

The BULLETIN

January, 1940

No. 1



PROGRAMS MEDICAL ARTS AUDITORIUM

January 9, 7:30 P. M.

Colored film: The use of Pentothal Sodium under actual working conditions—Abbott Laboratories (Film portrays the induction of anesthesia, recovery, abdominal relaxation and other pertinent and important factors relating to this intravenous anesthetic).

Regular Meeting 8:15 P. M.

- Cancer of the Breast.....Dr. H. J. Whitacre
- Discussion.....Dr. B. D. Harrington, Dr. J. W. Gullikson
- Fractures of the Hand.....Dr. J. W. Read
- Discussion.....Dr. W. H. Goering, Dr. S. F. Herrmann
- Case report: Thyroiditis associated with undulant fever.....Dr. Don Willard

January 23

- Epilepsy—The Convulsive State—Diagnostic Value.....Dr. F. A. Plum
- Discussion.....Dr. Carroll C. Carlson
Dr. Clifford Halvorsen
- Tachycardia.....Dr. Charles E. Watts, Seattle
- Discussion.....Dr. F. R. Maddison, Dr. J. F. Steele

Auditorium Telephone BRoadway 3166

Tacoma, Washington

SOCIETY — OFFICIAL PUBLICATION

Pierce County Medical Society

OFFICERS — 1939-1940

President.....W. W. Mattson
 President-Elect.....H. J. Whitacre
 Vice President.....W. B. McNeerthney
 Secretary-Treasurer.....T. H. Duerfeldt

It is unlikely that anyone appreciates the burdens of illness more than a physician, and it is further still more unlikely that anyone appreciates the economic faults of medical practice in the United States more than does the physician. Contrary to what some may believe, a physician is always anxious to make illness as little expensive in the way of money, time loss and physical suffering as he is able. The whole historical record of modern medicine indicates clearly that the physician has and is constantly giving his attention towards the betterment of public health, the protection of the public against disease and the cause of disease and by so doing is saving for the public good lives, working time and money.

Today much attention has been focused on the defects of our system, and a panacea has been suggested by some as being the answer. That panacea has been loosely termed "Socialized Medicine." We say "loosely termed" because the words seemingly have a different meaning to different individuals. True socialization of medicine would mean not only Federal or State medical care for all regardless of their financial status but would also embrace Federal or State care for the causes of disease. It would appear to us far more important to see that a child has a warm home, adequate clothing and proper food than to build a modern hospital to take care of the diseases occurring from the lack of these things. True socialization of medicine would then entail partial socialization of the distribution of food, clothing and housing.

However, the term "socialized medicine" as used generally refers to a partial socialization of medical care. Its advocates as a rule are not socialists but on the contrary propose a capitalistic solution of one kind or another.

Among the schemes proposed the Wagner Health Act of 1939 has achieved the most prominence. It will be to the advantage of every physician to read over the summary of this bill as it appeared in the Journal of the A. M. A.

Its failure to indicate where the money is to come from to operate the act is political good sense but offers some doubts as to whether the author of the bill has any idea what the plan would cost. In this state it costs \$1.50 per month to insure workmen under the State Industrial Insurance Act against accident and occupational disease alone. These men are the ablebodied picked workers of the state and are taken care of in hospitals already erected and in operation.

Present health statistics are of relatively little value in setting up a general health plan. As we all know, the incidence of reportable illness is bound to increase a great deal as soon as sick benefits are available. When the burden is placed upon the physician to determine whether a man shall work or shall draw sick benefits the decision is most difficult, and the abuses of such a system, especially during times of economic depression, have made the system in Germany a failure. Our recent experiences with the W. S. R. A. here in this state gives an indication of how rapidly the money is used up.

Before we as voters and our congressmen as legislators are called on to decide on a plan for socialized medicine the proponents of the plan should tell us what the cost will be and how the money will be raised.

We are confronted today with a situation where the cost of medical care, particularly in those cases requiring hospitalization, has increased considerably, while the income of a considerable number of our population has remained stationary and in many cases has been reduced to a minimum. It is up to us as physicians to recognize the problem and honestly endeavor to find a solution. This solution must be a practical one, not a vague Utopian scheme, and should above all preserve the responsibility of the individuals involved. The private relationship between physician and patient is the best guarantee of good service the public has. Transferring the cost from the individual to the government in theory would seem to be good insurance. As it has worked in other countries the results are disappointing to both parties. Let us work out an American plan which will work to the benefit of all.

President's Page . . .

Your editor has requested a President's Page for this issue of your Bulletin. While wracking my non-literary brain for something to contribute to this proposed section of the Bulletin, which might be worthy of publication, the inspiration came through a letter which I have just received from Dr. A. B. Hepler of Seattle. Dr. Hepler, who is Chairman of the State Committee of Post Graduate Medical Education, sends his outline on the activities of his committee, which I am very pleased to pass on to our editor for publication in this issue. As I read over Dr. Hepler's report it occurred to me that a few comments on the educational side of medicine generally might not be out of order at this time as a contribution to the President's Page.

There are many problems and difficulties in the education of our medical students, but they are no more difficult or important than the question of the continuous education of the physician after he engages in the practice of medicine. The University and the State Board make it certain that the student at least has a minimum of professional knowledge, but who can be sure of the state of the knowledge of the general practitioner after five or ten years in general practice? The specialist may be expected to keep abreast of medical progress, as the condition of his existence depends upon it, but the family doctor, who is really the doughboy of modern medicine and the essential factor in the battle of life and death, should be carefully nurtured by our schools and guided in his educational contacts. Here is where his medical society, library, hospital clinics, etc. come in for a goodly share of the honors. Let us not lose sight of the fact that our city has one of the finest equipped medical buildings in the land, which houses a well equipped auditorium and library with a splendid librarian, which should afford every opportunity and incentive to do good work. Let us not fail to make use of these advantages to the fullest extent. So much for the educational

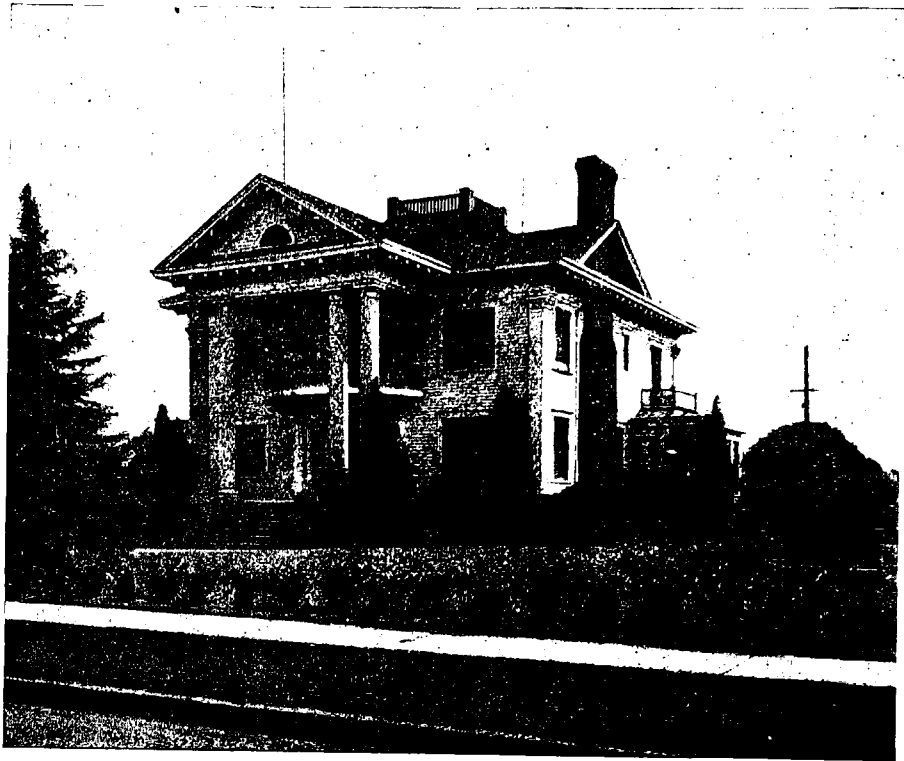
side in so far as the physician is concerned.

Due to economic trends in medicine the last decade, there has developed a real necessity for educating the public as well. Medicine is, so to speak, at the cross roads of progress today. Two very potent forces have placed it there. Modern advances in the scientific side have insidiously brought increased costs of medical care, which, coming at a time of economic stress, has created a demand upon the profession for a lowering of the high cost of being ill. This situation has been taken advantage of by a group of pseudo-philanthropic social reformers and political crackpots, who see a very verdant field for their services in a bureaucratically controlled medical service.

With a public not yet fully educated to the advances in modern medicine, it is going to require diligent effort on the part of every physician to extol the virtues and requisites of good scientific medicine, as against the evils of short cut methods of a regimented, mass production medical service. It is going to be difficult to educate the layman to the fact that his future health is not bound up in some certain brand of pink pills given without due consideration of what they are being given for, but such is the program, I believe, which faces modern medicine today.

Good scientific medicine can very well stand on its own feet, and does not need the services of high-powered, high-salaried promoters to sell it to the public, if we but only make the best use of what modern science has to offer. Practice it and preach it every day and socialized medicine will soon seek and find its own level.

A perusal of the outline of the activities of Dr. Hepler's committee published in this issue of our Bulletin should be ample proof that there is some degree of altruism in the practice of medicine, even though the profession has been indicted by the socialistic, political crackpots as dollar chasers and trust promoters.



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Postgraduate Medical Education in Washington State

In keeping with the renewed interest in graduate medical education throughout the United States a committee on postgraduate medical education was appointed by Dr. Rhodehamel and authorized by the Board of Trustees of the Washington State Medical Association on January 8, 1939.

A survey of the present situation brought to light two large problems. First, the need for correlation of the already rather extensive but sporadic and incoordinated activities in graduate medical education throughout the state. The following agencies have been sponsoring postgraduate instruction.

1. **The University of Washington Extension Division** in cooperation with the King County Medical Society has conducted five-day graduate medical courses during July each year since 1918. Four or more out-of-state physicians are engaged as a faculty to give lectures which are supplemented by clinics in the afternoon given by local physicians in the King County hospital. A registration fee of ten dollars is charged and the annual attendance ranges between two and three hundred.

2. **The Pacific Northwest Medical Association.** In former years this association gave a five-day course of lectures conducted by invited speakers from the various medical schools. This course was open to doctors of Washington, Oregon, Utah, Idaho, Montana, British Columbia, Alberta and Saskatchewan.

3. **The State Department of Health** has been active in conducting refresher courses and clinics in obstetrics and pediatrics. This work has been aided by the committee on Maternal and Child Welfare of the Washington State Medical Association and in 1939 the division of maternal and child hygiene of the State Department of Health together with the state committee sponsored a three-day series of afternoon and evening lectures in seven cities throughout the state.

4. **Standing committees of the State Medical Association.** Various committees of the state medical association such as Tuberculosis, Maternal and Child Welfare, Social Hygiene, etc. have conducted postgraduate instruction meetings for the various county medical societies. The

committee on Tuberculosis and Maternal and Child Welfare have been particularly active in this respect.

5. **Special Society Meetings.** The following societies hold annual meetings with papers given by out-of-state speakers and clinical demonstrations by members of the society. Seattle Surgical Society—a two-day course in Seattle; Tacoma Surgical Club—a one-day course in Tacoma; Puget Sound Surgical Society—a one-day course in Seattle; Spokane Surgical Society—a two-day course in Seattle. These courses are open to all members of the State Medical Association.

The 1939 annual meeting of the Washington State Medical Association held in Spokane was devoted to graduate instruction. Five instructors of the Washington University School of Medicine at
(Continued on Page 7)

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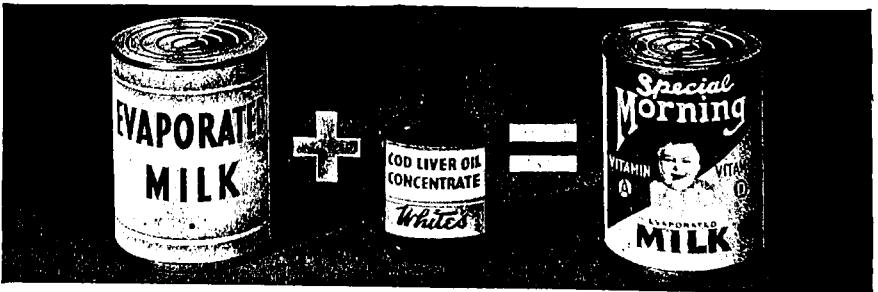
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St. Louis were engaged in cooperative agreement with the state medical associations of Oregon and Idaho.

All of these activities are the efforts of the individual agencies and while extremely worthy in themselves would be much more effective if coordinated through a central committee. This would permit a more equable distribution of teaching effort as to subjects, time and place.

The second problem met by the committee was the need of taking continuation courses to the practitioner in outlying districts who could not attend those provided in the larger centers. Each state has its own problem based on the geographic and population distribution of physicians, the presence or absence of a medical school and the availability within the state of men competent to teach.

Of the 2123 physicians in the State of Washington, 1388 are members of the State Medical Association. The annual attendance at the University Extension course is between two and three hundred, usually the same men from year to year. Therefore, there exists a problem of taking postgraduate teaching to the large majority who do not get it any other way.

With these problems in mind the committee appointed by Dr. Rhodehamel under the chairmanship of Dr. Homer Dudley drew up the following program which was adopted by the House of Delegates of the State Association on August 30th of this year.

1. A continuation of the University Extension course but with a more definite cooperation with the Washington State Medical Association through the postgraduate medical education committee.

2. A coordination of the postgraduate activities of the various scientific committees of the State Medical Association through the central committee.

3. The establishment of a Speakers' Bureau so that men within the state who are competent to give papers and hold clinics may be made available to the various county societies for their monthly meetings.

4. The inauguration of regional postgraduate lectures to be given in selected areas by a faculty of out-of-state speakers.

The present committee consisting of Dr. Fletcher of the State Department of Health, Dr. David Hall representing the University of Washington, Dr. Richard O'Snea representing the King County hospital, Dr. Homer Dudley with Dr. A. B. Hepler as chairman are working out the details of this program. To this

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end the committee has requested that the proposed programs for the coming year of the State Department of Health and of the various scientific standing committees of the State Medical Association be sent to it so that it can advise each agency what is contemplated by the others and guide and assist them in their plans.

It should be understood that this committee has no authority and does not wish in any way to interfere with the activities of any of the agencies who are engaged in postgraduate instruction. Its purpose is simply to encourage these activities and to coordinate them through a central committee.

A Speakers' Bureau made up of men from within the state who are willing to respond to the call of the various county societies to present papers and hold clinics is being arranged. Each member of the State Association is being sent an outline of the plan for the Bureau with a blank for his name and

the subjects which he would like to discuss to be returned to the central office. The committee will make up a list of speakers and subjects from the submitted names and will send this list from time to time to the various county societies so that they may make up their monthly programs well in advance if they wish to use the Bureau. If much travel or loss of time is involved the speakers' expenses will be paid by the local society. The programs of the various other state committees who are giving postgraduate instruction and of the State Department of Health will be included in this list.

To fulfill the need of continuation courses for practitioners in the outlying districts the committee has devised a plan of regional postgraduate lectures as follows:

It is proposed to secure five competent out-of-state speakers to give lectures and clinics on the following subjects, obstetrics and gynecology, pediatrics, surgery, medicine and traumatic surgery and fractures. These lectures are to be designed primarily for the general practitioner.

The state is to be divided into five districts based on the geographic distribution of physicians. A town will be selected in each district in which the lecture course and clinics will be given. This selection will not be based upon the physician population but rather on its central location so that it may be easily reached from all parts of the

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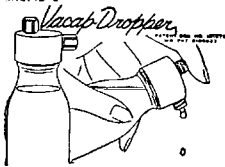
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district. The following division of the state has been made.

District I. Counties: Clallam, Jefferson, Mason, Thurston, Kitsap, Grays Harbor, Pierce, Cowlitz, Clark and Lewis. The lectures are to be held in Olympia.

District II. Counties: Wacom, Skagit, Snohomish and King. The lectures are to be held in Everett.

District III. Counties: Okanogan, Chelan, Kittitas and Yakima. The lectures are to be held in Wenatchee.

District IV. Counties Walla Walla Valley, Whitman and Klickitat. The lectures are to be held in Walla Walla.

District V. Counties: Spokane, Lincoln and Stevens. The lectures are to be held in Spokane.

The meetings will be held one afternoon and evening a week for five consecutive weeks in each district. They shall consist in afternoon clinics at the local hospital with consultations and round table discussions followed by lectures in the evening. It is proposed to cover the districts in the following manner. For example, if the opening meeting is held in Olympia on Monday

the speaker will move on to Everett in District II where the meeting will be held on Tuesday; he will then proceed to Wenatchee in District III for a meeting on Wednesday and to Walla Walla in District IV for a meeting on Thursday and the final meeting in Spokane on Friday or Saturday. In this way the entire state can be covered in one week by one lecturer. The following week the second speaker will follow the same circuit and so on until all five speakers have covered the state in five consecutive weeks.

This arrangement does not make any extraordinary inroads on the local physician's time or practice because only one afternoon and one evening a week are given over to this course. The lecture centers are within easy driving distance from all parts of the district.

A fee of ten dollars will be charged for the entire course which will be used to cover the fees to the speakers and administration expenses.

This program is in its incipiency and details may have to be modified as experience dictates.

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Remind your friends to listen in on
 Appointment with Health, KMO,
 2:00 Sunday
 Medicine in the News, KJR,
 1:30 Thursday

On January 11 at 2 p. m. the Auxiliary will hold an open meeting in the Medical Arts Auditorium, to which each member is to bring a guest. Dr. Helen Gibson Hogue, executive secretary of the Washington State Mental Hygiene Society will speak on "Mental Hygiene."

THE NATIONAL PHYSICIANS COMMITTEE FOR EXTENSION OF MEDICAL SERVICE

So many committees, organizations, commissions, groups and societies to study problems of medical care have been organized in the past few years that it is only natural to be slow in accepting another whose title does not distinguish it from its predecessors. The National Physicians Committee for Extension of Medical Service is, however, not just another inquisitional committee. It is composed of a group of stable individuals, long associated with organized medicine, whose principles and ideals are beyond question. Its purposes are truly those of organized medicine.

PERSONALS . . .

New advertiser: Morning Milk Company, producers of the Morning Milk brand of evaporated milk and Special Vitamin D evaporated milk.

The traveling D. H. Bells are home again; this time after a three weeks trip to Mexico.

Many reminiscences of famous men at Mayo's; this at a dinner for J. T. Fatherree, new director of the hospital at Soap Lake and a former Mayo man. He tells a very interesting story with the delightful accent of the south.

We have heard of many things that have lured men away from medicine, but this time it's a new one—"the Figure Skater's Club." Charter members are: John Gullickson, "Mac" MacRae, and Ed Yoder. They must be good for they are back to work every day.


In our last issue we inadvertently forgot to attach names to our "Pillars of the Society" and since then we've had numerous guilty inquiries. Guess there's more news around than we anticipated.

For some time it has been apparent that a number of groups would be glad to assist the medical profession in its fight for the preservation of private practice and principles of democracy. In fact, the American Medical Association has on numerous occasions returned gifts of money from these individuals and organizations. For many reasons which it is not necessary to discuss, the American Medical Association cannot indulge in any activities which might in any way be construed as lobbying or spreading of propaganda.

The new committee has no connection whatever with the American Medical Association. It was founded as an entity and owes allegiance to no other organization or group. Its aims and purposes, however, are to promulgate the principles for which the medical profession has long stood, to educate the public regarding the aims and ideals of American medicine and to lead the fight of those who are coming to realize that we must all take a very determined stand on the principles of our democracy.

This committee should be generously supported by every member of the society.

—King County Medical Society Bulletin.



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PERSONALS . . .

Home for Christmas: Georgia Hillis from De Pauw, Betty June and Douglas Howe, Robert Hards, William McCreery from Stanford, Ralph Schaeffer from Pomona, Horace Whitacre from U. of W., Mary McColl from Washington State, Charles Pascoe Jr. from Yale, Geo. Nace Jr. from Washington U. School of Medicine, and Jane Willard from Oberlin.

B. T. and Mrs. Terry spent Christmas with their daughter and son-in-law, Dr. and Mrs. Grafton Love, in Rochester, Minnesota.

C. G. and Mrs. Trimble and family have returned from Los Angeles where they went for the wedding of their son Bob to Miss Genevieve Mills, which took place on Christmas Day.

Mr. Harry House is recovering from a pelvic fracture sustained in an automobile accident several weeks ago.

W. A. Neithammer has returned from a visit with his mother in Ann Arbor, Michigan.

W. G. and Mrs. Cameron are spending the winter in California.

Harry and Mrs. Allison and daughter spent Christmas with their parents in Portland.

Christmas guests at the Hotel Empress in Victoria were Frank and Mrs. Plum.

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HOSPITAL MEETINGS

Tacoma General

Clinical Pathological Conference—
Feb. 6, 8 P. M.

Combined Clinics—
Jan. 11, 18, 25, Feb. 1, 9:30 A. M.

Pathological and Radiological Con-
ferences.....Jan. 8, 15, 22, 29, 2-3 P. M.
Orthopedic Clinic.....Jan. 11, 9 A. M.

St. Joseph's

Clinical Meeting.....Jan. 8, 8 P. M.
Pathological Conference—

Feb. 2, 9:30 A. M.

County

Staff Meeting.....Jan. 2, 6, 12 M.

Clinical Pathological Conferences—
Jan. 11, 18, 25, Feb. 1, 4 P. M.

TACOMA SURGICAL CLUB

Paper.....Dr. W. W. Poseoc
Review of literature....Dr. Edgar F. Dodds

TACOMA INTERNISTS' SOCIETY

University-Union Club

January 16, 6 P. M.

Lipoid Metabolism—
Dr. Frank R. Maddison

TACOMA GENERAL HOSPITAL

There will be no Clinical-Pathological Conference in January. The first meeting in 1940 will be in February.

The Thursday morning Combined Clinics will be resumed the second week in January.

A new fracture table is now installed in the surgery.

Thirty-three preliminary students will receive their caps in the services to be held at the end of the first semester.

The entire student body and a quartet of student nurses sang Christmas carols on Christmas morning between 6:00 and 7:00 a. m. Special table and other decorations throughout the hospital, with greens and candles, were used to celebrate the holiday season.

The student and faculty Christmas party, sponsored by the senior class, was held on Friday, December 22nd. Following this, the faculty and staff held open house.

We sincerely hope that the doctors, their wives, and families enjoyed a very Merry Christmas and extend them best wishes for a Happy New Year.

