARVE TO DEATH ON THREE MEALS A DAY

Many people would be surprised to learn it is possible to eat three meals a day, yet die of poor nutrition. That fact has been proved in many a poor white family in some of our own Southern States.

Today we get lots of information about foods and nutrition—and a good deal of this information is nonsense. Our new knowledge of nutrition has been distorted and exploited by quacks, faddists, and others who employ a fancy scientific lingo to persuade us to eat something that they want to sell. Many of the ideas put across by these unqualified people cancel one another out; where one tells us to eat no meat at all, another will urge us to eat nothing but meat.

Grapes have been recommended as a cure for cancer; milk has been condemned as a possible cause of cancer; and again, milk has been praised as a remedy for skin blemishes. Poor old spinach has been so violently argued about that most of us have forgotten that it can be a delicious dish if properly prepared.

We Americans spend upwards of \$20 billion a year for food. Yet most of what we buy is determined, not by what we need, but by what we think we like. Dr. Russell M. Wilder, chairman of the committee on food and nutrition of the National Research Council, has said, "We know today beyond all doubt that the average American diet does not provide what men and women ought to have, nor what the children of today need to become vigorous citizens of tomorrow."

What are the essentials of a good diet? The answer is fairly simple. We ought to have a sufficient amount and proportion of each of the so-called "protective foods"—milk and its by-products (cheese, butter, etc.), meat, eggs, fresh vegetables, and fruits. These foods yield not only energy but proteins, minerals, and vitamins.

Nutrition authorities tell us that at least half our calories, or energy units, should be obtained from these "protective foods" and that only 15 to 20% of our energy units should come to us in the form of fats. Nevertheless, as matters stand, nearly half the calories in the average American diet are now derived from carbohydrates, largely in the form of sugar and flour. These popular foods—pastry, candy, and the like—contain few, if any, vitamins but they increase our need for vitamins.

Vegetables alone give us an inadequate supply of proteins and should be supplemented, if not by meat, at least by milk, cheese, eggs, or fruits. Leafy vegetables are better than the starchy ones in supplying vitamins and minerals.

Candy is too often "sold" as a source of "quick energy." Candy contains plenty of calories but is low in proteins, minerals, and vitamins. On the other hand, candy makes us vitamin-hungry and at the same time it spoils the appetite for the plainer foods that might give us the vitamins we need.

Thus, candy in excess kills the appetite, promotes vitamin deficiency and inadequate nutrition, and frequently produces overweight.

Of course there is no use telling a person who likes candy not to eat it. But if he must indulge his appetite for sweet things, it would be well to keep in mind the importance of balancing his diet with the fruits, vegetables, and other basic foods that will give him the strength and substance to make use of the "quick energy" he likes so well.

—From *The Medical Way*.

## AN OPPORTUNITY

Join the 4-H Club. No dues. Help Harry Hurry Home.

\* \* \*

It has been reported that during the recent disastrous floods in Kansas and Missouri an auto traveler became stranded on a high ridge between arms of the flood. He went to a nearby farm house and requested lodging for the night, or until the floods subsided. The farmer said: "Stranger, we will gladly give you something to eat, but as for a place to sleep, well, we have only two beds; my wife and I use one and a red-headed school teacher the other." After much hesitation, hemming and hawing, the traveler finally blurted out: "Well sir, I must have a place to sleep and I can assure you I am a perfect gentleman." Whereupon the farmer replied: "That makes everything OK then, as you will learn the school teacher is also a perfect gentleman."

\* \* \*

When a South African native was told he had to be taxed because his government, like a father, protected him from enemies, cared for him when he was sick, fed him when he was hungry, and educated him, and for these reasons needed money, the native said:

"Yes, I understand. It is like this: I have a dog, and the dog is hungry, I am sorry for him. He comes to me and begs for food.

"I say to him, 'My dear faithful dog, I see you are very hungry, I am sorry for you. I shall give you meat.'

"I then take a knife, cut off the dog's tail, give it to him and say: 'Here, my faithful dog, be nourished by this nice piece of meat!'"

## ACROSS THE NATION

Fifty-five hundred longshoremen in San Francisco have had comprehensive health tests at their screening headquarters. Believed to be the first union-initiated multiple screening project, the battery of tests included a search for signs of heart disease, tuberculosis, diabetes, kidney disease, sight and hearing and other ailments. Tests were administered by the Permanente Health Plan, paid for out of the union's welfare fund. Several health agencies volunteered to give some of the tests free of charge: Chest x-rays—San Francisco Tuberculosis Association, venereal disease tests—City Health Department. Follow-up by medical diagnosis and treatment are guaranteed through the Permanente Health Plan which covers all local union members.

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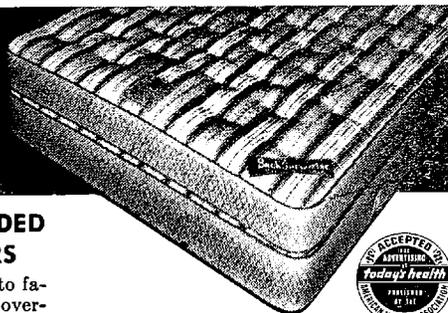
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