Ergoapiol (Smith)

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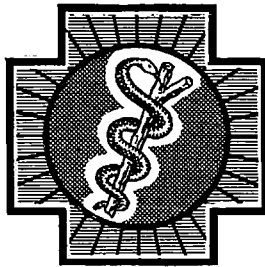
TERCE COUNTY MEDICAL

The BULLETIN

Vol. X

February, 1940

No. 2



PROGRAMS MEDICAL ARTS AUDITORIUM

February 13—8:15 P. M.

- Typhoid Fever, with Case Report.....Dr. E. W. Janes
DiscussionMr. Karl Wallace
Common Winter ColdDr. Carl P. Wagoner
DiscussionDr. A. E. Hillis, Dr. J. R. Turner
Case Report—Gastrocolic Fistuli.....Dr. Karl Staatz

February 27

- The Use and Abuse of Intravenous Fluids.....
.....Dr. T. H. Duerfeldt
DiscussionDr. W. A. Niethammer
HeadacheDr. E. D. Warren
Discussion.....Dr. C. V. Lundvick, Dr. W. H. Ludwig
Case Report—Thyroiditis Associated with Undulant
FeverDr. Don Willard

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WHAT OUR PATIENTS THINK

ALBERT J. RUSSO, M. D.,
 Baltimore, Md.

Abstract of paper published in Virginia
 Medical Monthly, February, 1939

In our association with that group of individuals labeled "patients" we as medical men have erred immensely in treating the mental attitude relative to anatomical complaints. One is struck with the fact that this grist of humanity, coming to us as it does suffering from the variegated troubles that protoplasm is heir to, falls prey to illusions and misrepresentations of disease entities. Perplexed and concerned with symptomatology defined as disease, a pathological patient comes into our office bereft of the nicety and calm which once controlled a palpitating heart. The individual voices much in verbiage, but since we have accustomed ourselves in becoming deaf to the unnecessary and eager to the pertinent we manage to sift the importancies. Satisfied that the monologue has dwindled down to diagnostic dimensions, we proceed to advise our patients in therapeutic terms. After worrying them with tongue-twisting nomenclature we somewhat vaguely make it understood that hospitalization is necessary. From this point the patient builds worse than he knows and constructs ill-fated hospitals with all their whiteness and all their secrecy. He suddenly becomes a disciple of an institution whose theories and practices were gathered from the back fence league of nations collected in the form of newsmongering neighbors.

Having passed the portals of entry, the patient is introduced to a bespectacled individual with a stethoscope bulging from one pocket and a reflex hammer from another. In some weak way the patient knows that the only purpose that a stethoscope has is to prove that he has a bad heart, and so the pulse, in accord with the physiology of a palpitating heart, rises in frequency. Momentarily the patient is overcome by an unmistakable smell simulating celestial odor but some time later in the privacy of the chamber or during words in the ward the realization comes that it is nothing but ether. Nurses, doctors, Baumanometers, needles, blood counts, analyses in an unending stream play on his anatomy. All of these procedures

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are done without much explanation to the patient, who lies down bedridden only to be hourly awakened by a needle or a palpating hand. All the while physical strain and mental anguish are getting worse and tend only to grow sweet with the thought that operation on the morrow will encourage forgetting. An air of efficiency is given the place by the hurrying white-coated attendants. During the night nurses go up and down the halls with small blocks of ice clinking in glasses like cow-bells in a pasture, and to this the patient attempts to sleep.

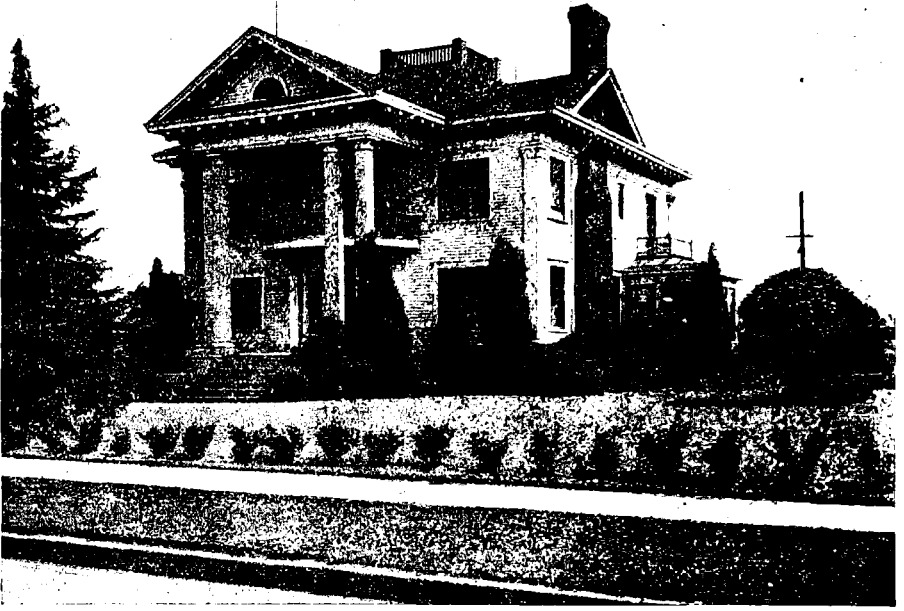
By this time the patient begins to wonder what he has. The doctor said my hemoglobin's ninety. What's hemoglobin, and is ninety good or bad? I wonder why they keep sticking me with those darn needles all the time. Will the hypodermics make me a drug addict? And so the queries mount until the patient is one big mess of quandy and question. So many things done routinely in a hospital, while simple enough to the doers, take on the aspect of some grave procedure, and a word or two properly given will aid much in maintaining mental peace. The role of the hypodermic is explained by the sleep which follows it or the relief from pain. Intravenous medication is interpreted as some scientific way of treating disease with fancy drugs. The prick of a needle for smears or white or red counts means that something is floating in the bloodstream and must be delivered therefrom. Vague ideas that the circulation is everything from a cooling system to a fluid containing the emotions in solution are harbored by the sickly individual. The intricacies of the pumping heart, the peripheral pulse and the digestion are passed over nonchalantly during the period of health, but immediately upon becoming hospitalized a new and misunderstanding note is given these phenomena.

A few words to the effect that the blood study is to show what effect the local condition has on the system as a whole will in many cases prevent an unkind thought to be kindled in the mind of the patient. He thinks nobly of the diagnostician who palpates the normal side first and approaches the complaining area lightly but positively.

Any abrupt, unexplained digital thrust into an intensely tender gallbladder will not evoke a gentle thought on the part of the patient and as a result the opinion does not play on the sweeter side when the patient is again back in community circulation.

It is not right to allow our patients to reach their own conclusions about their diseases, especially when their ideas border too closely on the malignant side of a benign condition. The ill effects produced by telling the patient she has a ptosed transverse colon would in great measure be alleviated by giving her a few encouraging words. Merely mentioning a few big words about the colon and endeavoring no explanation is a good way to make the patient "colocentric" and worried over a condition which is probably normal anyway. Consider for a moment the supreme interest the patient has in her own condition. She does not understand the complex nomenclature used nor does she understand the hurried, brief statements made by the busy doctor who dismisses anatomical simplicity by a vague statement upon which the patient attempts solution all the day long. Remember the many hours to which the patient has access while lying in bed for ten days reflecting and misinterpreting ambiguity. How relieving and tear-sparing are the doctor's words when he endeavors simple explanation! There is no logic in letting our patients become hysterical merely because we neglect to inform them about findings which are obviously benign. However, it is true that in certain cases we must cultivate the gift of faciturnity, that our patients may not weep. Herein comes the prudence and judgment of the doctor.

It would be interesting and novel indeed to delve into the results of a questionnaire handed to patients during hospitalization. Such a plan would give an abundance of information and instruct us as to just what perplexes patients about their diseases and their doctors. Through this medium we could learn what our patients think about while they lie down between pains—thinking, thinking, and making much ado about nothing.



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Welfare Project

(To investigate welfare projects which might be undertaken by the Auxillary)
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A very successful event was the open meeting of the Auxillary held on the afternoon of February 8 in the Medical Arts Auditorium.

The guest speaker was Miss Martha E. Dresslar, Associate Professor in the School of Home Economics at the University of Washington, who gave an illustrated talk on "Food and Nutrition."

Miss Grace Coffman, Supervisor of the Public Health Nursing Association, was the project speaker.

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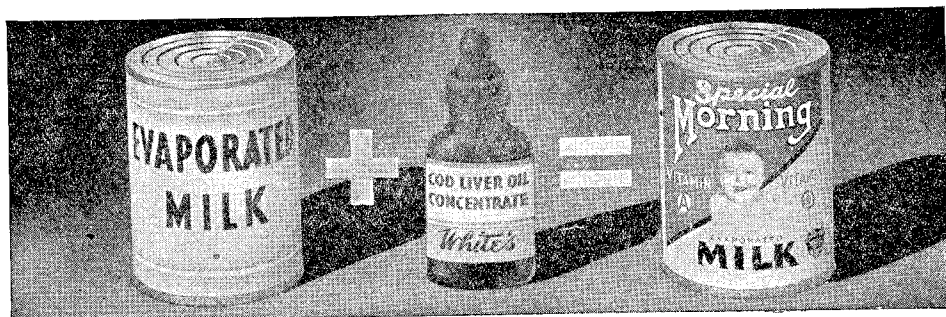
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For nine years there has been a plea to the membership of the Medical and Dental Profession. The plea has always been for cooperation. Cooperation takes many forms, but in the end the essential thing about it always is that individuals working together accomplish more than working separately. The nine years have been difficult, but not too difficult for cooperative effort.

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Aside from the Doctors' Exchange and the collection department, names and credit records are kept of more than ninety thousand persons. This information is available at any hour. Abuses have been reduced, habitual offenders have been detected. Department stores, drug stores, grocery stores, and the business establishments of the city now recognize that a man must meet his medical obligations before he becomes a good risk for future credit.

A new phase of collections for the physicians is the "Lien" Law recently passed in Olympia. This establishes the physician's right to file a claim, with the auditor of the county, twenty days after an injury. This is in the event, when an insurance settlement is involved.

Filing protects the physicians' fee which has to be paid by insurance companies before a settlement is made with the injured individual. These blanks are available at the Business Bureau upon request.

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The annual meeting of the Tacoma Surgical Club will be held on March 23, and all members of the profession are invited to attend.

The guest speaker this year will be Dr. Owen H. Wangensteen, Professor of Surgery, University of Minnesota.

The general topic of the day is "The Complications of Abdominal Surgery." The morning will be devoted to demonstrations and discussions and the afternoon to a clinical program. A banquet in the evening will conclude the session.



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Grew up and married, yet the country
folk

Trusted him with their troubles just
the same.

Now, looking backward, one may smile
a bit

At cures that seemed so simple to
achieve;

But coughs would go and bones would
always knit.

Such healing needs no Scripture to
believe.

Nevertheless I think it might have been

A faith in something more than
medicine! —Exchange

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which is essential to the dignity and use-
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who knows it all and gets nothing from
the Society reminds one of the little dried
up miniature of humanity, the prema-
turely senile infant, whose tabetic maras-
mus has added old age to infancy . . .
Why should he go to the Society? . . .
It is a waste of time, he says, and he
feels better at home, and perhaps that is
the best place for a man who has reached
this stage of intellectual stagnation.

—Sir William Osler.

WISE AND OTHERWISE

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2. Those who attend some meetings,
play some golf, drink a little.
3. Those who play golf and drink.
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Medicine has an ancient and honorable tradition. Long experience has taught us that there are some things which we may accept as certainties. It has taught us that altruism is a virtue. It has taught us also that improvement of one's professional capacity by painstaking study and research, research perhaps for a few and study for the great majority of us, is beyond peradventure in the interests of patients as well as ourselves.

Experience has also taught us that personal relationship between the doctor and the patient is in the interest of the patient inasmuch as it places on the doctor's shoulders a responsibility to which he must rise. Of these, we are sure. Whether medicine can be practiced more satisfactorily under state subsidy and control is a much mooted question. Many feel that it can not. They feel that change should be gradual and evolutionary rather than revolutionary. To them there is no greater menace than those who come forward with doctrinaire proposals for the solution of economic, social or medical problems.—Editorial, Journal Michigan State Med. Soc.

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The speakers for the February Clinical-Pathological Conference were Drs. E. D. Warren and M. T. Nelsen. Discussants were Drs. F. R. Maddison, S. E. Light, C. P. Larson and B. D. Harrington. An interesting program was planned.

Both the Conferences for the interns on Monday afternoon and the Combined Clinic on Thursday morning have been well attended and we believe received with enthusiasm. We urge the staff men to make every effort to save these hours if possible.

The Clinical Laboratory is now prepared to make the Vitamin K Prothrombin tests.

Mr. C. J. Cummings has returned from a vacation trip to Southern California.

Dr. Charles P. Larson, Director of Laboratories, has completed his "Manual of Neuropathology" for his lectures at the University of Oregon Medical School.

Graduation entertainments will begin with the Faculty party on February 9th. Thirty-one are in the Senior Class.

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Personal . . .

A son, Robert Ernest, was born to Dr. and Mrs. C. C. Reynolds on Jan. 5.

Drs. E. C. Yoder, J. W. Gullikson and H. J. Whitacre attended the sectional meeting of the American College of Surgeons in Los Angeles on January 29-31.

Dr. Will McCreery has just returned from ten days in San Francisco, where he visited his daughter, Mrs. Frank Norris. Mrs. McCreery is remaining for some time longer.

Tacomans at the meeting of the Seattle Surgical Club on January 27 included Drs. S. M. MacLean, B. A. Brown, Charles McCreery, W. N. Keller, W. W. Mattson, E. F. Dodds, H. G. Willard, R. D. Wright, W. B. Penney, R. C. Schaeffer, Govnor Teats and E. E. Simard.

Dr. and Mrs. S. R. Sleep are receiving congratulations upon the birth of a son, Donald Randolph, on January 24.

Drs. H. F. Clay and D. M. Dayton were in Portland on January 27 for the meeting of the North Pacific Pediatric Society.

Drs. A. J. Barter and L. J. Powers were elected to membership in the society at its last meeting.

Dr. Ralph Gregg has been chosen by the State Department of Health to study the medical needs of the state and to make suggestions as to how these needs may be met.

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Tacoma

HOSPITAL MEETINGS

Tacoma General

Clinical Pathological Conference—
—March 5, 8 p. m.
Combined Clinics.....February 15, 22, 29,
March 7, 9:30 a. m.
Pathologic and Radiologic Conferences—
Feb. 12, 19, 26, March 4, 2—3 p. m.
Orthopedic Clinic.....March 14, 9 a. m.

St. Joseph's

Clinical Meeting.....March 4, 8 p. m.
Pathological Conference.....Mar. 1, 9:30 a. m.

County

Staff Meeting.....February 23, 12 M.
Clinical Pathological Conferences—
Feb. 15, 22, 29, March 7, 4 p. m.

TACOMA INTERNISTS' SOCIETY

February 20—6 p. m.,
University-Union Club

Headache.....Dr. J. R. Turner

COMMUNICABLE DISEASES

DECEMBER, 1939

Measles	818
Tuberculosis	6
Scarlet Fever	11
German Measles	1
Typhoid Fever	1

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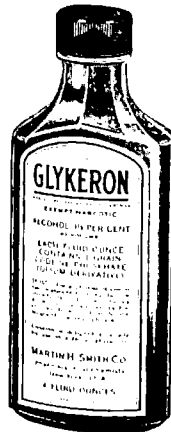
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- 1. Engine R.P.M. Idle Speed
should read 400 to 500 r.p.m.
 - 2. Vacuum Reading
should read 18 to 21 inches.
Valve Timing
 - 3. Cylinder Balance
each pair of cylinders should read alike.
Valve Action Intake Leaks
- SPARK PLUGS**
- OK Clean and Regap Replace
 - Correct Heat Range
- 4. Compression Readings:

1.	2.	3.	4.
5.	6.	7.	8.

 all cylinders should read within 5 to 10 pounds alike.
Valve Condition

DIVISION NO. 2—IGNITION

STARTING CIRCUIT

- 5. Battery Capacity
see factory specifications.
General Condition
- Specific Gravity: cell #1 cell #2 cell #3
- 6. Cranking Voltage
should read 5 volts or more.
- NOTE! WHEN TESTS NO. 5 AND 6 TEST OK IT WILL NOT BE NECESSARY TO MAKE TSTS NO. 7, 8, 9 AND 10.**
- 7. Starting Cable
should not read more than 1/10th of a volt.
 - 8. Ground Strap
should not read more than 1/10th of a volt.
 - 9. Starter Switch
should not read more than 1/10th of a volt.
 - 10. Starting Motor Amperage Draw
see factory specifications.
Starting Motor Condition

PRIMARY SECONDARY CIRCUIT

- 11. Coil Capacity
should read in blue band.
Ignition Switch
- Primary Circuit Connections

- 12. Condenser Resistance
Capacity Insulation
- 13. Distributor Ground
should not read more than 1/10th of a volt.
Point Condition
- 14. Distributor Dwell Angle
see factory specifications.
Point Spacing Vacuum Plate
- 15. Distributor Timing
Bearing Cam
- 16. Distributor Timing
(use power timing light).
Secondary Current at Spark Plugs
should read uniform at each spark plug.
Distributor Cap Rotor

GENERATOR CIRCUIT

- 17. Charging Circuit Resistance
should read not more than 8 10th volt at 15 amperes.
- 18. Generator Output
see factory specifications.
- 19. Voltage Regulator Adjustment
see factory specifications.
Generator Condition

DIVISION NO. 3—CARBURETION

- 20. Engine R.P.M.
should read 400 to 500 r.p.m.
- 21. Vacuum
should read 18 to 21 inches.
- 22. Idle Speed System
should approximate 70° at 400 to 500 r.p.m.
- 23. High Speed System
see chart for reading at 2400 to 2600 r.p.m.
- 24. Accelerating System
should read 10°, to 20°, rich when accelerated.
- 25. Automatic Choke System
should show 60 to 70° mixture when car is being warmed up.
- 26. Air Cleaner
should read within 5°, with air cleaner on or off.
- 27. Fuel Pump Vacuum
see factory specifications.
- 28. Fuel Pump Pressure
see factory specifications.

SAFETY TESTS

- INSPECT AND CHECK CAREFULLY**
- Head Lights
 - Tail and Stop Lights
 - Other Lights
 - Horn
 - Windshield Wiper
 - Radiator Water Pump Hose
 - Oil Leaks

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The BULLETIN

Vol. X

March, 1940

No. 3



PROGRAMS

MEDICAL ARTS AUDITORIUM

March 12 — 8:15 P. M.

Panel Discussion on the General Subject of Cancer

Dr. H. J. Whitacre, Leader

Dr. H. S. Argue

Dr. S. F. Herrmann

Dr. H. B. Allison

Dr. S. M. MacLean

Dr. B. D. Harrington

Dr. C. P. Larson

CRYSTAL BALLROOM — WINTHROP HOTEL

March 26 — 7:30 P. M.

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BLANCHE L. DeWITT, Librarian

We are now in tenth year since we moved our lares and penates into the Medical Arts Building. It is gratifying to know that the use now made of the Medical Library is far in excess of that at the beginning of this period. According to figures shown in replies to a questionnaire sent to county medical society libraries throughout the country, only a few exceeded our circulation per member in 1939, while many showed figures much lower than ours, despite the fact that we were open only half time.

This is very creditable to members of the Pierce County Medical Society. It is evident that our men realize that it is just as important to keep up with the new in medicine as it was to get a good medical education in the first place. The late Harvey Cushing said a characteristic and I think a very apt thing apropos of this—that as a calorimeter indicates the activity of a patient's metabolism, so one may determine the plus or minus activity of the local profession by the use it makes of its library.

A medical library must not only provide up-to-the-minute information but must also furnish the historical material so necessary to research. Many of those who have used this library in studying a puzzling case or in writing a paper have expressed pleasure and surprise at the scope of our facilities and the great amount of bibliographical material which we are able to furnish.

We receive the more important of the general medical and surgical journals, one or more in each of the specialties and many of the state journals. While our allowance for books is not large, an endeavor is made to purchase each year's outstanding works. When our own resources are inadequate, we have received prompt and generous assistance from the King County Medical Society Library and the University of Oregon Medical School Library.

Our reference work has covered a wide range. We have been asked to look up such subjects as weight in relation to longevity, the costume of a Fifteenth Century doctor, spectrum characteristics, date of the first dissection, duties of an office assistant, coloring matter in foods, developments in medicine resulting from the World War and, along purely medical lines, anything from chilbains to agranulocytosis and from cauliflower ear to ganglionectomy.

You will be glad to know that the library is now open from 10 to 4:30 and it is hoped that the new hours will be more convenient for you.

It may not be amiss to say that this new arrangement has been made possible by our

Bulletin, which has reached the point where it can contribute materially to the library in the way of additional time and material. Each member may therefore feel that his co-operation in giving preference to Bulletin advertisers is returning dividends to himself individually.

Suggested Reading for March**Internal Medicine**

The treatment of pneumococcus pneumonia; a comparison of the results obtained with specific serum and with sulfapyridine. H. F. Downing; American Journal of the Medical Sciences 199:55-67, January, 1940.

The problem of gastric hyperacidity. A. L. Bloomfield; American Journal of Digestive Diseases 6:700-702, December, 1939.

Management of the acute complications of diabetes mellitus. G. G. Duncan and F. C. O. Jewesbury; Medical Clinics of North America 23:1533-1559, November, 1938.

* * *

Surgery

Heparin in surgical treatment of blood vessels. Gordon Murray; Archives of Surgery 40:307-325, February, 1940.

Surgery of the hip joint from the physiologic aspect. Willis C. Campbell; Surgery 7:167-186, February, 1940.

A method of valvular cholecystgastrotomy. Robert Zollinger; Surgery, Gynecology and Obstetrics 70:71-77, January, 1940.

* * *

Obstetrics and Gynecology

Is there a clinical relationship between pyelitis of pregnancy and pre-eclamptic toxemia? R. D. Mussey; American Journal of Obstetrics and Gynecology 39:236-242, February, 1940.

Tuberculous endometritis. A. B. Tamis; ibid. 38:133-138, January, 1940.

Vitamines in obstetrics. L. F. Bushnell; Surgical Clinics of North America 20:249-257, February, 1940.

* * *

Pediatrics

Stabilization of the diabetic child. R. L. Jackson; American Journal of Diseases of Children 59:332-341, February, 1940.

Diagnosis and treatment of congenital or prenatal syphilis. John H. Stokes and N. R. Ingraham, Jr.; Medical Clinics of North America 23:1575-1603, November, 1939.

The use of estrogenic substances in the treatment of the premature infant. M. B. Einhorn; Archives of Pediatrics 57:115-118, February, 1940.

(Continued on Page 10)

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 2. Vacuum Reading
should read 18 to 21 inches.
Valve Timing
 3. Cylinder Balance
each pair of cylinders should read alike.
Valve Action Intake Leaks
- SPARK PLUGS**
OK Clean and Regap Replace
- Correct Heat Range
4. Compression Readings:
1 2 3 4
5 6 7 8
- all cylinders should read within 5 to 10 pounds alike.
Valve Condition
Piston & Ring Condition

DIVISION NO. 2—IGNITION

STARTING CIRCUIT

5. Battery Capacity
see factory specifications.
General Condition
Specific Gravity cell #1 cell #2 cell #3
6. Cranking Voltage
should read 5 volts or more.

NOTE! WHEN TESTS NO. 5 AND 6 TEST OK IT WILL NOT BE NECESSARY TO MAKE TESTS NO. 7, 8, 9 AND 10.

7. Starting Cable
should not read more than 1/10th of a volt.
8. Ground Strap
should not read more than 1/10th of a volt.
9. Starter Switch
should not read more than 1/10th of a volt.
10. Starting Motor Amperage Draw
see factory specifications.
Starting Motor Condition

PRIMARY SECONDARY CIRCUIT

11. Coil Capacity
should read in blue band.
Ignition Switch
Primary Circuit Connections

12. Condenser Resistance
Capacity Insulation
13. Distributor Ground
should not read more than 1/10th of a volt.
Point Condition
14. Distributor Dwell Angle
see factory specifications.
Point Spacing Vacuum Plate
Bearing Cam
15. Distributor Timing Advance
(use power timing light).
16. Secondary Current at Spark Plugs
should read uniform at each spark plug.
Distributor Cap Rotor
Ignition Cables

GENERATOR CIRCUIT

17. Charging Circuit Resistance
should read not more than 8 10th volt at 15 amperes.
18. Generator Output
see factory specifications.
19. Voltage Regulator Adjustment
see factory specifications.
Generator Condition

DIVISION NO. 3—CARBURETION

20. Engine R.P.M.
should read 400 to 500 r.p.m.
21. Vacuum
should read 18 to 21 inches.
22. Idle Speed System
should approximate 70% at 400 to 500 r.p.m.
23. High Speed System
see chart for reading at 2400 to 2600 r.p.m.
24. Accelerating System
should read 10% to 20% rich when accelerated.
25. Automatic Choke System
should show 60 to 70% mixture when car is being warmed up.
26. Air Cleaner
should read within 5% with air cleaner on or off.
27. Fuel Pump Vacuum
see factory specifications.
28. Fuel Pump Pressure
see factory specifications.

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Mrs. Weldon W. Pascoe, Chairman

Welfare Project

(To investigate welfare projects which might be undertaken by the Auxiliary)
 Mrs. John Gullikson, Chairman
 All Past Presidents.

The March meeting will be a tea at the home of Mrs. J. R. Turner on the afternoon of the 14th.

The program will be devoted to a discussion of tuberculosis by Dr. John Gullikson. who will illustrate his talk with moving pictures.

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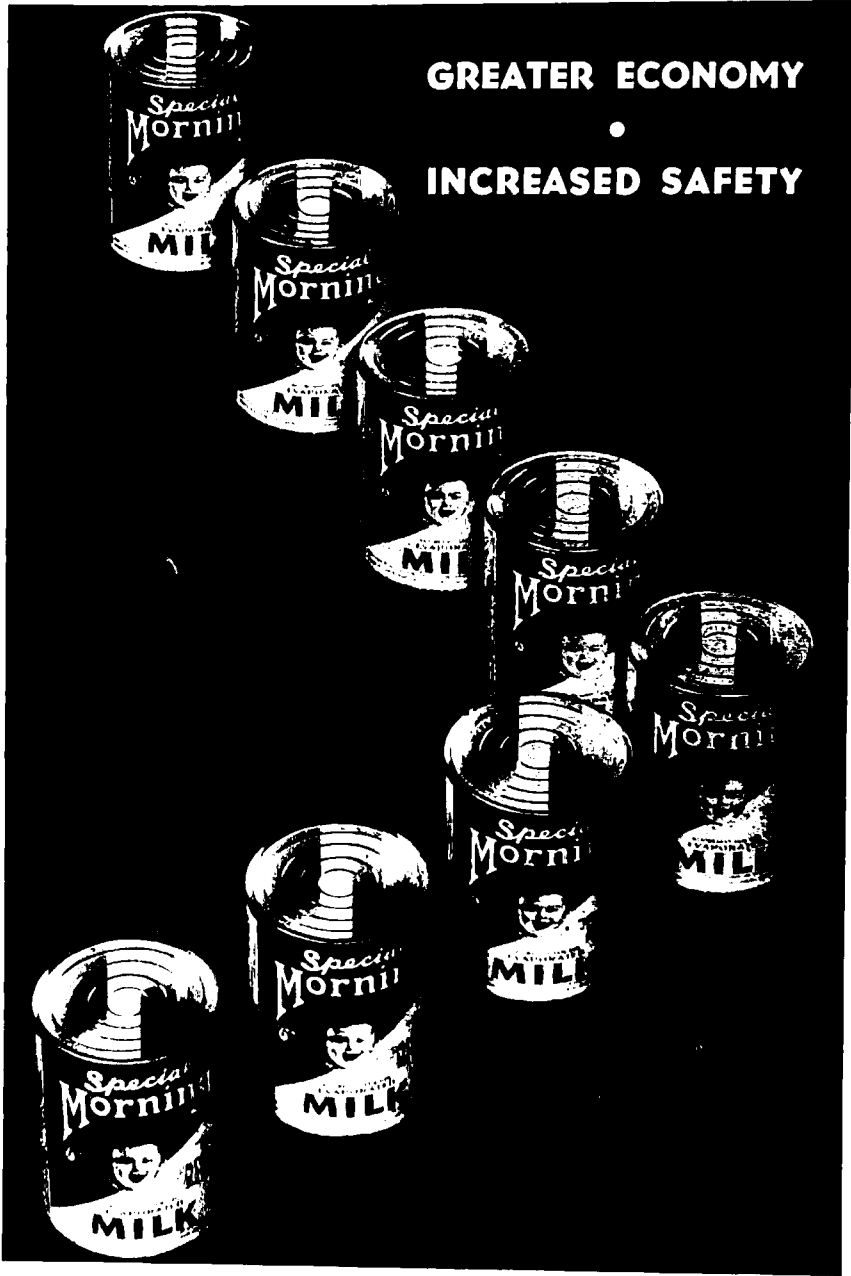
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Tacoma General Hospital

Dr. John A. Sheppard, now of the Pierce County Hospital, has been appointed a Resident in Pathology for 1940-41, commencing July 1st.

Charles F. MacLean, on the staff of the Pathological Laboratory, is leaving for the University of Tennessee Medical School.

The program for the Clinical-Pathological Conference on Tuesday, March 5th, was: Pellagra, Dr. Kenneth W. Douglas; Rickets, Dr. Donald G Green; Scurvy, Dr. Francis W. Hennings; Congenital Syphilis, Dr. James G. Shanklin; Dr. D. M. Dayton was the discussant; Injury to Skull and Brain, Dr. F. A. Plum; Drs. B. D. Harrington and C. P. Larson, discussants.

The E. E. N. T. men meet weekly with Dr. Charles P. Larson for a special pathological conference. The meetings are on Monday evening, at 7 p. m.

Personal

Going with the breeze down to Dixie are Bill and Mrs. Goering. They left March 1st for a trip to the South and East. Bill intends to visit Warm Springs and from thence up to the clinics in the East. He will probably come wheeling back in a new car.

Papa Les Baskin has been strutting mighty proudly of late. The cause of it—a new baby girl. Nancy is the name and she will attend Rockford School for girls—about the time papa wishes he could retire but can't until daughter gets through college.

Warren Penney is building up his flying hours gradually but steadily—pleasant holidays in the clouds. He flew back to New York for the directors' meeting of the American Tuberculosis Association.

Income tax time stimulates worry and meditation—sometimes it goes to extremes. J. B. Robertson was obviously in deep meditation as he was driving across Division Avenue. When he woke up after the crash his left hand was badly injured and his right clavicle was fractured. Now as the March 15th dead line approaches he is haunted by visions of internal revenue men. I hear also that he is seriously thinking of employing a chauffeur.

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GOOD PLACES TO EAT

Chris Quevli gave his patients a three day vacation while he attended the Post Graduate Heart Course at the University of Oregon Medical School. Intensive study, good food and relaxation has made a new man out of Chris.

One of your News Hawks recently made a trip to California between cloudbursts. Flooded roads on the way down—sunshine, horse racing, movie stars, night clubs, and more sunshine for 10 days—then beating driving torrential rains on the way back. Tacoma may be a little dull in spots but it surely looked good.

Dr. J. R. Brooke was elected to membership in the society on February 27.



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MINUTES OF REGULAR MEETING OF FEB. 13, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on February 13, 1940, with Dr. W. W. Mattson in the chair. Minutes of the previous meeting were read and approved.

A short informal discussion was held regarding the 3-mill levy to be voted upon March 12 for a new building at the County Hospital.

The first paper of the evening was by Dr. E. W. Janes, who reported a case of typhoid in a girl of 17 who was discharged from the hospital weighing 10 pounds more than on entrance, due to the high caloric feedings of the treatment.

Diagnosis was confirmed by a positive Widal at the end of the fifth week, stool and blood cultures never becoming positive, which stresses the importance of clinical diagnosis, which may be possible by the end of the first week, although laboratory studies may be negative for too long a period to be helpful in the diagnosis.

Dr. Janes spoke of the use of scraped apple in addition to a 3000-calory diet, divided into six meals, and showed the mortal-

ity rate had been reduced from 30% to 10% by this newer method of treatment, although no scientific treatment has been discovered, and the question was raised as to how many illnesses would be marked by hastened recovery if there were no antipyretic drug.

Dr. L. E. Powers, in discussion, referred to the epidemic at Sequim and stressed the intradermal method of giving typhoid vaccine, in which 0.1 cc. is followed in weekly intervals by two doses of 0.2 cc. each, after which 0.1 cc. intradermally each year will prolong protection, although it is known that vaccine will not always protect against massive infection.

Dr. Carl P. Wagoner, of Seattle, presented the second paper, in the absence of Dr. Philip Schonwald, co-author, in which the common cold was divided between the infectious colds and non-infectious types due to pollen or mold sensitization. It is their belief that 25% of common winter colds are allergic in nature. Tree pollens are in the air, especially during February and March, and mold spores are most frequent in this part of the country during the damp weather.

Careful history is the most important procedure in revealing the presence of allergic manifestations. The desensitization type of using vaccines was recommended by the speaker, for in many cases there seems to be a definite allergy to the bacteria.

The paper was discussed by Drs. A. W. Howe, J. R. Turner, T. H. Duerfeldt and G. E. Griffith.

Dr. K. S. Staatz presented a case of gastrocolic fistula occurring in a man with a malignancy fusing the colon to the stomach wall.

Drs. Robert W. Brown and Cecil Hurst were unanimously elected to membership. The application of Dr. J. R. Brooke was read and referred to the Trustees.

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MARCH READING . . . (Contd. from page 3)

Urology

The influence of testosterone-propionate upon benign prostatic hypertrophy and spermatogenesis, N. J. Heckel; Journal of Urology 43:286-308, February, 1940.

Exstrophy of the bladder and, epispadias, W. E. Ladd and T. H. Lanman, New England Journal of Medicine 222:130-134, January 25, 1940.

Urologic problems in patients with hypertension, T. R. Harrison; Urologic and Cutaneous Review 43:783-787, December, 1939.

THE NATIONAL PHYSICIANS' COMMITTEE

(Continued from Page 2)

urged to give to it according to their means. We feel that this committee can be recommended to you for support in the same manner that you would support the American Medical Association were it engaged in the activities of the National Physicians' Committee.

R. B. S.

COURSE IN OPHTHALMOLOGY AND OTOLARYNGOLOGY

The annual course in Ophthalmology and Otolaryngology is to be given this year April 1st to 6th, inclusive, in Portland, Oregon. The guest speakers are two outstanding men in their respective fields, Dr. Meyer Weiner, professor of Ophthalmology in the Washington University School of Medicine, St. Louis, Mo., and Dr. Marvin Jones, professor of Otolaryngology in Columbia University Medical School, New York City. There will also be demonstrations of eye surgery and the usual demonstrations of surgery of the ear, nose and throat in the evenings. Preliminary programs will be out about March 1st, 1940.

Further information may be obtained from Guy L. Boyden, Secretary, 510 Stevens Bldg., Portland, Oregon.



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COMPLICATIONS OF ABDOMINAL SURGERY

Guest Speaker

OWEN H. WANGENSTEEN, M. D.

Professor of Surgery, University of Minnesota

MORNING SESSION

9:00 A. M.—Third Floor, Medical Arts Building
HORACE J. WHITACRE, M. D., Director

1. Stomach—Anatomy, Lymph and Blood Supply—H. G. Willard, M. D. and Don Willard, M. D.
2. Bile Ducts and Liver—H. J. Whitacre, M. D.
3. Cancer of the Colon and Rectum—S. F. Herrmann, M. D.
4. Rectal Anatomy—Ross D. Wright, M. D.
5. Lymphatics of Descending Colon and Sigmoid—Jess Read, M. D.
6. Circulation of the Small Intestine—John W. Gullikson, M. D.
7. Complications of Appendicitis—Burton A. Brown, M. D.
8. Technic of Wangenstein and Abbott Tubes—W. A. Niethammer, M. D.
9. Subphrenic Abscess, Anatomy—M. T. Nelson, M. D.
10. Technic of Resection of Bowel—Wm. B. McCreery, M. D.
11. Intussusception of the Bowel—W. W. Mattson, M. D.
12. Dissection of the Spine—Harry B. Allison, M. D.
13. Incisional Hernia—Leo J. Hunt, M. D.
14. Anatomy of the Genito Urinary System—H. S. Argue, M. D.

15. Pathologic Demonstration—C. P. Larson, M. D.
 16. The Abdominal Sympathetic Nervous System—E. C. Yoder, M. D.
 17. Pathologic Demonstration—B. T. Terry, M. D.
 18. X-Ray Diagnosis—B. D. Harrington, M. D.
 19. Dissection Axilla and Shoulder—Sydney M. MacLean, M. D.
 20. Dissection Forearm and Hand—Wm. B. Mc-Nerthney, M. D.
 21. Dissection Neck—Karl S. Staatz, M. D.
 22. Dissection Hip and Thigh—Ralph C. Schaefer, M. D.
 23. Dissection Leg and Foot—Edgar F. Dodds, M. D.
- Complimentary Luncheon — Junior Ballroom, Winthrop Hotel — 12:30 P. M.
Discussion of Morning Demonstrations—Owen H. Wangenstein, M. D.

AFTERNOON SESSION

- 2 P. M.—Medical Arts Auditorium
SIEGFRIED F. HERRMANN, M. D., Presiding
1. Introductory Remarks and Announcements—S. F. Herrmann, M. D.
 2. Complications of Gastro-enterostomy—Harry G. Willard, M. D.
 3. Problems in Peritonitis—Charles R. McCreery, M. D.
 4. Subphrenic Abscess—Millard T. Nelson, M. D.
 5. The Etiology of Acute Appendicitis—Owen H. Wangenstein, M. D.
 6. Intestinal Fistulae—Burton A. Brown, M. D.
 7. Urologic Complications of Abdominal Surgery—Hiram S. Argue, M. D.
 8. The Present Status of Vitamin K—Charles P. Larson, M. D.
 9. Discussion—Owen H. Wangenstein, M. D.

ANNUAL BANQUET—(Informal)

6:30 P. M.—HOTEL WINTHROP
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HOSPITAL MEETINGS

Tacoma General

Clinical-Pathological Conference—
 April 2, 8 p. m.
 Orthopedic Clinic..... March 14, 9 a. m.
 Combined Clinics..... March 14, 21, 28,
 April 4, 9:30 a. m.
 Pathologic and Radiologic Conference—
 March 18, 25, April 1, 8, 2-3 p. m.
 E. E. N. T. Conference..... March 18, 25,
 April 1, 8, 7 p. m.

St. Joseph's

Clinical Meeting..... April 1, 8 p. m.
 Pathological Conference... April 5, 9:30 a. m.

County

Staff Meeting..... March 29, 12 M.
 Clinical Pathological Conferences—
 March 14, 21, 28, April 4, 4 p. m.

COMMUNICABLE DISEASES
 JANUARY, 1940

Measles ..	531
Mumps ..	1
German measles ..	2
Scarlet fever ..	30
Chickenpox ..	47
Tuberculosis ..	6

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 —The Saturday Evening Post.

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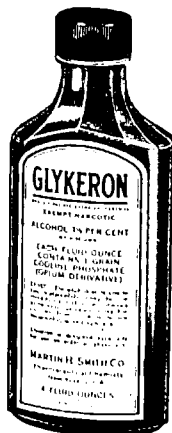
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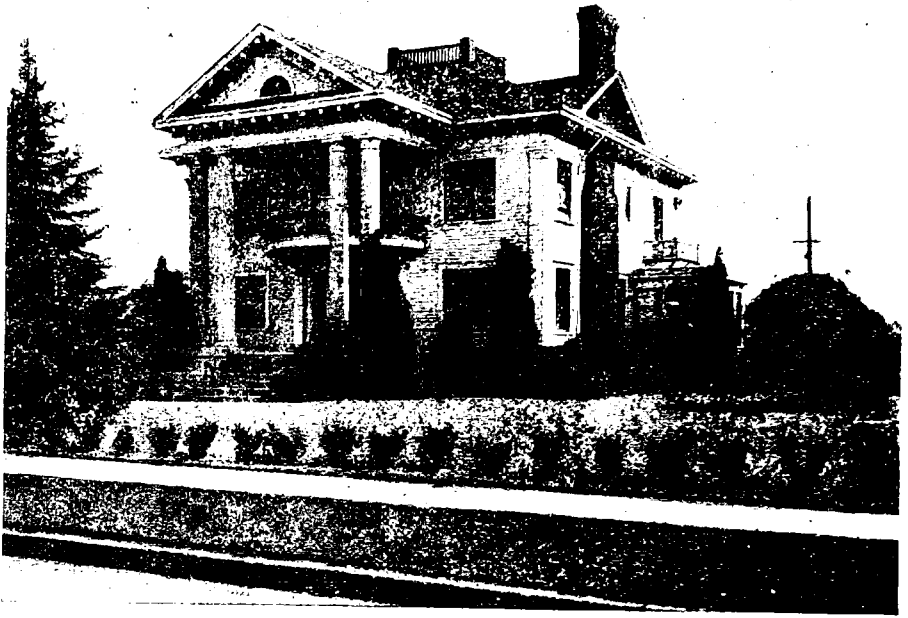
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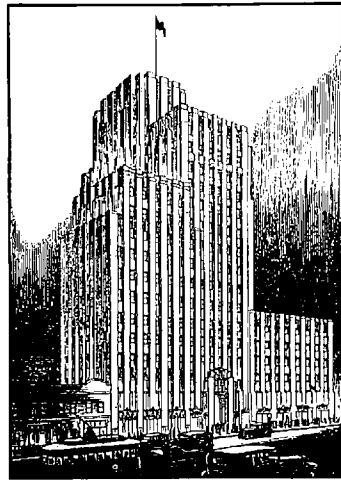
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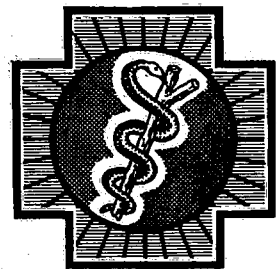
BULLETIN

SOCIETY — OFFICIAL PUBLICATION . . .

Vol. X

April, 1940

No. 4



PROGRAMS MEDICAL ARTS AUDITORIUM APRIL 9 — 8:15 P. M.

- Coronary Disease Dr. Christen Quevli, Jr.
- Discussion..... Dr. E. J. Fairbourn, Dr. A. H. Buis
- Factors Pertaining to Head Injuries and
Intra-cranial (extra-cerebral) Hemorrhage.....
- Dr. Conrad Jacobsen, Seattle
- Discussion Dr. F. A. Plum
- Election of Nominating Committees

APRIL 23

- Symposium on Peptic Ulcer
- Surgical Aspect Dr. Joel Baker, Seattle
- Medical Aspect..... Dr. John Blackford, Seattle
- Discussion—Dr. E. W. Janes, Dr. H. J. Whitacre,
Dr. C. R. McCreery, Dr. J. R. Turner.
- Reports of Nominating Committees

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EDITORIAL

Some time ago a Seattle girl was the victim of a hit and run accident. In the settlement of her suit for damages she was awarded \$16,000, some \$6,000 of which was deducted to pay her expenses. A newspaper printed this story under large head lines, saying that the doctor's bill was over \$6,000.

This was investigated by the King County Medical Society and the following facts were found:

The girl was in the hospital for three months. She required surgical operations four times. She had three nurses in attendance for about six weeks, two for an additional six weeks, and one for something over a month. Her bill at one hospital was \$936.77, at another \$31.00. Nursing bill was \$793.00; dental bill \$100.00; other expenses not medical amounted to \$3,560.00. Her doctor made daily calls for four months. He took her to the surgery on four separate occasions. He had x-rays taken in his own office, changed her casts and gave her conscientious and skillful service. For this he charged her only \$600.00.

This story has a familiar sound. How often we hear of the large doctor's bills, which are said to take the patient's lifetime savings. The natural result of these tales is to spread the idea that the doctor must have his pound of flesh even though it causes the ruination of the family.

It is not often that one has sufficient knowledge of these cases to refute such falsehoods, but all physicians know that, in most times of long and serious illness, the doctor's bill is among the smallest items of expense. In fact, most doctors have attended many patients in whose cases hospital and nursing bills and incidental expenses have so depleted the patient's resources that there is nothing left with which to meet the most modest kind of a medical bill.

These details are not known to the general public. All expenses incident to illness are lumped under the general heading of medical bills with the inference that the whole goes to the doctor. Most of the criticism in these unfortunate cases is directed at the doctor and most of the proposed schemes to lessen the cost of medical care have the object of reducing his fees.

That the rich and the poor and those in moderate circumstances receive adequate medical care is well known, but there are border groups of society upon whom our present system places a heavy burden. It is made up of those unfortunates who are not indigents, but who have a little property, a home perhaps, or a few hard earned dollars, whose employment is occasional, and whose earning power is diminished. This is a group of people who do not look for charity and are able and willing to pay a small fee for their medical treatment, but when severe or prolonged illness, which requires hospitalization, comes upon them they find themselves in an impossible situation. They can not qualify as indigents and so receive the benefits of the county hospital, and a sojourn in the private hospitals leaves them destitute.

Our hospitals are supposed to do charity work and they do a certain amount, but there does not seem to be any definite arrangement whereby these people can receive hospital care at a reduced rate, or on the basis of deferred payments. This is not written as an adverse criticism of the hospitals. They have their problems. Most of them have little if any endowment and have had a hard time making both ends meet, but every doctor knows that these conditions exist.

Much of the agitation for socializing of medicine or state control would cease if this unfortunate situation were corrected.

Some plan must be worked out whereby these people can receive hospital care at rates adjusted to their means, and so they can pay moderate bills in deferred payments, which is the way the majority of doctors collect their fees. Hospital insurance for most of these is out of the question. Lowering the costs for surgery and laboratory, the elimination of all non-essentials will help the hospitals to render this service without too much loss.

Sufficient endowment by individuals or a subsidy from the federal or state government would meet the need and be gratefully received by the hospitals. The subsidy or grant would be proportionate to the amount of this work done.

The citizens have recently voted to issue bonds to improve and enlarge the county hospital, in accordance with the advice given by the hospital advisory committee and the medical society over a year ago. It would be of greatest benefit to those unfortunate ones who compose these border line groups, and to the general welfare, if these people could enter the county hospital under the care of their own physician, pay their modest bills, and preserve their own sense of individual responsibility, their independence and self-respect.

A Schick Sampling Survey of the Tacoma City School Children

L. E. POWERS, M. D.
City Health Officer

During the past few months several rather bizarre positive diphtheria throat cultures have been reported to the Tacoma Health Department. It has been several years since any significant number of positive diphtheria throat cultures have been found and for this reason it was felt that Tacoma might be threatened with a diphtheria epidemic.

The one injection of alum precipitated toxoid which is being used at the present time does not confer as long an immunity as was formerly thought. A search of the literature of the Pierce County Medical Library was made and the results of Schick tests given to children following one injection of alum precipitated toxoid were tabulated. Only those figures were used in which a definite period of time was quoted between the time of the one inoculation of alum pre-

cipitated toxoid to the time of the Schick test. These figures were tabulated in Table I, below and grouped according to the length of time which elapsed between inoculation and the Schick test. The figures were totaled and the percentage of Schick positives were determined for each period.

One thousand six hundred and sixty-eight children were Schick tested one year following their inoculation with alum precipitated toxoid. The average shows that 25% were Schick positive. Six hundred and forty-one children were tested 2 years following their inoculation and it was found that 58.2% were positive. Four hundred and eighty-three children were tested at the end of 4 years and it was found that 80.5% were Schick positive.

The City Health Department does not have

TABLE I

Name of Investigator	Number of years Schick tests were made following injection of one dose of alum precipitated diphtheria toxoid.					
	One Yr.	Schick pos.	2 Yrs.	Schick pos.	4 Yrs.	Schick pos.
V. K. Volk, M.D. (1)..... (Michigan toxoid used)	217	39. %				
V. K. Volk, M.D. (1)..... (New York toxoid used)	388	39. %				
Pansing & Schaeffer (2).....			549	57.8 %		
Sigurjonsson (3).....	483	19.3 %			483	80.5 %
McCinnis, Stebbins & Hart (4).....	342	5.6 %				
Julius Blum, M. D. (5).....	135	40 %	63	82 %		
M. C. Schroeder, M. D. (5).....	103	23 %	29	14 %		
Total, all investigators.....	1,668	25 %	641	58.2 %	483	80.5 %

TABLE II

School	No. Enrolled	No. Tested	No. Positive	Per cent Positive
Bryant	300	222	110	49.5
Lowell	300	222	111	50.
Arlington	193	136	77	56.6
Edison	460	302	186	61.5
McKinley	360	217	136	62.6
Central	490	308	203	65.9
TOTAL	2,103	1,407	823	58.5

TABLE III

	No. Tested	No. Positive	Per Cent Positive
History of Previous Immunization.....	822	342	44 %
No History of Previous Immunization.....	541	457	82.5 %
Unknown	43	23	53.5 %

accurate tabulations of the toxoid which has been given in the past; therefore, it was felt that a Schick survey should be made to determine just what percentage of the city school children were now immune to diphtheria.

Table II shows that a total of 1,407 children were Schick tested; 823 were found to be Schick positive, or 58.5%. The schools which were chosen for these tests are located in the various districts of the city. This should be a fairly accurate sampling of the entire city.

Eight hundred and twenty-two of the children tested gave a history of previous immunization. Of this group 342, or 44%, were Schick positive. Five hundred and forty-one of the children tested gave no history of previous immunization and of these 457, or 82.5%, were Schick positive. Of 43 of the children tested it could not be determined whether or not they had had previous immunization, and of these 23, or 53.5%, were Schick positive. (See Table III).

A review of the literature on diphtheria immunization very clearly points out that the one injection of precipitated toxoid does not give immunity that lasts for more than 2 years on the average. A recent diphtheria study reported in the American Journal of Public Health, Volume 30, March, 1940, recommends the following:

1. The preferred practice should be for children under school age, and preferably for those at the 9th month of life, (a) two doses of diphtheria toxoid, alum precipitated, with a 4-week or 1 month interval between the doses, or (b) three doses of diphtheria toxoid at 4-week or 1-month intervals.

* * *

3. To those children receiving one injection of diphtheria toxoid, alum precipitated, a single reinforcing dose of not more than one-half of the usual dose of an equivalent diphtheria toxoid, alum precipitated, preparation should be given to each child inoculated in infancy, just prior to the child's entering school at 5 or 6 years of age, or 3 to 5 years after the initial inoculation if this has been carried out at some time later than the first year of life.

* * *

5. (a) Children of 10 years of age or over who are known to be susceptible as the result of the Schick test should receive three doses of diphtheria toxoid at 4 week or 1 month intervals, or equivalent doses of toxin-antitoxin similarly spaced.

Conclusions:

1. A review of the literature shows that one injection of precipitated toxoid does not result in a negative Schick reaction for more than two years on the average.

2. A Schick sampling survey of the Tacoma city schools reveals that 58.5% of the children are Schick positive.

3. Forty-four percent of 822 children previously immunized for diphtheria are now Schick positive, and 82.5% of 541 children that gave no history of previous immunization for diphtheria are now Schick positive.

4. A recommended procedure for immunization where alum precipitated toxoid is used is to give 2 doses at 4-week or 1-month intervals. This should be given preferably in the ninth month and these children should receive one injection of alum precipitated toxoid as a reinforcing dose of not more than one-half of the usual dose at the time they enter school.

5. For adults and children over 10 years of age, three doses of plain diphtheria toxoid is recommended at 4-week or 1-month intervals.

References

- (1) V. K. Volk, American Journal of Public Health 25:430, 1935.
- (2) Pansing and Schaeffer, American Journal of Public Health 26:786, August, 1936.
- (3) Duration of Immunization against Diphtheria, Journal of the American Medical Association 114:834, March 2, 1940, ab.
- (4) American Journal of Public Health 24:1141, 1934, ab.
- (5) Duration of Immunization against Diphtheria Achieved by Various Methods, Journal of American Medical Association, 109:1681, November 20, 1937.

NORTH PACIFIC SOCIETY OF NEUROLOGY and PSYCHIATRY

The spring meeting of the North Pacific Society of Neurology and Psychiatry will be held in the Medical Arts Auditorium on April 20. A cordial invitation to attend this session is extended to interested members of the general medical profession.

The program is as follows:

9:00 a. m.—Some Pre-psychoanalytic Concepts of the sub-conscious, D. E. Alcorn, Victoria.

Hydrocephalus Due to Syringomyelia of the Aqueduct of Sylvius, Vinton Sneed, Portland.

Psychiatric Evaluation of Case Material Two Methods, Carroll C. Carlson.

A Suggestion as to the Mechanism of Metrazol Shock Treatment in Depressions, Frederick Lemere, Seattle.

2:00 p. m.—The Diagnosis and Treatment of Protruded Intervertebral Discs, John Raaf, Portland.

Therapy in the Morbid Compulsive Reactions, Henry H. Dixon, Portland.

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From time to time we like to express appreciation to those of you who remember the library with gifts of periodicals. This group includes a goodly share of our members, the Porro Biological Laboratories and the Shaw Supply Company. We want you to know that these contributions are of great value to the library.

Such magazines as are not on our subscription list are bound and placed on the shelves, where they are certainly more accessible to their original owners than if they had been thrown into the waste basket by a tidy office assistant or given to the Good Will by an equally tidy wife.

Others are used in our large duplicate collection. We endeavor to keep three copies of the magazines that are in most frequent use and often all of these are out on loan at the same time.

Extra copies of Northwest Medicine have enabled us to establish very pleasant relations with librarians in Canada, New York, Virginia, California and other places who have been willing to take the trouble to get material without any outlay except postage by exchanging their respective state journals for our own.

Magazines which are not used for direct exchange or as duplicates are offered to the Medical Library Exchange, which functions as a clearing house for medical literature.

In our store room at this moment are hundreds of magazines which are in excess of our needs. We shall shortly be sending a list of these to the Exchange and it is pleasant to know that most of them will find places somewhere among the more than two hundred member libraries and equally agreeable to reflect that through the Exchange our own collection is being enriched from time to time by the addition of magazines that have been languishing in some other library's store room. In this way we are building up files of many periodicals that our budget will not permit us to buy. A case in point is an item for which the publisher quoted a price of nearly \$30.00, but which we secured through the Exchange for the cost of postage.

Again we say a collective "Thank you!"

* * *

After a busy winter we shall soon be taking inventory. Doubtless, as always, we shall find a number of items that are A. W. O. L. At intervals we are obliged to sound a plaintive appeal to individuals unknown who have borrowed books or magazines during the librarian's absence, forgetting to leave a record and also forgetting to return them.

We are like the man in "Tonics and Sedatives" who lost a saw and who advertised

in this fashion: "Party borrowing one-man cross-cut saw from Iron News will do a favor by returning it to this office. (WE WANT TO USE THAT SAW). It has been gone two or three years, so if you have a saw in your possession whose ownership you do not know, give it to us and have a clear conscience as long as you live."

If you have a book in your possession bearing the Pierce County Medical Society Library stamp "give it to us and have a clear conscience as long as you live." WE WANT TO USE THAT BOOK!

* * *

A greater proportion of our population is now surviving to the Biblical three score years and ten than ever before. Consequently, the physician of today is called upon more and more frequently to treat disease in the aged. A glance at the literature shows that it offers numerous articles in the field of geriatrics.

Notable is the symposium offered in the January issue of Medical Clinics of North America, which includes general remarks on the care of the aged, diseases of the gastrointestinal tract, cardiovascular system, endocrine and allergic problems and the psychoses of old age.

A companion to this is a symposium on surgery in the aged in Surgical Clinics of North America for February. Indications and contradictions are discussed and sections devoted to intestinal obstruction, surgery of the thyroid, urologic surgery, fractures of the neck of the femur and cancerous and pre-cancerous lesions.

In Medical Clinics for July, 1936, Pepper, of the University of Pennsylvania, points out that disease in the aged differs in many ways from disease in other periods of life in symptomatology, treatment and prognosis and that the senile organism fails to react to disease in the usual way, pain, fever and other common symptoms often being absent. He advises care in the use of drugs, as they are absorbed slowly and cumulative action is common. The author feels that much harm is often done by trying to change long-standing habits in an aged patient and regards as inexcusable the attitude that the minor disabilities of old age are inevitable and to be borne in silence and that acute illnesses are "the beginning of the end."

Freeman, of Philadelphia, writing on "The Status of Geriatrics" in Pennsylvania Medical Journal for February, without discussing specific diseases, describes the changes in the organism resulting from old age.

In his paper "Geriatrics and Diet," published in the Journal for January 20, Tuohy, of Duluth, urges freer diets and less food fear in the aged, four light meals rather than two or three heavier ones and a diet containing the necessary protective elements.

Numerous other articles are available to those interested.

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1. Engine R.P.M. Idle Speed
 should read 400 to 500 r.p.m.
2. Vacuum Reading
 should read 18 to 21 inches.
 Valve Timing
3. Cylinder Balance
 each pair of cylinders should read alike.
 Valve Action Intake Leaks
- SPARK PLUGS
 OK Clean and Regap Replace
- Correct Heat Range
4. Compression Readings:
 1 2 3 4
 5 6 7 8
- all cylinders should read within 5 to 10 pounds alike.
 Valve Condition
- Piston & Ring Condition

DIVISION NO. 2—IGNITION STARTING CIRCUIT

5. Battery Capacity
 see factory specifications.
 General Condition
 - Specific Gravity
 cell #1 cell #2 cell #3
 6. Cranking Voltage
 should read 5 volts or more.
- NOTE! WHEN TESTS NO. 5 AND 6 TEST OK IT WILL NOT BE NECESSARY TO MAKE TESTS NO. 7, 8, 9 AND 10.
7. Starting Cable
 should not read more than 1/10th of a volt.
 8. Ground Strap
 should not read more than 1/10th of a volt.
 9. Starter Switch
 should not read more than 1/10th of a volt.
 10. Starting Motor Amperage Draw
 see factory specifications.
 Starting Motor Condition

PRIMARY SECONDARY CIRCUIT

11. Coil Capacity
 should read in blue band.
 Ignition Switch
- Primary Circuit Connections

12. Condenser Resistance
 Capacity Insulation
13. Distributor Ground
 should not read more than 1/10th of a volt.
 Point Condition
14. Distributor Dwell Angle
 see factory specifications.
 Point Spacing Vacuum Plate
- Bearing Cam
15. Distributor Timing Advance
 (use power timing light).
16. Secondary Current at Spark Plugs
 should read uniform at each spark plug.
 Distributor Cap Rotor
- Ignition Cables
17. Charging Circuit Resistance
 should read not more than 8 10th volt at 15 amperes.
18. Generator Output
 see factory specifications.
19. Voltage Regulator Adjustment
 see factory specifications.
 Generator Condition

DIVISION NO. 3—CARBURETION

20. Engine R.P.M.
 should read 400 to 500 r.p.m.
21. Vacuum
 should read 18 to 21 inches.
22. Idle Speed System
 should approximate 70% at 400 to 500 r.p.m.
23. High Speed System
 see chart for reading at 2400 to 2600 r.p.m.
24. Accelerating System
 should read 10% to 20% rich when accelerated.
25. Automatic Choke System
 should show 60 to 70% mixture when car is being warmed up.
26. Air Cleaner
 should read within 5% with air cleaner on or off.
27. Fuel Pump Vacuum
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28. Fuel Pump Pressure
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 - Radiator Water Pump Hose
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Personals . . .

Ed and Mrs. Warren left March 12th, accompanying a patient to Fort Worth. Continuing on they planned to take in the Mardi gras in New Orleans. While there Ed probably eased his conscience by attending a series of lectures on the E. E. N. T. at Tulane University. However, we haven't heard how he neutralized the plane trip to Havana. We could suggest, of course, some "tropical Medicine" while there.

Ross Wright was among the thrill seekers who crossed on the "cat walk" on the Narrows Bridge. This probably was prompted by some homesickness for the spectacular grandeur of Grand Coulee.

Reluctant as his bachelor friends are they could not help warmly congratulating Johnny Flynn on his engagement to Miss Mary Lonegran of Portland. Miss Lonegran is a charming, vivacious young woman whom we are happy to welcome to Tacoma. Mary has graciously promised to allow Johnny to go out and play once in a while if all the boys are good.

Harry House is now back to work after his vacation. This dubious vacation was initiated by an accident and was terminated by impatience. At the present time he limps most graciously and has acquired a bit of a swagger to the way he wears his cane.

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TACOMA SURGICAL CLUB

The Annual Meeting of the Tacoma Surgical Club was held on March 23rd. It established a new high record in attendance and enthusiasm. Visitors began to arrive before 9:00 a. m., and all morning the crowd was busy viewing exhibits and listening to demonstrations. There were excellent anatomical dissections and numerous demonstrations with clinical application to problems of abdominal surgery. Dr. Wangensteen, the professor of surgery at the University of Minnesota, expressed admiration for this type of post-graduate work. He spoke about surgical training and surgical attainments at the noon luncheon. His paper in the afternoon, "The Etiology of Appendicitis", was based on original investigations. It helped to clarify the problem for the audience. Many of the listeners remarked about the excellence of papers presented by Club members.

After the business of the day a social hour of relaxation before dinner was almost a necessity. The crowd reached the banquet room in high spirits. Dr. Wangensteen very cleverly responded to a facetious introduction by the toastmaster, and presented a masterful talk on intestinal obstruction. The general opinion expressed on every hand was that this was the best meeting the local club has ever had.

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On April 11 at 8 p. m. the Auxiliary will hold an open meeting in Weyerhaeuser Hall at the Y. W. C. A., which will be devoted to a panel discussion of cancer by Drs. B. D. Harrington, C. P. Larson, S. M. MacLean, S. F. Herrmann, W. W. Mattson and H. J. Whitacre.

The Pierce County Medical Society and the Y. W. C. A. are cooperating with the Auxiliary in making this meeting a success.

Mrs. J. B. Robertson, State Hygeia Chairman, has received word from the National Auxiliary that the State of Washington has won first prize of \$25.00 in the national Hygeia subscription contest. Prizes for high quotas went to Chelan and Clark counties, with honorable mention to Cowlitz, King, Kitsap, Pierce, Snohomish, Walla Walla and Whatcom.

Tacoma General Hospital

Exceptional interest is being shown in the Tumor Clinic. We are grateful for the interest of the men who have been attending constantly and urge those who have not availed themselves of it to make it a point to come.

Weymer Rosso, who is a graduate of the University of Washington and planning to enter medical school this Fall, is now on the staff of the Pathological Laboratory.

At the meeting of the Tacoma Surgical Club, Dr. B. D. Harrington showed films illustrating various diseases of the abdomen, particularly the gastrointestinal tract.

Dr. C. P. Larson demonstrated the Vitamin K test and its applications. A substantial amount of Phthioacol was donated by the Galen Chemical Company. This substance has Vitamin K activity, and is available to the doctors through this laboratory for investigational purposes.

Drs. K. W. Douglas, D. L. Green, F. W. Hennings, and J. G. Shanklin, of the intern staff, were of valuable assistance to the various men conducting dissections.

The Alumnae Association wishes to thank the doctors for their interest in the dance recently held.

HOSPITAL MEETINGS

Tacoma General

- Clinical Pathological Conference May 7, 8 p. m.
- Combined Clinics (Tumor Clinic)..... April 11, 18, 25, May 2, 9:30 a. m.
- Pathologic and Radiologic Conferences— April 8, 15, 22, 29, 2 p. m.
- Orthopedic ClinicApril 11, 9:00 a. m.
- E. E. N. T. Conference April 8, 15, 22, 29, 7:00 p. m.

St. Joseph's

- Clinical Meeting May 6, 8:00 p. m.
- Pathological Conference May 3, 9:30 a. m.

County

- Staff Meeting April 26, 12:00 M.
- Clinical Pathological Conferences— April 11, 18, 25, May 2, 4:00 p. m.

COMMUNICABLE DISEASES

Chickenpox	41
German Measles	4
Mumps	1
Typhoid Fever	1
Tuberculosis	3
Scarlet Fever	46
Measles	169

TACOMA INTERNISTS' SOCIETY

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The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.



A bambino from the Foundling Hospital, Florence, Italy.—A. della Robbia

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . . Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For infants who were strong Glisson suggested placing "Leaden Shoes" on their feet and suspending them with swaddling bands in mid-air.

How amazed the ancients would have been to know that bones can be helped to grow straight simply by internal administration of a few drops of Oleum Percomorphum. What to them would have been a miracle has become a commonplace of science. Because it can

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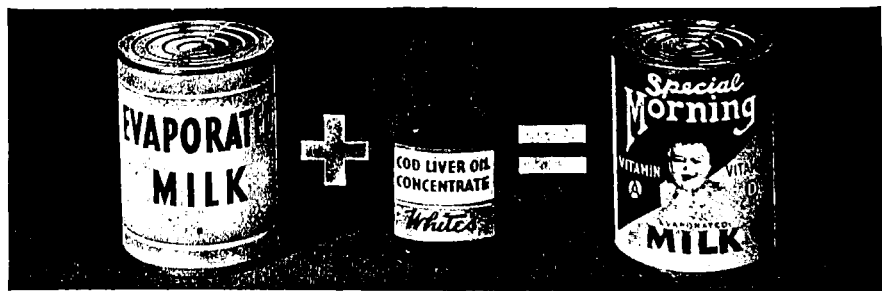
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Personals . . .

Fay and Marjorie Nace were delightfully surprised by friends recently at their new home on South Lawrence. The occasion was a house-warming and Dr. Fay was presented with a comfortable chair to be placed on their front lawn overlooking South Tacoma Park. Marjorie rebels at the thought of sitting at his feet adoringly watching him "rest his bones."

With this pleasant Spring weather also comes thoughts of a big event to come—The State Medical Convention in Tacoma. To make this a memorable meeting preliminary plans were made early this month by the general committee on entertainment for the convention. The committee members are: Warren Penney, president of the State Medical Association; Ned Janes, general chairman; Horace Whitacre, finance; Weldon Pascoe, entertainment; D. M. Dayton, registration; William Goering, transportation; C. F. Engels, publicity and advertising; Les Baskin, fish derby; Treacy Duerfeldt, exhibit and scientific work; Cy Ludvick, local golf; Sig Herrmann, scientific works.

Claude and Mrs. Leaverton just returned from a few weeks vacation to Arizona. There was sunshine when they left, warm sunshine while there, and rain when they returned—just so they would really know when they had arrived home.

Jones: "What are you reading?"
Smith: "The Last Days of Pompeii."
Jones: "What did he die of?"
Smith: "Some kind of an eruption."

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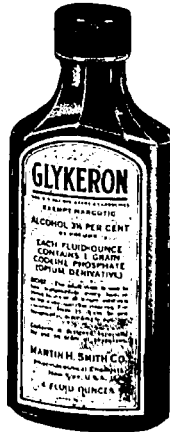
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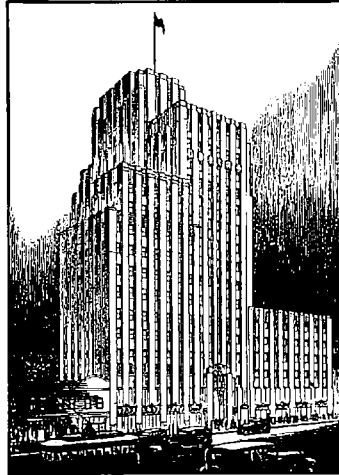
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PUYALLUP

Welcome to . . .

TACOMA

CONVENTION NUMBER

Washington State Medical Association

TACOMA, WASHINGTON

August 25, 26, 27, 28, 1940

Pierce County Medical Society

OFFICERS — 1940-1941

President	H. J. Whitacre
President-Elect	T. K. Bowles
Vice-President	Clyde Magill
Secretary-Treasurer	Jess W. Read

An Invitation to Tacoma

By W. G. CAMERON, M. D.

The Pierce County Medical Society is happy in being host to the Washington State Medical Association. We cordially invite you all to come and partake of our hospitality. The scientific program has been prepared with care and there will be a worthwhile display of medical and surgical exhibits.

In addition to the strictly scientific sessions, there will be matters for discussion which should be of interest to every one of our members. The practice of medicine has received more than its share of criticism the past few years and as a whole the profession has been neglectful of seeking opportunities to refute unjust statements and adverse propaganda. Measures must be adopted to answer carping criticism and steps taken to correct any defects in our present system of practice and to improve and extend medical services more widely and wisely. Come to the meeting and bring your ideas before your fellows and help in this constructive work.

This is an election year and the legislature meets in January. Definite action should be

Present Motion Pictures

Mead Johnson & Company will present a few interesting motion pictures at the convention. The films have been shown to thousands of physicians throughout the country and were very well received.

taken to organize every legislative district in the State with workers who will strive to elect sensible and sane legislators and senators who are friendly to public health and individual medical practice, regardless of political affiliations.

The citizens of Tacoma join us in extending you welcome.

We want you to see and appreciate our city of homes, to enjoy the beauties of Point Defiance Park, to travel over the new Narrows Bridge. We invite you to make use of our library and other facilities in our headquarters in the Medical Arts Building, to take part in the golf tournament, the fishing derby and other entertainments provided, and while here you must not neglect to visit the new McChord flying field and Fort Lewis, our most modern and beautiful army post.

Make your plans to come early and stay late. Bring the whole family and make this a real vacation.

President's Message

The Pierce County Medical Society appreciates the privilege of acting as host society for the annual meeting of the Washington State Medical Association.

We extend a very cordial invitation to all members to the State Association to attend the meeting in Tacoma, August 25, 26, 27 and 28.

An excellent scientific program has been prepared, and the members of the Pierce County Medical Society are ready to give you a good time during your leisure hours.

Very sincerely,

H. J. WHITACRE, M. D.,
President,
Pierce County Medical Society.

GREETINGS!...



TO THE Members of the Washington State Medical Association and the Woman's Auxiliary:

Tacoma and Pierce County Medical Society invite you to join with us in the annual meeting to be held in the Winthrop Hotel, Tacoma, Washington, August 25, 26, 27, and 28, 1940.

We have prepared a full program and ask that you give careful consideration to the program as outlined in this issue of The Bulletin. As you will note, the scientific program will be given by Washington men. Those on the program have worked hard and I am sure the presentations which they will make will do credit to themselves and to the Medical profession of the State of Washington.

Registration will be open in the Winthrop Hotel all day Sunday, Monday, Tuesday and Wednesday. We would like to have Pierce County Members and all of those who arrive Sunday or Monday register as soon as possible after arriving.

Golf as usual will be the main attraction on the first day. Sunday and Monday there will be a full program which has been prepared by the committee. In addition to the golf tournament on Monday, a fishing derby has been arranged and this committee promises at least one salmon on the hook for every member who enters the contest. Further details of this will be announced on page 8 of this issue.

In planning your stay we believe you will enjoy spending some extra time in Tacoma as we have many interesting things to do outside of medicine: Fishing in the Sound, visiting our Mountain, visiting McChord Field with its mammoth new hangars and hundreds of airplanes; Fort Lewis, which is in a very active state at the present time, and, of course, we want you to take a ride over the new Narrows Bridge.

I wish to urge the delegates to the State Association convention to attend all of the business meetings. This is your Association and the business of this Association depends on your participation. Committee reports and resolutions to be considered by the House of Delegates will be mailed to each delegate before the meeting in time for a thorough study.

The technical exhibit will be the largest yet staged at any of our State meetings and ample time has been provided during the program for visiting this instructive display. The scientific exhibits will be well worth all the time you can find to spend with them. I would like to call your attention especially to the exhibit which will be staged by the Cancer Committee of the State of Washington.

If you have not already done so, please send reservations for hotel accommodations to the Winthrop Hotel at once.

We will all be looking for you.

W. B. Penney, M. D.,
President,
Washington State Medical Association.

Washington State Medical Association

General Officers

President, W. B. PENNEY, M. D., *Tacoma*
President-Elect, HOMER D. DUDLEY, M. D., *Seattle*
Vice President, J. G. MATTHEWS, M. D., *Spokane*
Secretary-Treasurer, V. W. SPICKARD, M. D., *Seattle*
Assistant Secretary-Treasurer, A. J. BOWLES, M. D., *Seattle*
Speaker, House of Delegates, WILMOT D. READ, M. D., *Tacoma*

Committees of the Association

By-Laws Revision

C. W. Sharples, *Chairman*

Finance

C. W. Sharples, *Chairman*

Group Hospitalization

A. J. Bowles, *Chairman*

Industrial Insurance

H. T. Buckner, *Chairman*

Legislative

M. S. Jared, *Chairman*

Maternal and Child Welfare

H. H. Skinner, *Chairman*

Neoplastic

H. J. Whitacre, *Chairman*

Postgraduate Medical Education

A. B. Heppler, *Chairman*

Public Relations

R. L. Zech, *Chairman*

Public Health and Sanitation

H. L. Harley, *Chairman*

Radio

E. A. Nixon, *Chairman*

Resettlement

W. D. Read, *Chairman*

Scientific Work

R. E. Mosiman

S. F. Herrmann

Social Hygiene

W. R. Jones, *Chairman*

State Planning Council

H. J. Whitacre, *Chairman*

Study of Medical Care

A. P. Duryee, *Chairman*

Tuberculosis

J. E. Nelson, *Chairman*

Advisory Committee to State Department of Health and Social Security Department

John LeCocq, *Chairman*

Pierce County Committees on Local Arrangements

General Chairman, E. W. James

Finance, H. J. Whitacre

Entertainment, W. W. Pascoe

Publicity, C. F. Engels

Transportation, W. H. Goering

Golf, C. V. Lundvick

Exhibits, T. H. Duerfeldt

Fishing Derby, L. S. Baskin

Registration, D. M. Dayton

WOMAN'S AUXILIARY



THE ninth annual meeting of the Woman's Auxiliary to the Washington State Medical Association will be held in Tacoma on August 25, 26, 27, and 28. A full program of business sessions and social activities has been planned. Competent speakers will give pertinent talks and entertainment in the form of golf, luncheons, a drive, and the annual banquet with the Medical Association is arranged for the pleasure of those attending. The Tuesday luncheon will espe-

cially honor Mrs. R. E. Mosiman, National President-Elect.

Each County unit should send its full quota of delegates to insure a proper transaction of business and an understanding of the action taken at the meetings.

Every doctor's wife, whether or not she is a member, is urged to register and is cordially invited to attend all business sessions and social functions. It is hoped that many wives, not already conversant with the aims and work of the Auxiliary will accept the invitation.

Mrs. Luman S. Roach,
President,
Woman's Auxiliary to the Washington State
Medical Association.

Washington State Medical Association

Fifty-First Annual Meeting

Tacoma, Washington

August 25, 26, 27 and 28, 1940

General Headquarters:
Winthrop Hotel

General Meetings:
Crystal Ball Room

Registration, Lobby, Winthrop Hotel

PROGRAM

Scientific and Business Sessions

Sunday, August 25

4:30 p. m. Meeting of Board of Governors, Medical Defense Fund, Army and Navy Room, Winthrop Hotel.

6:00 p. m. Meeting of Board of Trustees, Army and Navy Room (Dinner).

Monday, August 26

Registration, All Day, Winthrop Hotel

10:00 a. m. Meeting of State Medical Bureau Managers, Army and Navy Room.

7:00 p. m. Banquet, State Medical Bureau Managers, Army and Navy Room.

Tuesday, August 27

8:00 a. m. Meeting of the House of Delegates, Army and Navy Room, WILMOT D. READ, *Speaker*, presiding.

Opening of Scientific Session, Crystal Ballroom

9:30 a. m. President's Address.

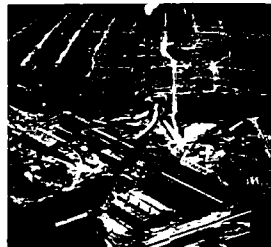
9:50 a. m. JOHN H. O'SHEA, Spokane, and R. I. ZECH, Seattle: Report of delegates to the A. M. A. convention.

10:20 a. m. K. K. SHERWOOD, Seattle: The Indications and Contra-Indications for Gold, Vitamine C, Sulfanilamide and Thiamine Therapy for Chronic Arthritis.

10:50 a. m. Twenty-minute recess to visit exhibits.



ALPINE MOTORING



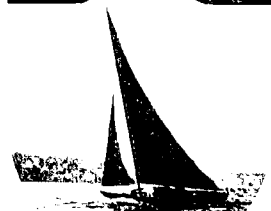
SMELTER IS INTERESTING



FAMOUS HISTORICAL MUSEUM



TACOMA NARROWS BRIDGE



ON SHELTERED PUGET SOUND

PROGRAM — (Continued)

- 11:10 a. m. L. A. GREENWOOD, Bellingham: The Newer Drugs in the Treatment of General Infections.
- 11:40 a. m. AUSTIN G. FRIEND, Seattle: The Treatment of Congestive Heart Failure.
- 12:00 noon. Luncheon sponsored by Washington State Medical Service Bureaus, Roof Garden. *Everyone invited!*
- 2:00 p. m. Symposium by Neoplastic Committee.
- 2:20 p. m. SIMEON CANTRIL, Seattle: Malignant Diseases of the Head and Neck.
- 2:40 p. m. S. F. HERRMANN, Tacoma: Carcinoma of the Stomach and Colon.
- 3:00 p. m. DONALD V. TRUEBLOOD, Seattle: Carcinoma of the Breast.
- 3:20 p. m. MILO HARRIS, Spokane: Carcinoma of the Uterus.
- 3:45 p. m. Twenty-minute recess to visit exhibits.
- 4:05 p. m. General discussion of cancer
- 4:30 p. m. Speaker from the National Physicians' Committee.
- 7:00 p. m. Annual banquet for members and their wives. Informal. Crystal Ballroom. Entertainment. Cover charge.
- 10:50 a. m. C. H. HOFRICHTER, Seattle: The Clinical Evaluation of Standard Protamine Zinc and Crystalline Insulin.
- 11:30 a. m. Speaker from American Medical Association.
- 12:30 p. m. Public Relations Committee Luncheon, Roof Garden. All members invited.
- 2:00 p. m. Symposium — Common Skin Diseases.
S. E. LIGHT, Tacoma
B. F. BRUENNER, Seattle.
CARLISLE DIETRICH, Tacoma
- 3:30 p. m. Installation of Homer D. Dudley, M. D., Seattle, as President of the Washington State Medical Association.
- 3:40 p. m. Meeting of the House of Delegates, Army and Navy Room. Wilmot D. Read, M. D., Tacoma, speaker, presiding.
- 6:30 p. m. No-host dinner, Winthrop Hotel.

Headquarters

Wednesday, August 28

- 9:00 a. m. R. PHILLIP SMITH, Seattle: Occiput Posterior and its Management.
- 9:30 a. m. EDWIN G. BANNICK, Seattle: Newer Procedures in the Treatment of Pneumonia.
- 10:00 a. m. HOWARD B. KELLOGG, Seattle: The Treatment of Chronic Empyema by High Vacuum.
- 10:30 a. m. Twenty-minute recess to visit exhibits.

General headquarters for the convention will be established at the Winthrop Hotel. All activities will be centered within the hotel with, of course, the exception of the golf tournaments and the golf dinners scheduled for Monday. There will be 35 technical exhibits located in the Junior Ball Room and the Main Lobby of the hotel and two-score more scientific exhibits for observation. All scientific programs will be conducted in the Crystal Ball Room. The House of Delegates will meet in the Army and Navy Room. The general meetings of the Women's Auxiliary will be held in the Auditorium of the Medical Arts Building, one block from the hotel.

Washington State Medical Golf Association Tournament

Tacoma Golf and Country Club SCHEDULE OF EVENTS

Golf Headquarters, Winthrop Hotel

Sunday, August 25

Registration, All Day, Lobby,
Winthrop Hotel

12:00 noon: Tee-off for Grand Sweepstakes, 18 holes on full handicap, Tacoma Golf and Country Club. Twenty-five special prizes will be awarded for this event of the no-host dinner. (Bring your wife.)

6:30 p. m. No-host golf dinner, Roof Garden, Winthrop Hotel. Grand Sweepstakes prize awards given at this dinner.

Monday, August 26

Registration, All Day, Lobby,
Winthrop Hotel

ANNUAL GOLF TOURNAMENT

Tacoma Golf and Country Club

D. H. HOUSTON, M. D., *State Chairman*
C. V. LUNDVICK, M. D.,
Pierce County Chairman

7:30 a. m. Tee-off time—

1. Championship and runner-up—36 holes gross.
2. President W. B. Penney Trophy—18 holes net.
3. Dr. W. A. Taylor Trophy—36 holes net. (a) Runner-up—36 holes net—Winthrop Hotel Trophy.

4. Dr. A. A. Strauss Trophy—Seniors, 18 holes net.

5. Consolation Trophy—18 holes net (second round).

6. Shaw Trophy—Four-man team, inter-county contest.

7. Section Contest (Prizes in Every Section)—Medicine; Surgery; Orthopedics and Traumatic Surgery; Pediatrics; Obstetrics and Gynecology; X-ray and Physiotherapy; Urology; Dermatology; Eye, Ear, Nose and Throat, and Pathology.

8. Class Contests: Class A (0-12); Class B (13-18); Class C (19-24); and Class D (25-30).

9. Philip Morris event—A prize for every birdie.

10. Swimming for everybody at the beach of the Tacoma Golf and Country Club, American Lake. Bring along your swim suits.

And here's the top of the day: Annual dinner, awarding of prizes and election of officers of the Washington State Medical Golf Association—all this follows after the last weary golfer comes home from the fairways to rest his bones on the veranda or join the quartet in the locker room at the Tacoma Golf and Country Club.

Monday, August 26 FISHING DERBY

LESTER S. BASKIN, M. D., *Chairman*

1:30 p. m. Those registered for Fishing Derby, leave Lobby of Winthrop Hotel for fishing fleet.

2:00 p. m. Arrive aboard fleet of small cruisers and other craft.

2:00 p. m. Those not wishing to enter Fishing Derby will be taken for cruise on yacht around harbor. Refreshments.

NOTE: Accommodations can be made for 35 to 40 fishermen only. All fishing gear will be on board. All refreshments will be aboard boats. Prizes will be awarded—many of them. In fact, there will be a prize for every salmon caught.

All those participating in the Fishing Derby will, of course, attend at the annual golf dinner at the Tacoma Golf and Country Club in the evening. The Fishing Derby prizes will be awarded at the dinner.



AMATEUR FISHING PARADISE



Where to GO . . . What to SEE . . . in TACOMA — CONVENTION CITY!

TACOMA is the third city of size in the state with a population of 110,000. It is known as the Gateway to Rainier National Park and the "Lumber Capital of America." It is situated at the head of Puget Sound in what is known as Commencement Bay which is rated by the U. S. Government as one of the five best natural harbors in the world. Much of the panoramic view of the city can be seen from the Roof Garden of the Winthrop Hotel, headquarters of the Washington State Medical Association convention.

A few of the high spots to be seen are: The new Narrows Bridge. This bridge is the third largest span in the world with a length of 2,800 feet. Point Defiance Park is considered one of the finest in the West. This park contains 640 acres of virgin wilderness through which wind miles of woodland roadways and trails. It has many flower gardens, beaches, a zoo, picnic facilities and a dining room. Then, of course, there are many recreational clubs, golf courses and chains of fresh water lakes—all within a few minutes

from the convention headquarters. The Tacoma Golf and Country Club is considered one of the sportiest and most beautiful in the Northwest. The club has also an excellent beach on American Lake. Then again, there is Fort Lewis, one of the largest permanent Army posts in the nation. The Fort is part of a 70,000-acre reserve. McChord Field is one of the major Army Air Bases in the nation. It should be seen. There are a hundred other sights and things to see such as the industrial area, the harbor and its port facilities, the residential districts, Ferry Museum, Tacoma Smelter—second largest in the world, the trip to Mount Rainier, Puyallup Valley, cruising on the Sound, dozens of bathing beaches, and fishing in salt and fresh waters.

There are modern hospitals and clinics and a half a dozen outstanding buildings housing the medical profession such as the Medical Arts, Rust, Washington, Perkins and others.

To go, to see, to enjoy all these things in Tacoma, obtain information about them at the Registration desk or clerk at the Winthrop Hotel.

WOMAN'S AUXILIARY

to the

Washington State Medical Association

Ninth Annual Session

Tacoma, Washington — August 25, 26, 27 and 28, 1940

Headquarters:
WINTHROP HOTEL

Meetings: Auditorium,
MEDICAL ARTS BLDG.

All women attending the Convention, whether Auxiliary Members or not, are invited to participate in the entire program.

PAST PRESIDENTS

MRS. H. J. WHITFACR, Tacoma
MRS. O. F. LAMSON, Seattle
MRS. L. S. GILPATRICK, Spokane
MRS. N. L. THOMPSON, Everett
MRS. J. B. BLAIR, Vancouver
MRS. D. H. BELL, Tacoma
MRS. R. E. MOSEMAN, Seattle
MRS. R. E. AHLQUIST, Spokane

OFFICERS

President—MRS. LUMAX S. ROACH, Kalama.
Junior Past President—MRS. R. E. AHLQUIST, Spokane.
President-Elect—MRS. G. E. HOXSEY, Wenatchee.
First Vice-President—MRS. FRANK R. FURSEY, Spokane.
Second Vice-President—MRS. JAMES H. BERGL, Seattle.
Third Vice-President—MRS. G. A. LECOMPLE, Shelton.
Fourth Vice-President—MRS. H. LESLIE FRAWING, Vancouver.
Fifth Vice-President—MRS. ROBERT B. COLTON, Yakima.
Sixth Vice-President—MRS. DAVID J. LAWSON, Mount Vernon.
Recording Secretary—MRS. H. E. WILSON, Port Orchard.
Treasurer—MRS. CHAUNCEY B. JONES, Everett.
Corresponding Secretary—MRS. C. J. SELLS, Longview.

CHAIRMEN OF STANDING COMMITTEES

Exhibits—MRS. E. C. WILSON, Buckley.
Historian—MRS. JOSEPH L. GREENWELL, Pasco.
Hygiene—MRS. J. B. ROBERTSON, Tacoma.
Legislative—MRS. E. L. CALHOUN, Hoquiam.
Organization—MRS. H. J. WHITFACR, Tacoma.
Press and Publicity—MRS. S. H. TASHIAN, Seattle.
Program—MRS. V. G. BACKMAN, Pasco.
Public Relations—DR. PHYLLIS LEURLEY, Seattle.
Revisions—MRS. G. E. HOXSEY, Wenatchee.

COUNTY PRESIDENTS

Chelan—MRS. FRANK EDWARD CLIP, Wenatchee.

Cowlitz—MRS. H. D. FRIZ, Cathlamet.
Clark—MRS. L. E. HOCKEY, Vancouver.
Groves Harbor—MRS. ARTHUR SKARPERUD, Aberdeen.

King—MRS. ARTHUR WADE, Seattle.
Kitsap—MRS. ELMER CORNELL, Bremerton.
Thurston-Mason—MRS. L. M. WILSON, Olympia.

Pierce—MRS. DARCY DAYTON, Tacoma.
Snohit—MRS. RALPH PEDERSON, Mt. Vernon.
Snohomish—MRS. CHAUNCEY B. JONES, Everett.

Spokane—MRS. MAX S. WRIGHT, Spokane.
Walla Walla—MRS. E. L. WILFENEY, Walla Walla.

Whitman—MRS. A. MACREA SMITH, Bellingham.

Yakima—MRS. DELMAR F. BOE, Yakima.

STATE CONVENTION COMMITTEES

General Chairman—MRS. HORACE WHITFACR
Social Chairman—MRS. W. WELDON PASCOE

Hostesses—MRS. W. B. PENNEY
MRS. Winnet Read, Mrs. DARCY DAYTON
MRS. J. R. Turner, Mrs. W. S. Keller
MRS. H. G. Willard, Mrs. W. W. Pascoe

Registration Details—MRS. D. H. BELL
MRS. A. H. BUS, Mrs. George Smith
MRS. Edgar Dodds, Mrs. J. A. Johnson
MRS. Chas. Engels, Mrs. J. W. Gullikson
MRS. L. A. Hopkins, Mrs. S. E. Light
MRS. D. H. Johnson, Mrs. H. S. Argue

Finance—MRS. SCOTT JONES
MRS. George Vandenberg
MRS. T. H. Long

Gifts—MRS. C. C. LEAVERTON
MRS. Robert Bench, Mrs. Jess Read
MRS. L. C. Joers, Mrs. Harry Allison

Transportation—MRS. THOMAS B. MURPHY
MRS. Millard Nelson
MRS. S. E. Hoffmann
MRS. W. W. Mattson

Decorations—MRS. W. H. GOERING
MRS. J. A. Johnson, Mrs. G. M. Steele
MRS. T. H. Duerfeldt

Exhibits—MRS. J. B. ROBERTSON
MRS. F. C. Willson, Mrs. A. M. Flynn
MRS. Edgar Dodds, Mrs. George Nace

Publicity—MRS. GEORGE J. VANDENBERG
MRS. C. C. Carlsson, Mrs. Jess Read

WOMAN'S AUXILIARY PROGRAM

Sunday, August 25

4:00 to 7:00 p. m.—Registration, Winthrop Hotel. (Registration fee \$1.00).
Note: Tickets for golf and luncheons may be purchased at Registration desk.

6:30 p. m.—Golf dinner (no-host), Roof Garden, Winthrop Hotel.

Monday, August 26

8:00 a. m. to 5:00 p. m. — Registration, Lobby, Winthrop Hotel.

8:45 a. m.—Golf tournament at Allenmore Golf Club. Send entry handicap by August 15 to Mrs. Claude Leaverton, 4018 Pacific Avenue, Tacoma. *Note:* Only those women who register may enter the golf tournament.

11:45 a. m.—State Presidents' No - Host Breakfast, Winthrop Hotel. Past Presidents are urged to attend.

12:30 p. m.—Luncheon, Tacoma Golf and Country Club.

2:45 p. m.—Pre-Convention Board meeting, Auditorium, Medical Arts Building.

6:30 p. m. — Dinner and Entertainment (as guests of the Pierce County Auxiliary), Lakewood Center. Presentation of golf trophies.

Tuesday, August 27

8:00 to 9 a. m. — Registration, Lobby, Winthrop Hotel.

9:00 a. m. —General Meeting, Auditorium, Medical Arts Building.

MRS. LUMAN S. ROACH, *President*, Presiding.

MRS. LULU D. HADDON, *Parliamentarian*.

Greetings: MRS. DARCY DAYTON, *President*, Pierce County Auxiliary.

Response: Presentation of Guests:

DR. W. B. PENNEY, *President*, Washington State Medical Assn.

DR. HOMER D. DUDLEY, *President - Elect*, Washington State Medical Assn.

MR. ARTHUR ANDERSON, *Executive Secretary*, Washington State Medical Assn.

Roll Call of Delegates.

Reading of the Minutes: MRS. H. E. WILSON.

Address: DR. R. H. FLETCHER, *Director*, State Department of Health.

Reports:

President, Mrs. Luman S. Roach.

Recording Secretary, Mrs. H. E. Wilson.

Treasurer, Mrs. Chauncey B. Jones.

Auditing Committee, Mrs. J. T. Rooks.

Corresponding Secretary, Mrs. C. J. Sells.

Chairmen of Standing Committees:

Organization, Mrs. H. J. Whitacre.

Program, Mrs. V. G. Backman.

Public Relations, Dr. Phyllis Leibley.

Cancer Education, Mrs. Frank Boersma.

Hygeia, Mrs. J. B. Robertson.

Legislative, Mrs. E. L. Calhoun.

Press and Publicity, Mrs. S. H. Tashian.

Exhibits, Mrs. P. C. Willson.

Archives, Mrs. E. L. Brinson.

Revisions, Mrs. G. E. Hoxsey.

Report of Committee on Registration.

Report of Nominating Committee: Mrs. R. E. Ahlquist.

Election of Officers.

1:00 p. m.—Luncheon honoring MRS. R. E. MOSIMAN, *National President-Elect*, Tacoma Golf and Country Club.

Reports of Delegates to National Convention:

Mrs. George Hoxsey

Mrs. W. Ray Jones

Mrs. R. E. Mosiman

7:00 p. m.—Annual banquet for all doctors and wives, Crystal Ball Room, Winthrop Hotel. Informal. Entertainment.

PROGRAM — (Continued)

Wednesday, August 28

9:00 a. m.—General Meeting, continued.
Minutes of Tuesday Session: MRS. H. WILSON.

Recommendations of Vice-President and reports of County Presidents, as follows:

First Vice-President, MRS. FRANK FURSEY, Spokane, introducing:

Mrs. Max S. Wright, Spokane County.
Mrs. E. L. Whitney, Walla Walla County.

Second Vice-President, MRS. JAMES H. BERGE, Seattle, introducing:

Mrs. Arthur Wade, King County.
Mrs. Elmer Cornell, Kitsap County.

Third Vice-President, MRS. G. A. LE-COMPTE, Shelton, introducing:

Mrs. Darcy Dayton, Pierce County.
Mrs. Arthur Skaperud, Grays Harbor County.

Fourth Vice-President, MRS. H. LESLIE FREWING, Vancouver, introducing:

Mrs. L. E. Hockett, Clark County.
Mrs. H. D. Fritz, Cowlitz County.

Fifth Vice-President, MRS. ROGER B. COGLON, Yakima, introducing:

Mrs. L. C. Miller, Chelan County.
Mrs. Delmar F. Bice, Yakima County.

Sixth Vice-President, MRS. DAVID J. LAWSON, Mt. Vernon, introducing:

Mrs. Ralph Peterson, Skagit County.
Mrs. C. B. Jones, Snohomish County.
Mrs. A. MacRea Smith, Whatcom County.

10:30 a. m. — Address by Representative of American Medical Association.

Final Report on Registration: Mrs. D. H. Bell.

Report of General Chairman: Mrs. H. J. Whitacre.

Report of Resolutions Committee.
Announcements.

11:30 a. m. to 12:30 p. m.— Conference of State Chairmen with their respective County Chairmen.

1:00 p. m.— Annual Auxiliary Luncheon.
Presentation of Hygeia Prize: Mrs. J. B. Robertson.

Presentation of Prizes in Philanthropic Fund Contest.

Installation of Officers.

3:00 p. m.—Post Convention Board Meeting.

6:30 p. m.—No-Host Dinner, Winthrop Hotel.

Woman's Auxiliary

Under the general chairmanship of Mrs. Horace J. Whitacre the members of the Auxiliary to the Pierce County Medical Society are to be hostesses to the doctors' wives who will be in Tacoma for the State Medical Convention on August 25, 26, 27 and 28. Mrs. W. Weldon Pascoe is in charge of the social affairs of the Convention.

Registration headquarters are to be in the Hotel Winthrop. The hours for registration will begin on Sunday, August 25, from 4 to 7 p. m., and will be open each morning of the Convention. Mrs. D. H. Bell, registration chairman, urges all Pierce County members to register on Sunday.

Mrs. C. C. Leaverton, chairman of the golf tournament, assisted by Mrs. L. C. Joers, announces that the entrants will tee off on the Brookdale Course Monday morning. There is to be a field prize and two prizes in each of the three divisions playing. Mrs. Jess Read and Mrs. Harry Allison have charge of the entertainment of the golfers following the tournament. The golf luncheon will be held at the Tacoma Country Club at 1 o'clock with Mrs. Robert Beach as chairman. For the non-golfers, Mrs. L. E. Powers is in charge of arrangements for the luncheon Monday at the Union-University Club. At 12:30 a drive about the city will start at 2 p. m. from the University-Union Club with the new Narrows Bridge and other points to be visited.

Monday night at Lakewood Center, Pierce County Medical Auxiliary will entertain the visiting members at a complimentary informal dinner at 6:30. At this time the golf prizes will be awarded. Mrs. Jess Read, chairman for the evening, will be assisted by Mrs. Don Willard, Mrs. L. S. Baskin, Mrs. E. C. Muir and Mrs. Cyril Lundvick. This committee has arranged for

(Continued on Page 16)

EXHIBITS

Scientific

- DR. J. E. STROH—"Allergy." Rose and Gold Room.
- DRS. T. J. FATHEREE and CECIL HURST—"Thrombo-angitis Obliterans." Rose and Gold Room.
- DR. K. K. SHERWOOD—"Treatment of Chronic Arthritis." Rose and Gold Room.
- MRS. B. B. BUCHANAN and MRS. THORNTON—"Washington Tuberculosis Association." Rose and Gold Room.
- DR. ROGER ANDERSON—"Castless Method of Treating Shaft Fractures, Permitting Ambulation." Rose and Gold Room (Balcony).
- MRS. J. B. ROBERTSON—"Woman's State Auxiliary." Balcony.
- DRS. HALE HAVEN and EUGENE POTTER—"Gliomas of the Bra'n." Rose and Gold Room.

- DR. C. S. STONE, JR.—"Treatment of Massive Hemorrhage from Peptic Ulcer." Rose and Gold Room.
- DR. R. H. FLETCHER, State Department of Health—"Chest Roentgenography in Tuberculosis Control." Balcony.
- DR. W. RAY JONES—"Micropathology of Gonorrhoea." Rose and Gold Room.
- DR. C. F. ENGELS and DR. C. P. LARSON—"Unusual Renal Pathology."
- NEOPLASTIC COMMITTEE—"The Problem of Cancer, Diagnosis, Pathology, Treatment, End Results and Exhibit by Woman's Field Army." Room 235.
- TACOMA SURGICAL CLUB—"Complications in Abdominal Surgery." Room 223.

Note: Club Room No. 5 is reserved for moving pictures.

Technical

Note: The following wording describing the exhibits to be on display at the Washington State Medical Association Convention in Tacoma was prepared by the exhibitors themselves.

AETNA CASUALTY & SURETY COMPANY, Hartford, Conn. Booth No. 23

The Aetna Casualty & Surety Company, represented by General Agents, George W. Rourke of Seattle, R. E. Anderson & Company of Tacoma, and Elmendorf-Anthony Company of Spokane, have an insurance exhibit featuring highway safety. Scientific apparatus to measure an automobile driver's reaction to road conditions and other testing equipment will be displayed. George A. Cole, Company Representative, will be in charge.

BIDDLE & CROWTHER, INC., Seattle Booths Nos. 5, 6 and 7

Birtcher Physio Therapy Apparatus, New Urologic Galva Dilator, New Six Meter Short Wave Machine, Hyfricators for Fungation, New Waterless Metabolator, New Analgesia Machine, Hamilton Modern Medical Furniture, New Multifit Interchangeable Lennr Syringes, Stainless Steel Instruments and many other new surgical specialties. Attendants in charge of booths will be R. G. Biddle, J. H. Crowther, W. A. Donkin, Don Maxwell and C. J. Birtcher.

BRALEY'S PRESCRIPTION PHARMACIES, Tacoma, Seattle and Portland. Booth No. 24

Marcelle Hypo-Allergenic Cosmetics as accepted by the A. M. A. Journal for advertising and as exhibited at the American Medical Conventions at Cleveland, Ohio, 1934; Atlantic City, N. J., 1935; Kansas City, Mo., 1936; Atlantic City, N. J., 1937; San Francisco, Cal., 1938; and St. Louis, Mo., 1939. Mr. A. A. Braley, exhibit attendant.

CARNATION COMPANY, Milwaukee, Wisconsin. Booths Nos. 2 and 3

Be sure to visit the Carnation Company exhibit in Booths Nos. 2 and 3 where you will see displayed an interesting model of the famous Carnation Milk Farms where cattle breeding and feeding experiments are carried on for the purpose of improving the dairy herds supplying the many Carnation evaporating plants. The story of Carnation's program of supervision of raw milk sources and the careful processing of Irradiated Carnation Milk is also told in a most unique manner.

CIBA PHARMACEUTICAL PRODUCTS, Summit, N. J. Booth No. 17

Physicians are cordially invited to visit the Ciba exhibit where they will find featured the well-known line of Ciba specialties, prominent among which are such preparations as

Coramine, Digifoline, Nupercainal, Trasentin and Dial. In the endocrine line there will be shown the synthetic androgenic substance, Percandren, and our gynecogenic preparations, Ovocylin, Di-Ovocylin, Ben-Ovocylin and Lutoeylin; together with the synthetic and esterified adrenocortical hormone, Percorten. Our representative, Mr. Russell O. Black, will be in attendance and will gladly discuss any questions physicians may have regarding any of these products.

THE COCA-COLA COMPANY.

Atlanta, Ga. Booth No. 4

Coca-Cola will be served to the members of the Washington State Medical Association with the compliments of the Coca-Cola Company.

CUTTER LABORATORIES.

Berkley, Cal. Booth No. 18

The Cutter Laboratories will exhibit their complete line of vaccines, serums, antitoxins, and certain specialties such as Gonadin (pregnant mare serum), Sobisimol (oral bismuth preparation), intravenous solutions in Safli-flasks, and their two new products—human serum and plasma for emergency shock treatment. Mr. Sheldon Paul and Mr. Colin Findley will be in charge.

H. G. FISCHER & COMPANY.

Chicago, Ill. Booth No. 31

H. G. Fisher & Company's 1940 models of X-ray and short wave apparatus are so distinctive, both in improved performance and in various instances greatly lowered in price, that every physician should consider inspection a convention obligation. The complete H. G. Fischer & Company line includes shock-proof X-ray apparatus, short wave units, combination cabinets, galvanic and wave generators, ultra violet and infra red lamps and many other units, accessories and supplies. Physicians attending the convention are invited to ask for demonstrations of apparatus in which they are interested and to consult with Fischer representative regarding techniques made available by Fischer apparatus.

C. B. FLEET COMPANY, INC.

Lynchburg, Va. Booth No. 27

Phospho Soda (Fleet), a highly concentrated and purified aqueous solution of sodium phosphates. It is non-toxic, rapid but mild in action without irritation of the gastric or intestinal mucosa. It is indicated for hepatic dysfunction, and for its thorough eliminating and cleansing action on the upper and lower bow. Mr. Earl J. Lavery will be in attendance.

GENERAL ELECTRIC X-RAY CORP.

Seattle, Spokane, Portland Booth No. 25

Mr. J. J. Murphy and Mr. W. L. Owens, with other members of the Portland and Seattle organizations, will be on hand to welcome our friends, both old and new. They

will be ready to discuss and demonstrate the G-E Electrocardiograph, Inductotherm, Model F Ultraviolet Lamp, and the Model F-3 Portable, shockproof, oil-immersed X-ray unit.

HOLLAND-RANTOS COMPANY, INC.

New York, Chicago, Los Angeles.

Booth No. 14

A motion picture demonstration of Modern Contraceptive Technique will be the feature at the Holland-Rantos Booth together with a display of their products, the Koromex diaphragm and jelly and their newer items, the H-R Emulsion jelly and the Koromex diaphragm introducer. Please be sure to call and get your complimentary copy of the Physician's Guide, a valuable manual for the physician interested in contraceptive technique.

LEDERLE LABORATORIES, INC.

Branch Office, Seattle, Depot, Portland, Ore.

Booth No. 30

Lederle Laboratories, Inc., will feature the Vollmer Patch Test, Pertussis Antigen, Antipneumococcal Serum, 33 types, Sulfapyridine and other biological products, as well as pharmaceutical specialty products including Vitamin B Complex. Mr. R. L. Morson and Mr. L. T. Bidden will be in attendance.

ELI LILLY & COMPANY.

Indianapolis, Ind. Booth No. 28

Eli Lilly & Company produced the first commercial preparation of Insulin, contributed to development of liver therapy, and has been responsible for many other therapeutic advancements.

Information concerning all Lilly products will be available at the Lilly exhibit where "Merthiolate" (Sodium Ethyl Mercury Thio-salicylate, Lilly), "Sodium Amytal" (Sodium Iso-amyl Ethyl Barbiturate, Lilly), and other important products will be featured.

J. B. LIPPINCOTT COMPANY.

London, Philadelphia, Montreal, Booth No. 29

Among the interesting Lippincott Publications on display will be Kugelhans's: "Newer Nutrition in Pediatric Practice" and Becker and Obermayer's: "Modern Dermatology and Syphilology", as well as "Functional Disorders of the Food" by Dickson and Diveley, which has already gone into a second printing. Leaman's brand new book, "Management of the Cardiac Patient" will also be displayed. Other interesting works include Thorek's: "Modern Surgical Technique"; Rigler's: "Outline of Roentgen Diagnosis"; Barborka's: "Treatment by Diet" and many others.

MEAD JOHNSON & COMPANY.

Evansville, Ind. Booth No. 16

Mead Johnson & Company will exhibit several new products in addition to Dextri-Maltose, Pabnum and Oleum Percomorphum.

They will also have on display various examples of the slogan "Servamus Fidem"—We are Keeping the Faith. Mr. P. H. Sammis will be in charge of the exhibit.

THE WILLIAM S. MERRILL COMPANY,
Cincinnati, Ohio Booth No. 15

The William S. Merrill Company exhibit will feature Catarrhal Oravax, an improved catarrhal vaccine in enteric coated tablet form. In addition, several Merrill Specialties of particular seasonal usefulness will be shown.

MORNING MILK COMPANY,
Salt Lake City, Utah Booth No. 22

The Morning Milk Company is exhibiting their Special Morning Milk which is rapidly becoming the No. 1 evaporated milk for infant feeding in the State of Washington. Their Special Morning Milk is an ethically promoted evaporated milk with an added cod liver oil concentrate. This natural fortification enhances the vitamin D value of the milk by 400 U. S. P. units per tall (13 fluid oz.) can. It also increases the vitamin A potency by 2,000 U. S. P. units per tall (13 fluid oz.) can. Every effort is made to distribute Special Morning Milk in strict accordance with the desires of the medical profession. It is not advertised to the laity.

NATIONAL BIO-CHEMICAL COMPANY,
Los Angeles, Cal. Booth No. 9

Physicians attending the Washington State Medical Association meeting are cordially invited to visit the exhibit of the National Bio-Chemical Company. Los Angeles, Nadin Tablets, Nadin Solution, Iogynol Solution and Maleic Acid Compound Tablets will be on display and samples will be distributed. Mr. Clyde E. Davis, our Washington representative, will be on hand to supply any information desired.

PET MILK COMPANY,
San Francisco, Cal. Booths Nos. 10 and 11

The Pet Milk Company exhibit is a working model of an evaporated milk plant. It shows in miniature the various phases of manufacturing evaporated milk, including working models of the receiving room, forewarmers, evaporator, irradiator, homogenizer, sanitary filler, and sterilizer. The exhibit will be in charge of Mr. W. R. Henry.

PETROLAGAR LABORATORIES, INC.
Chicago, Ill. Booth No. 19

This year booth No. 19 will be occupied by Petrolagar Laboratories, Inc., who offer, in addition to samples of the Five Types of Petrolagar, an interesting selection of descriptive literature and anatomical charts. Ask Mr. V. M. Hall or Mr. A. G. Schroeder to show you the new HABIT TIME booklet. It is a welcome aid for teaching bowel regularity to your patients.

PHILIP MORRIS & CO. LTD., INC.,
New York City Booth No. 12

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris Cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

SANDOZ CHEMICAL WORKS, INC.,
San Francisco, Cal. Booth No. 26

Sandoz Chemical Works, Inc., San Francisco-New York, will exhibit several products of unusual merit as follows:

Gynergen, for the dramatic relief of migraine; Digitalid, a new chemically pure digitalis preparation which has a striking action in restoring the efficiency of the failing heart to normal; Scillaren, contains the total glycosides of squill, a reliable cardio-diuretic; Bellergal, for the treatment of imbalance of the vegetative nervous system; Basargin and Neo-Gynergen, two new ergot products. Mr. Squier, M.Sc., will be in constant attendance.

SCHERING CORPORATION,
Bloomfield, N. J. Booth No. 8

Representative Frank K. Johnson cordially invites physicians to register and to discuss some of the latest developments in hormone-therapy.

New products on display will be Cortate (desoxycorticosterone acetate), Anteron (gonadotropic hormone from Mares' serum), Pranturon (gonadotropic hormone from pregnancy urine), Pranone (orally effective progestin), as well as such other well-known Schering preparations as Prodynon-B, Prodynon-DH, Proluton, Oreton, and Neo-Iopax.

SHADEL SANITARIUM, INC.,
Seattle Booth No. 13

A talking motion picture consuming about fifteen minutes will present the theory of the treatment of alcoholism by establishing a conditioned reflex. Additional scenes will depict the details of actual treatment and the results of treatment. Reprints of literature will be available for those interested. Mr. Fred T. Behrens, Executive Vice-President, will be in charge of the exhibit.

SHAW SUPPLY COMPANY, INC.,
Tacoma, Seattle Booths Nos. 33, 34 and 35

Shaw Supply Company, Inc., will display Allison and Hamilton Furniture, Liabel-Flarsheim Short Wave and Bowie Units, Burdick Lights, American-made Stainless Steel Instruments, Curity sutures. See the new Zylor Tension and Dermal Sutures made of Nylon.

E. R. SQUIBB & SONS.

New York City

Booth No. 32

Physicians attending the Washington State Medical Association convention are cordially invited to visit the Squibb Exhibit in Booth 32. The complete line of Squibb Vitamin, Glandular, Arsenical and Biological Products and Specialties, as well as a number of interesting new items will be featured.

Well informed Squibb representatives will be on hand to welcome you and to furnish any information desired on the products displayed. Mr. E. V. Acker will be in charge.

STANDARD X-RAY SALES COMPANY.

Seattle

Booth No. 21

Exhibit will be in charge of Harold Howland and Bill Parker. Displaying interesting new developments in STANDARD X-ray apparatus, as well as the latest "Hindle" designed electrocardiograph and the DeForest short-wave generators and ultra violet lights, a complete line of X-ray accessories including BUCK'S new stainless steel cassette.

WESTINGHOUSE X-RAY COMPANY.

Seattle, Spokane

Booth No. 4

Westinghouse X-ray Company will exhibit for the first time on the west coast the new Simplex Unit.

This unit is the latest development in high-powered shockproof diagnostic equipment for both vertical and horizontal fluoroscopic and radiographic work. It is economical in its space requirements and economical in use.

JOHN WYETH & BROTHER, INC.

Philadelphia, Pa.

Booth No. 20

You are cordially invited to visit space No. 20 where John Wyeth and Brother, Inc., of Philadelphia, will display the following pharmaceutical specialties: Amphojel - in fluid and tablet form - for the treatment of hyperacidity and peptic ulcer. Ablution - ammoniated mercury with kaolin for the treatment of impetigo. Bepron - Wyeth's beef liver with iron - for the nutritional anemias. Bewon Elixir - the palatable appetite stimulant. Kaomagnum - Wyeth's magma of alumina and kaolin for the management of diarrhea and colitis. Mucara - for intestinal stasis.

Hotel Reservations

If you have not done so, your hotel reservations should be made immediately. Requests for reservations should be made with the Manager, Winthrop Hotel, Tacoma. The management of the hotel will see to it that accommodations are available for members, including the overflow reservations. It is advisable, however, to make immediate reservations with the hotel if rooms are desired at the hotel itself.

WOMAN'S AUXILIARY

(Continued from Page 12)

the Penthouse Players of Seattle to present Pirandello's "Right You Are If You Think So" following dinner.

After the Tuesday morning business meeting the members will be taken to the Tacoma Country Club for a 1 o'clock luncheon. Mrs. Edwin D. Warren is in charge of the luncheon with Mrs. Edwin Yoder, Mrs. Robert Beach, Mrs. Eugene Hanson, Mrs. Fay Nace, Mrs. L. E. Powers, Mrs. Charles Pascoe and Mrs. T. H. Duerfeldt assisting. Convention reports will be heard at this time after which there will be a tour of the Lakes District gardens and a trip to McChord Flying Field and Fort Lewis.

The Annual Banquet for the doctors and wives will be Tuesday night at 7 p. m. in the Crystal Ballroom of the Winthrop Hotel.

Mrs. R. E. Mosiman of Seattle, the new President-elect of the National Medical Auxiliary, will be the guest of honor.

The Annual Auxiliary Luncheon will be at the Annie Wrgiht Seminary on Wednesday at 1 o'clock. Mrs. Ralph Schaeffer is chairman for this luncheon and will be assisted by Mrs. R. D. MacRae, Mrs. G. M. Steele, Mrs. J. F. Steele, Mrs. V. E. Crowe, and Mrs. Christian Quevli, Sr. Installation of officers will follow luncheon.

Mrs. D. M. Dayton, President of the Pierce County Medical Auxiliary, has been appointed Chairman of Surgical Dressings of the Tacoma Red Cross Unit. She urges all members interested to volunteer their services in this needy work. The Red Cross offices are at 106 Rust Building and are open from 9 a. m. to 4 p. m.

Copies of the May News Letter of State Medical Auxiliary can be obtained at the Medical Arts Library.

Please leave your savings for the Philanthropic Fund at the Medical Arts Library not later than August 27.

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A talking motion picture consuming about 15 minutes will present the theory of the treatment of alcoholism by establishing a conditioned reflex. Additional scenes will depict the details of actual treatment and the results of treatment.

Reprints of literature will be available for those interested.

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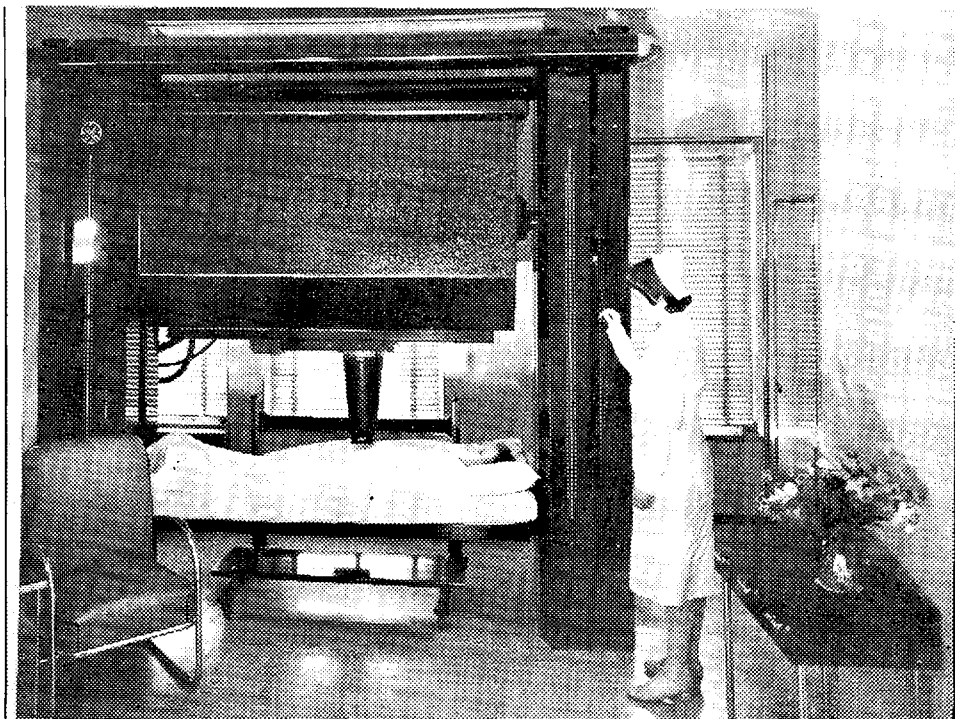


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The WASHINGTON STATE
MEDICAL ASSOCIATION

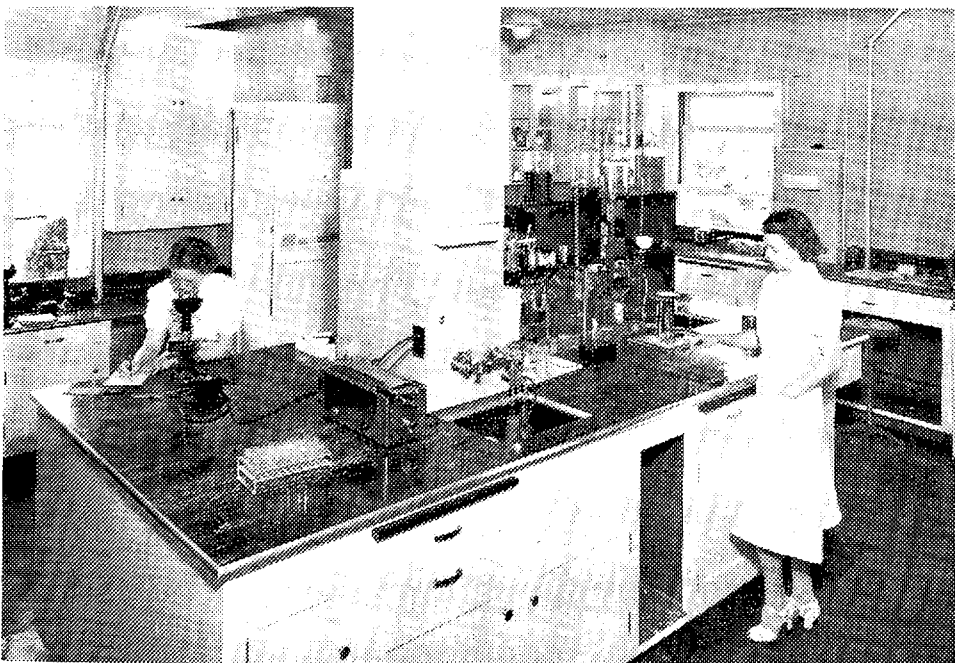
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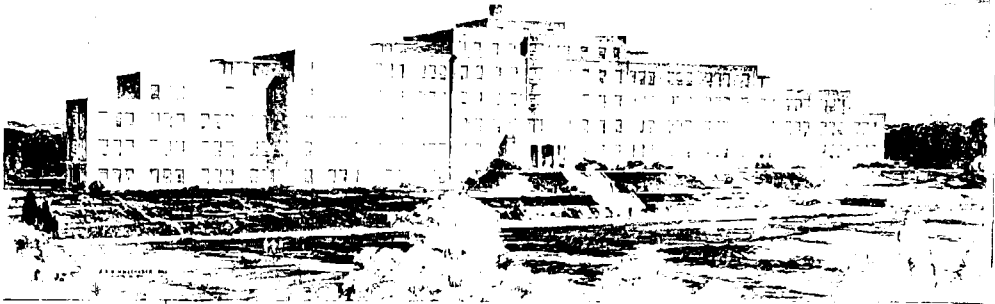
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TACOMA, WASHINGTON



TACOMA GENERAL HOSPITAL—Deep Therapy X-ray



TACOMA GENERAL HOSPITAL—Clinical Laboratories

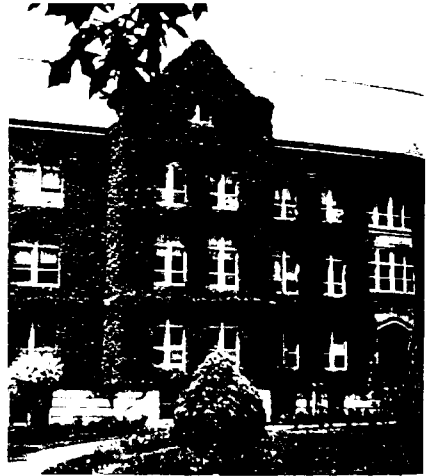


TACOMA INDIAN HOSPITAL

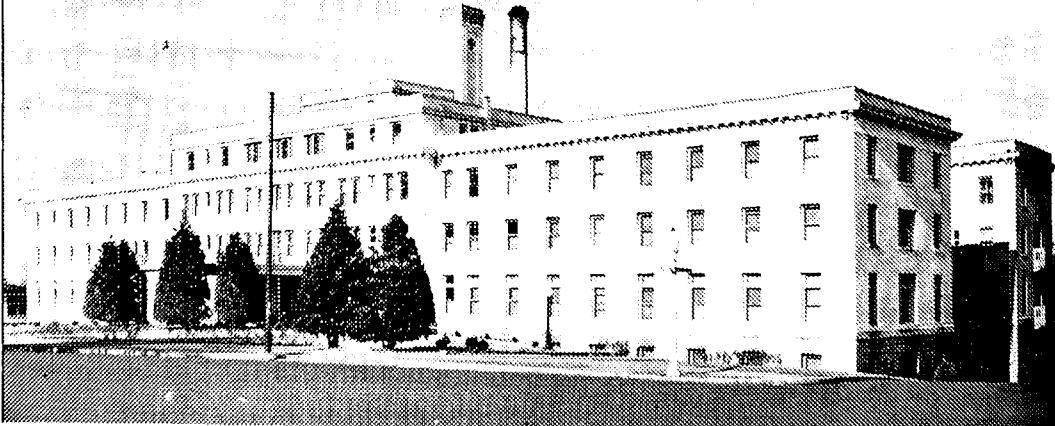
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Twenty-Four Hour Service.

Graduate Nurse Staff.

Visiting Doctors Welcome

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Henrietta S. Palmer, R. N. A., Director

The BULLETIN

V. X

May, 1940

No. 5



PROGRAMS

MEDICAL ARTS AUDITORIUM

MAY 14 — 8:15 P. M.

Neurology as Illustrated by Multiple

Sclerosis.....Dr. R. W. Brown

Discussion.....Dr. Clifford Halvorsen, Dr. C. P. Larson

Surgery of the Colon.....Dr. R. D. Forbes, Seattle

Discussion.....Dr. Jess Read, Dr. S. F. Hermann

Recommendations of the Advisory Committee

on Diphtheria.....Dr. L. E. Powers

Election of Officers

MAY 28

Annual Banquet

Tacoma Country Club

7 p. m.

Auditorium Telephone BRoadway 3166

Tacoma, Washington

SOCIETY — OFFICIAL PUBLICATION . . .

Pierce County Medical Society

OFFICERS — 1939-1940

President.....	W. W. Mattson
President-Elect.....	H. J. Whitacre
Vice President.....	W. B. McNerthney
Secretary-Treasurer.....	T. H. Duerfeldt

Editorial...

In a discussion of the cost of medical care one seldom hears any attempt at analysis. All incidental expenses are lumped together under one general head, giving the impression of a large doctor bill. The high cost of nursing and hospitalization is not understood or is ignored. These charges, along with other expenses, necessary or otherwise, constitute the larger part of the cost in any prolonged serious illness.

In the past this was not so. The sick person was cared for in his own home, where his wants were attended to by members of the family, or in exceptional cases by one nurse, who was in continuous attendance. Fifty years ago persons dreaded the very name hospital, and could be induced to enter such an institution only when in most desperate need.

In more recent times, with the improvement in hospital facilities and the great advance in surgical procedure, this fear was partly overcome. Even then the use of the hospital was reserved for major surgery and severe illness. Hospitals were few. They were located, for the most part, in centers of large population. These institutions were built by religious orders or public-spirited citizens and were supported by large endowments. The beds were filled with charity patients. For the use of private wards the fee was small and included the services of the nurses on duty. Today shows a marked contrast. All over the land in city, town, and hamlet, these necessary adjuncts of medical service have sprung up. It is indeed an insignificant place that cannot boast of some kind of a hospital. This is as it should be, but unfortunately, in many instances, a sufficient study of the needs of the community and of the cost of operation and maintenance are neglected. As a consequence of this lack of foresight, instead of simply-constructed buildings, with good, serviceable furnishings, many have built marble palaces where patients wander about in such luxurious quarters as they never saw before, and the nurses and help live in homes like glorified sorority homes. Many of these hospitals have been built with no thought of the cost of operation and no idea where the money will come from to meet this expense.

No endowment, with a staggering burden of debt, along with an expensive method of operation causes such institutions to set a high price on their accommodations if they wish to exist and keep out of bankruptcy.

With this large increase in the number of hospitals and the rapid advance in medical and surgical technique has come a national evolution of the position the hospital holds in the minds of the community. Today the hosp-

ital has an honorable position, and it is fulfilling a glorious mission all over the land. More and more the people are taking advantage of this auxiliary in gaining health. The pendulum has swung from the old days of dark dread to the confidence and trust of today.

As with all movements, there is a danger that the pendulum will swing too far. The costs of medical care are increasing day by day and creating such a burden on a large part of society that our present individualistic system of medical practice is threatened.

There was a time, not so long ago, when babies were born, and ordinary sickness was treated in the home. No nurse, or one who remained on duty for the duration of the illness was the rule. In the event of more serious illness, the patient went to the hospital and occupied a bed in a ward. If he required a private room, the nurses on floor duty attended to his needs, along with the other adjacent rooms.

Today it is the custom to enter a hospital for all sorts of minor ailments. Instead of using a ward bed, the patient must have a private room, with bath, telephone, and radio. In place of the floor nurse he must employ one, two, or three private nurses. In addition to these bills for room and nursing, he must pay for laboratory examinations, x-ray pictures, drugs and dressings and the use of the operating room when needed. For a person of ordinary moderate means these costs are appalling. Many a person incurs these large expenses when they are not necessary.

The doctor himself is partly to blame for this condition. It is his place to say when hospitalization is needed, but he should use care and discretion in giving such advice. True, it is much easier to see three or four patients in the hospital than to make visits at their respective homes. The time a doctor uses in attendance at child birth has been greatly reduced since the days when he was called to the home in early labor pains. In the hospital one can make examinations, have laboratory tests and such procedures done with ease and little personal effort. All of this makes the life of the busy practitioner more pleasant, but he must remember that it is not the patient alone who pays the bill—the doctor himself is sharing in the expense. Often these fees deplete the patient's resources so badly there is nothing left to meet the doctor's modest bill.

By the exercise of judgment and consideration of the financial standing of the individual the physician can be a big help in reducing unnecessary expense.

He can, and should conduct simple laboratory work, such as urinalysis, blood count and common bacteriological study in his own office. This is true also of various therapeutic treatments, manipulations and minor surgical procedures. Along with his physical examination, he can make his diagnosis in his office or the patient's home. As most cases of sickness can be diagnosed in the doctor's office,

(Continued on Page 3)

LIBRARY

HOURS 10:00 A. M. TO 4:30 P. M.
TELEPHONE Broadway 3166
BLANCHE L. DeWITT, Librarian

Throughout the active season of the medical society, from September to May, the library supplies and the doctors consume a great amount of scientific material. With the coming of the summer months there is a tendency to turn from this type of reading to something of a lighter nature. The following articles are suggested as entertaining reading for an idle hour:

Of perennial interest is the subject of the medical knowledge of Shakespeare, as evidenced by the numerous articles available. Among these is "Kate, the Curst" by John W. Draper, which appeared in the Journal of Nervous and Mental Disease for June, 1939. The author's interpretation of the reformation of Katherine (today she would, of course, be Kay) is most ingenious.

A fascinating series of articles is "Incunabula Medica" by Felix Cunha, which began in the American Journal of Surgery for June, 1939. This account of medicine, doctors and medical books of the Middle Ages makes absorbing reading. In contrast to our modern concentrated liver extract, but effective, doubtless, though far from esthetic, was the practice of taking anemic patients directly to the place where animals were to be slaughtered, where they partook of fresh raw liver, and matching our modern sterilization of suture material was the early practice of soaking it in wine for antiseptic.

Along similar lines are two articles in the September 13, 1939, issue of Proceedings of Staff Meetings of the Mayo Clinic, "The Story of the Medical Printed Book" by T. E. Keys and "Medical Printers of the Renaissance" by M. N. Walsh. These articles tell, respectively,

EDITORIAL

(Continued from Page 2)

so can the majority receive all needed care in their homes.

When hospitalization is needed timely advice to the family will help them in planning ways of limiting the amount of their future obligations. One might afford a private room for a short stay in the hospital, but if the illness threatens to be prolonged, a ward bed would be more sensible. For others private rooms and private nursing are out of the question. In these and many ways the doctor acts not only as physician, but as a counsellor, advisor and friend. He can protect the profligate individual from his own folly when he says, "Don't mind the expense, Doctor. Nothing is too good for my loved one," and proceeds to select the expensive corner room with several nurses and all the extra trimmings.

The prudent and thoughtful will gladly accept the doctor's friendly guidance and thus cement more firmly a feeling of mutual trust and respect.

of the history of printing with type and of the lives of some of the famous early printers. In contrast to our own day, when there is a plethora of reading matter, much of it not worth the printing, was the time when printing had the status of a fine art and the making of a book was a labor of love, not to be lightly undertaken. These companion articles give us an idea of what went into the production of the early medical book.

"The Doctor Laughs" (and in all conscience he has need of laughter in these days) by E. V. Ullman, begins in the December, 1936 number of Western Journal of Surgery, Obstetrics and Gynecology. The author calls it "medical mummeries, collected, recollected and edited," and says that he hopes this collection of humor will be taken as it is meant—as an unpretentious pleasantry, a pastime for hours of leisure.

F. H. Church writes of "Medical Ostracca" in Journal of the Medical Society of New Jersey for August 1938. He explains that ostracca are fragments of books, documents or letters, or of shards, tiles or shells with inscriptions which, when deciphered, may convey an idea of the times in which they were written. Some of these contain references to the duties of a "public physician," or health officer, as we would say, some of them are bills of sale for slaves, one of which certifies freedom of a mother and child from epilepsy, while another fragment is a part of a last will and testament, and states that the testator is "sane and in his right mind."

A diverting article on "Historic Sidelights on Medical Terminology," by H. C. Mack, was published in Journal of the Michigan State Medical Society for June, 1936. The author gives examples of the influence of mythology, philosophy, the humoral theory and the like upon the common medical terms in use today.

In "Spirochaeta Pallida, Homo Sapiens and Mrs. Grundy," Archives of Dermatology and Syphilology for May, 1939, Merrill Moore traces the evolution of our attitude toward syphilis from the time when even the name was unprintable to our own day, when the subject has been brought out into the daylight, resulting in a great upsurge of public interest in venereal disease control.

Further suggestions are:

Beethoven's Physicians, W. Schweisheimer; Medical Record, April 5, 1939.

Washington's Predilection for Doctors and Doctoring, W. A. Wells; Virginia Medical Monthly, February, 1939.

State Association Meeting

Dr. R. E. Mosiman, Seattle, Chairman of the Scientific Committee of the Washington State Medical Association, asks that those who have papers which they would like to have considered for the program at the meeting on August 26, 27 and 28, submit such papers to him as soon as possible.

Those wishing space for the scientific exhibits are asked to communicate with Dr. S. F. Herrmann, Tacoma.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

OFFICERS

President	Mrs. D. M. Dayton
President-Elect	Mrs. S. S. Jones
First Vice President.....	Mrs. Fay Nace
Second Vice President.....	Mrs. Lester Baskin
Third Vice President.....	Mrs. C. P. Gammon
Fourth Vice President.....	Mrs. Leo Hunt
Recording Secretary.....	Mrs. C. V. Lundvick
Treasurer	Mrs. S. E. Light
Corresponding Secretary.....	Mrs. C. C. Leaverton
Historian.....	Mrs. L. T. Mc Nerthney

The May meeting was a tea at the home of Mrs. Horace Whitacre on the afternoon of the ninth.

Misses Evelyn, Esther-Lou, Virginia and Harriet Herrmann delighted with their rendition of Schumann's Rosamund Overture. The program was under the chairmanship of Mrs. Fay Nace.

Mrs. John Steele, Tea Chairman, was assisted by Mrs. George Nace, Mrs. Woodard Niethammer, Mrs. Miles Parrott, Mrs. Warren Penney, Mrs. Wilmot Read, Mrs. Chris Reynolds, Mrs. John B. Robertson, Mrs. George Smith, Mrs. Alfred Schultz, Mrs. Charles Trimble, Mrs. Gustav Wislicenus and Mrs. Edwin Yoder.

Preceding the meeting, Mrs. Darcy Dayton entertained Board members for luncheon at her home.

* * *

Mrs. Horace Whitacre, General Chairman for the Auxiliary for the convention in August, has called a meeting of committee chairmen, who are as follows: Registration and Credentials, Mrs. D. H. Bell; Golf, Mrs. Claude Leaverton; Hostess, Mrs. D. M. Dayton, with Mrs. Warren Penney as co-chairman; Transportation, Mrs. Tom Murphy; Information, Mrs. Edwin Yoder; Decorations, Mrs. W. H. Goering; Finance, Mrs. Scott Jones; Exhibits, Mrs. J. B. Robertson; Press and Publicity, Mrs. Carroll Carlson; Social, Mrs. Weldon Pascoe.

A complete list of committees will appear in a special Convention edition of the Bulletin, to be published in July.

The Auxiliary would appreciate it if the local women would register for the convention on Sunday, August 25, thus relieving congestion on Monday for out-of-town members.

"Our Wives"

Speech given by Dr. Will McCreery at the Medical Society dinner honoring the Auxiliary on March 26.

I have been asked to say a few words tonight about our wives. Last Saturday night at the surgical dinner Dr. Herrmann and the guest speaker vied with each other in quoting Scripture. Their subject was wine. The verse that comes to my mind in connection with my subject is "Wives submit to your husbands as unto the Lord." Evidently that is too orthodox and fundamental an injunction to be accepted by this gathering tonight.

One of the famous American doctors of two or three generations ago was Oliver Wendell Holmes. He was the writer of an epoch-making paper on "The Contagiousness of Puerperal Sepsis." That was before the time of Pasteur and Lister. He coined the word anaesthesia, after Morton introduced ether. He also was an author. The "One Hoss Shay" is the most widely known of his writings. He wrote books in lighter vein. One of these was "The Professor at the Breakfast Table."

The professor was in the habit of walking to school in the morning with the pretty school teacher. Their way lay through a park. When they were in a hurry they took a short path, when they had more leisure they took a longer path. One morning they came to the division of the paths. The professor said, "Shall we take the long walk this morning? Stop a moment and think. If we take the long walk this morning, it mean that we will never part." The school teacher paused a moment, then said quietly, "I will take the long walk with you." Needless to say, this simple story brings to each of us memories of a similar occasion in the years gone by.

It is an honor to belong to the medical profession. The laborious preparation makes its members primarily a selected group. The day by day attempt to make a diagnosis, which is essentially a search for the truth, and the constant effort to relieve human suffering tends to develop the best qualities of the intellect and the heart. Certainly it ranks among the superior professions. And I like to think that often, very often, our partners are made of finer stuff than many of their sisters.

I am at a loss for fitting words to sing the praises of our fair ladies. I have chosen to use the words of another. He tells the wifely virtues far better than any poor words that I could say. I quote the tribute of Robert Louis Stevenson to his wife:

(Continued on Page 11)

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MINUTES OF REGULAR MEETING APRIL 9, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on April 9, 1940, with Dr. W. W. Mattson in the chair. Minutes of the previous meeting were read and approved.

Dr Christen Quevli gave the first paper of the evening, entitled "Coronary Artery Disease." Dr. Quevli gave an elaborated and instructive paper covering the history, anatomy, atphology, etiology, mortality, symptomatology, physical and laboratory findings and treatment of the disease. The paper was discussed by Drs. E. J. Fairbourn, A. H. Buis and E. W. Janes.

The second paper was by Dr Conrad Jacobson, of Seattle, on "Factors Pertaining to Head Injuries and Intracranial (extra-cerebral) Hemorrhage." Dr. Jacobsen gave a brief discussion of the anatomy of the skull and the physiological action of the dura and meninges. He then classified intracranial hemorrhage into three subdivisions, namely (1) extra dural; (2) subdural; (3) subarachnoid, giving the clinical findings, symptomatology and treatment for each subdivision. He emphasized the importance of a close watch of the pulse rate, pulse pressure and blood pressure of each case.

The paper was discussed by Drs. F. A. Plum and C. R. McCreery.

The final reading of Dr. M. R. Petersen's application for membership in the society was given. Dr. Petersen was unanimously elected to membership.

The application of Dr. Homer W. Humiston was read and referred to the Board of Trustees for approval.

Nominating Committees were elected as follows: Committee No. 1, Dr. S. F. Herrmann, chairman, Dr. A. E. Hillis, Dr. V. E. Crowe; Committee No. 2, Dr. E. W. Janes, chairman, Dr. C. V. Lundvick, Dr. T. B. Murphy.

MINUTES OF REGULAR MEETING APRIL 23, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on April 23, 1940, with Dr. W. W. Mattson in the chair. Minutes of the previous meeting were read and approved.

Reports of the two nominating committees were read as changed, as follows:

Committee No. 1—S. F. Herrmann, chairman

President Elect—T. K. Bowles.

Vice President—R. D. MacRae.

Secretary-Treasurer—C. C. Carlson.

Trustees—G. M. Steele, S. E. Light, W. A. Niethammer.

Delegates—D. M. Dayton, T. B. Murphy, W. H. Goering.

Alternates—J. W. Gullikson, C. V. Lundvick, L. A. Hopkins.

Trustees of Business Bureau—S. M. MacLean, L. A. Hopkins, W. H. Ludwig.

Committee No. 2—E. W. Janes, chairman

President Elect—L. J. Hunt.

Vice President—Clyde Magill.

Secretary-Treasurer—Jess Read.

Trustees—L. T. McNettney, W. A. Niethammer, T. H. Duerfeldt.

Delegates—A. H. Buis, C. R. McCreery, C. F. Engels.

Alternates—R. C. Schaeffer, W. W. Pascoe, L. A. Hopkins.

Trustees of Business Bureau—F. R. Maddison, Chris C. Reynolds, C. C. Leaverton.

The application of Dr. Harry G. Beck was read and referred to the Trustees.

Dr. Carlisle Dietrich was unanimously voted into membership in the society.

A letter from the National Physicians' Committee was read and discussed by Dr. Wilmot Read. It was moved and carried that a committee of three be appointed to investigate this National Physicians' Committee and to individually solicit the members of our society for further contributions and that the Secretary be instructed to write to the committee of his society's whole-hearted support of the movement. The President appointed Dr. C. F. Engels as Chairman, with Drs. T. B. Murphy and A. H. Buis.

The program of the evening was a symposium on peptic ulcer. Dr. John Blackford, of the Virginia Mason Clinic, reported on over one thousand cases seen in the Virginia Mason Hospital, stating that during the past twenty years X-ray diagnosis in good hands has been accurate in over 90% of the cases. There has been a marked decrease in primary operations for peptic ulcer, but previously many of those operated were for what is now considered the complications of the ulcer. Duodenal ulcer is the most common cause of symptoms of indigestion. The lesion begins before the age of 25 in over 50% of the cases. It is more common in males and there are certain constitutional states in which it is most common. Ulcer in the anterior duodenal wall shows fewer symptoms but is more apt to perforate. Ulcers in the stomach above the pre-pyloric area give less typical symptoms and 30% of

(Continued on Page 6)

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MINUTES (Continued from page 5)

gastric carcinomas give history and findings similar to those of peptic ulcer. Indications for surgery are organic pyloric obstruction, perforation, intractable pain and certain cases of hemorrhage. Eighty per cent of fatal hemorrhages from peptic ulcer are the first gross hemorrhage which occurs. In half of the patients the ulcer is apparently quiescent at the time of hemorrhage. In the series presented 97% of the fatal hemorrhage occurred over the age of 45. In older patients gastric resection within forty-eight hours of the onset of the hemorrhage gave a mortality of only 5%, while medical management of massive hemorrhage resulted in over 30% mortality. Medical treatment is able to relieve 75% of patients with peptic ulcer. Finally, Dr. Blackford stressed the importance of emergency surgery within the first forty-eight hours in all patients over fifty having a massive hemorrhage from peptic ulcer.

Dr. Joel Baker, also of the Virginia Mason Clinic, gave a very interesting and informative talk on the surgical aspects of peptic ulcer, stating that the pendulum has apparently swung too far and that surgery is not advised in as many patients as it should be at the present time, the indications for surgery being intractable symptoms, which are usually due to an ulcer in the posterior wall of the duodenum, with perforation into the pancreas,

causing pancreatitis, perforation of the ulcer and unrelieved pyloric obstruction. The operations of choice are gastrojejunostomy and the more difficult gastric resection. After some discussion of the type of operation, Dr. Baker gave his opinion that gastric resection is the operation of choice (1) in patients over fifty having massive hemorrhage; (2) in patients with intractable symptoms; (3) in the young patient, especially those of the Jewish race; (4) when previous operations have met with failure to handle the situation.

These papers were ably discussed by Drs. Janes, Nelsen and Turner.

TACOMA INTERNISTS' SOCIETY

University-Union Club, May 21, 6:00 p. m.
Chemotherapy of streptococcus viridans and staphylococcus aureus infections in marrow cultures—E. E. Osgood, Assistant Professor of Medicine, University of Oregon Medical School, Portland.

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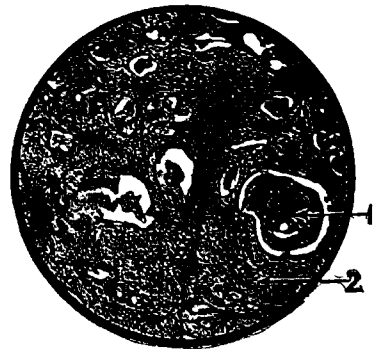
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ANTIPHLOGISTINE

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Personals . . .

Something seems to be continually happening in the Nace family. The engagement of George Jr. to Miss Florence Ordahl of Glenfield North Dakota has been announced. They will be married in June after he returns from his first year in Washington University Medical School. After a honeymoon in Canada they will settle down for a quiet summer at Dash Point. Miss Ordahl is a very charming young lady and we shall all look forward to knowing her better.

The big city holds some terror or other for most of us from the "stix". Some of our home town girls, however, tell us that New York is merely a collection of several small towns with a few big ideas thrown in. They must know, for they seem to be doing "plenty all right." Helen McCreery is doing a nice job on the editorial staff of Time. The Quevli girls, Marie Louise and Mina are going places in music and sculpturing. Margaret Janes is the informationist with the famous bookstore, Brentanos—a swell place on a rainy afternoon if there ever was one. All of this makes us wonder why Horatio Alger seemed to think New York was a man's city.

The Medical Bureau was at last able to satisfy a long felt need when they obtained the full time services of Lewis Hopkins as medical director. Lewis will devote his energies to coordinating various activities of the Bureau. Among the most important duties will be his effort to decrease the alarmingly large hospital and drug overhead. Any effort to constructively alter badly shrunken pro rated medical returns will bring resounding cheers.

Miss Louise Willard, daughter of H. G. and Mrs. Willard, was married at St. Patrick's Church Rectory May fourth to Bartel Sanna. Mr. Sanna is in business in Chicago, where they will make their home after a honeymoon trip through the West. For the past three years Miss Willard has been personnel director of a large department store in Dayton, Ohio.

Syd and Mrs. MacLean had as their guest recently Vinton and Mrs. Sneeden of Portland. Mrs. Sneeden enjoyed the week end with her parents while Vinton attended the semi-

annual meeting of the North Pacific Society of Neurology and Psychiatry. He was on the program.

George and Mrs. Kunz just returned from a pleasant two weeks vacation in Southern California. Their office reports them as being full of vitality and ambition. We hope that this means they did a thorough job of relaxing in all the day spots and night spots, as well as places of public interest.

Chris and Mrs. Quevli had as their guest last month Dr. Nels Quevli and son Anthony of Lakefield, Minnesota. Nels is the younger brother of the late Christen Quevli, Sr. and began practice with him in Minnesota many long years ago. However, for the last forty years Nels has devoted most of his energies to the practice of law and the development of real estate. Also, since 1919 he has utilized his abundant energies chiefly in propounding some interesting, though unique, theories found in his two books "Cell Intelligence" and "Enzyme Intelligence." Those who enjoyed knowing Christen Sr. would find Nels a most stimulating counterpart.

Newest member of the Pierce County Medical Society is Carlisle Dietrich.

Charles McCreery has been elected President of the Civic Music Association for his tenth year in that office.

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Tacoma General Hospital

The regular monthly staff meeting of the Tacoma General Hospital was held Tuesday, May 7th. The speakers were Drs. W. B. McCreery and H. T. Clay. This program concluded the staff meetings for the year. They will be resumed in September. We are grateful to those men who participated and gratified with the attendance. We feel that the meetings were very decidedly worthwhile.

Since the American College of Surgeons demands that the Tumor Clinic be continued during the summer months in order to be fully approved, this clinic will be continued and announced as in the past.

We extend our sincere thanks to Drs. H. B. Allison, C. C. Carlson, W. H. Goering, and M. T. Nelsen for their continued interest and excellent work in the Orthopedic Clinic.

On July 1st, the "Combined Laboratory School of the Tacoma General Hospital and the Pierce County Hospital" is to be commenced. The curriculum has been entirely remodeled and the school will be operated on an entirely new plan. There will be five students, 2 at the Tacoma General Hospital, 2 at the Pierce County Hospital, and 1 at the St. Peter's Hospital, Olympia. Lectures will be conducted at the Tacoma General Hospital at stipulated hours each afternoon, with all five students attending. 160 didactic lecture hours will be given during the course of the

year, in addition to practical demonstrations and practice work. The Faculty giving lectures are:

Isabelle Foster, Clinical Bacteriology, Serology, Clinical Parasitology.

Ellen Jorgenson, Medical Chemistry.

Florence Schmitt, Urine Analysis.

Charles Tingley, Histo-Pathologic Technic.

A. H. Van Dell, Clinical Hematology, Clinical Parasitology.

Neva Lyness, Physiological Chemistry.

Dr. B. D. Harrington, Electrocardiography.

Dr. C. P. Larson, Clinical Hematology, Histo-Pathologic Technic.

Dr. G. G. R. Kunz' son, George, Jr., will be a member of the Pathological department staff beginning June 1st.

Dr. T. L. Terry, of Boston, will give a course in "Pathology of the Eye" at the Tacoma General Hospital, July 7th through 14th.

TACOMA SURGICAL CLUB

Tacoma Club, May 27, Dinner at 6:30

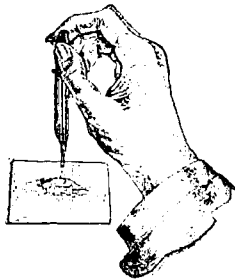
Colles Fracture.....Dr. W. H. Goering
Review of Literature.....Dr. Karl Staatz

Personals . . .

Our editor has just returned from four months in California—most of it spent at Riverside. He managed to spend some time in LaJolla, San Diego, Palm Springs, Santa Barbara and Carmel. Most of us read one of his very interesting accounts in a local paper. Now that he has shaken off the winter dust of the South he is enthusiastically all set to absorb the warm rich balm of our tropical North Country.

It is of interest to note that Tacoma was host to the first semi-annual meeting of the North Pacific Society of Neurology and Psychiatry. Its regular membership includes only recognized neurologists, neurosurgeons and psychiatrists, but a growing associate membership is open to all other medical men interested in any of the above fields. The meeting held in the Medical Arts Auditorium was attended by fifty-one of the fifty-four members coming from Oregon, Idaho, Washington and British Columbia. At the evening banquet Scott Henderson gave a lawyer's version of a doctor on the witness stand.

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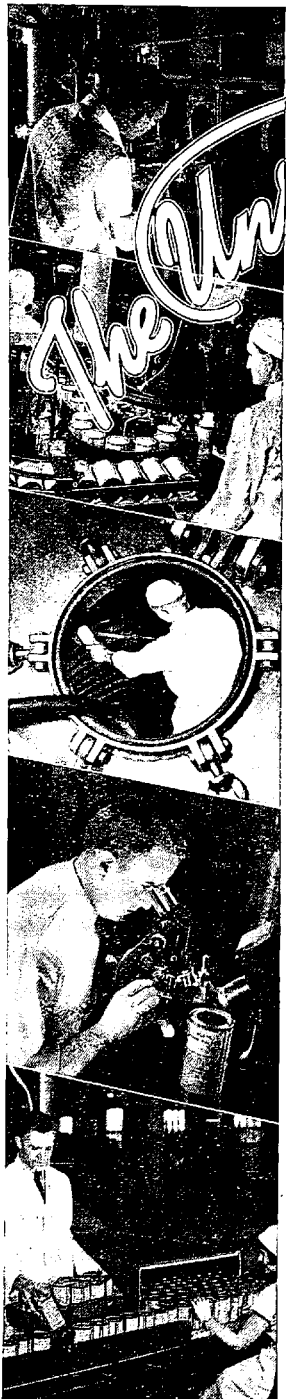
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"OUR WIVES"

(Continued from Page 4)

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The great artificer
Made my mate.

"Honor, anger, valor, fire;
A love that life could never tire,
Death quench or evil stir,
The mighty Master
Gave to her.

"Teacher, tender comrade, wife,
A fellow-farer true through life,
Heart-whole and soul-free,
The august father
Gave to me."

We are engaged in a constant struggle to maintain the status of medicine. In this struggle organizations as the American Medical Association, the Pierce County Society and Women's Auxiliary play an important part. They are necessary to combat the forces organized against us. Yet the situation is comparable to the winning of the World War. That war was won not only by the soldiers in the trenches, but also by the mass efforts of whole populations behind the line. I believe our fight will be won by the individual doctor. Each physician is a publicity man. Daily he

makes almost numberless contacts. If he treats each patient with consideration, justice and fairness then the public in turn will give us more than reasonable support. And in this day by day effort, woman's tact, woman's intuition and woman's idealism can do much to maintain the morale and ideals of her professional partner.

It is a time of anxiety and even fear. The old order is passing away. Sometimes it seems the very foundations of civilization are crumbling. Yet whatever changes may come, life will still go on. The great human relationship of husband and wife, with its biologic foundation, tested and proved by countless generations, will still remain one of the abiding satisfactions of life. With woman's courage and woman's loyalty behind him, a man can still face this troubled world unafraid.

Will the gentlemen please stand and take their glasses. I propose a toast. "We drink to those women who are taking the long walk with us, Our Wives."

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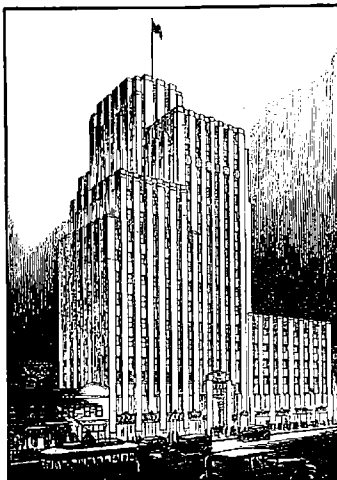
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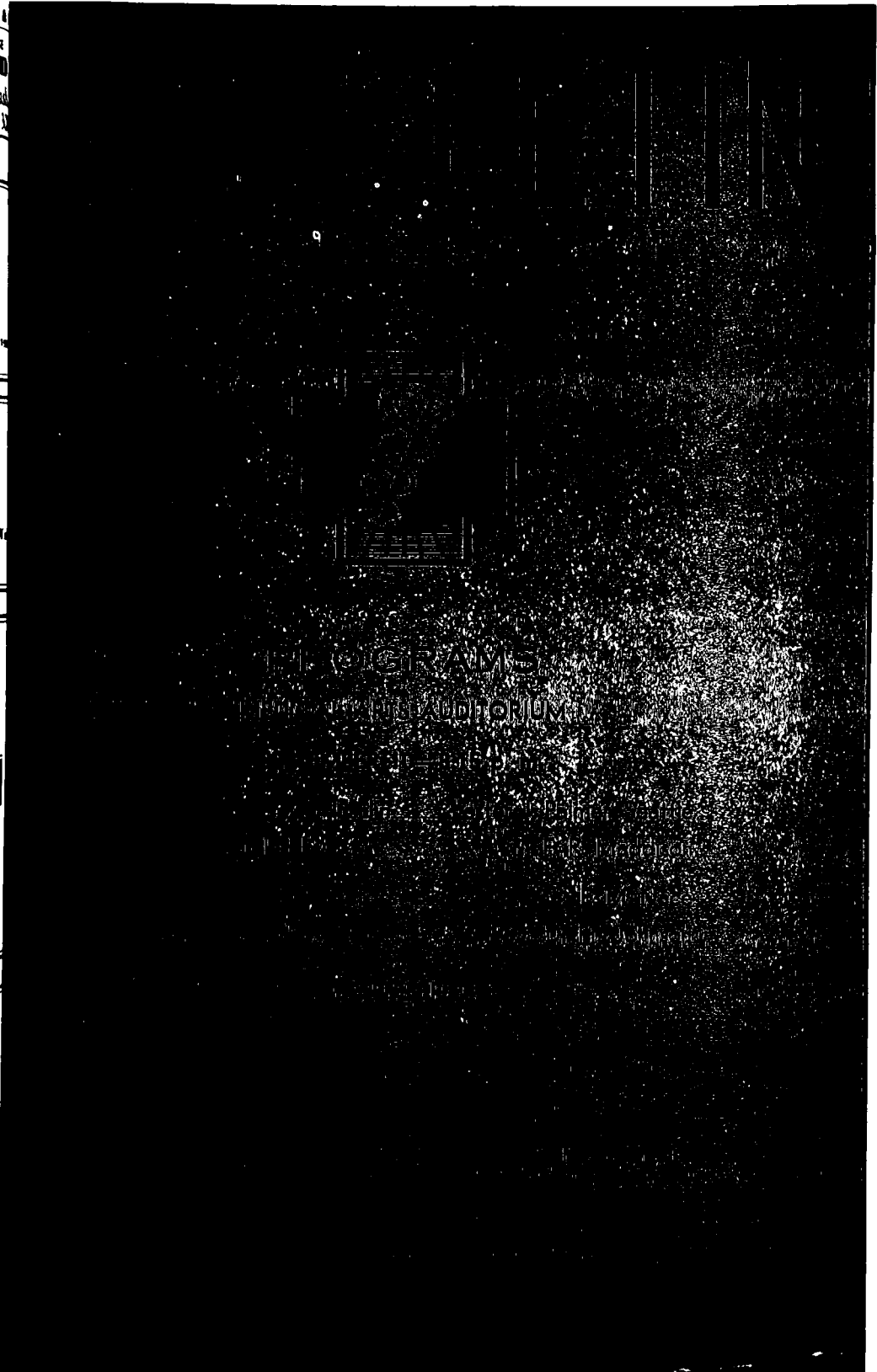
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EDITORIAL

The primary election will be held in a few days. The primary is of equal importance with the final election, if not more, for the voters have the opportunity of selecting the best candidates on all tickets and of weeding out the less desirable.

As usual, matters of vital importance to medical practice and public health will come before the state legislature, and the physicians should be active in helping elect as candidates those who are known to be friends of public health and the individual system of the practice of medicine.

The support and proper conduct of the County Hospital is an especial concern of the doctors of the County. The records of the present Board of County Commissioners is well known, and some whose terms have expired are candidates for re-election. It is well to carefully study the past records of these Commissioners and to compare their works while in office with the background, motives and promises of those who seek to succeed them.

This applies with equal force to those who seek election to the legislature. Many of the Senators and Representatives are tried and true. They have proven themselves to have sympathy and understanding of the aims of medical science. Others have shown themselves to be antagonistic to the program of public health or to be supporters of the socialistic idea of state medicine.

The doctor who is not well informed about the attitude of the different candidates may obtain information by consulting the medical legislative committee.

The conscientious physician has a duty to his County, his State and to his own profession in doing all in his power to preserve the liberties of medical science and to increase and extend its benefits as much as possible.

Vote, and see that your family and friends vote.

DR. CHARLES D. HUNTER

Once again our medical society is saddened by the loss of one of our prominent and best-loved members. Dr. Charles D. Hunter.

Graduating from the University of Wisconsin, he received his medical degree at Rush Medical College. After a year of general practice in Minnesota he came to McKenna, Washington, where he practiced for five years. In 1913 he moved to Tacoma and for eight years was County Physician in charge of the Pierce County Hospital, after which he devoted his life to general surgery.

He was a member of the County and State Medical Associations, the A. M. A., Tacoma Surgical Club and a fellow of the American College of Surgeons. As a surgeon he was skillful, painstaking and conscientious in his work, and his straightforward manner and honesty of purpose were characteristic.

Four years ago he was compelled to give up his work, which he had carried on for several years in spite of the pain and suffering which were his lot. He leaves for us this courageous example of devotion to his appointed task, as cheerful and uncomplaining, he carried on as long as he was able. His death from coronary thrombosis was no doubt a blessed relief.

LIBRARY

HOURS 10:00 A. M. TO 4:30 P. M.
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BLANCHE L. DeWITT, Librarian

Your librarian was privileged to attend the forty-second annual meeting of the Medical Library Association, held in Portland on June 25, 26 and 27. Only once before has the association held a convention on the Pacific Coast, but the attendance of seventy-five was so gratifying that hopes may be entertained that the meeting may at a not too remote date come our way again.

Pre-convention and post-convention entertainment arranged for the visitors included trips to the Oregon beaches, the Columbia River Highway and Mount Hood, which were enjoyed by medical librarians from the East, South and Middle West, who could not say enough of the beauties of the Pacific Northwest.

Sessions were held in the auditorium of the beautiful new medical library building of the University of Oregon Medical School, which is so situated that one looks out through lovely evergreens upon a magnificent panorama of the city spread out below, with Mount Hood in the background. The building not only delights the eye with its beauty but also fills the librarianly mind with admiration for its many utilitarian features.

The convention opened with an address of welcome by Dr. F. R. Menne, of the University of Oregon Medical School, who was followed by Colonel Harold W. Jones, Librarian of the Army Medical Library in Washington, D. C., President of the Medical Library Association, whose address on "Medical Literature and Medical Libraries" was full of interest and was delivered in a manner of such graciousness and simplicity as to win all hearts.

Next in order was the business meeting and reports of committees, followed by a description of the architectural features of the library building by Dean E. F. Lawrence, of the University of Oregon School of Architecture and a description of exhibits of old books and medical equipment by Miss Bertha Hallam, Librarian. A delightful feature of this first session was a paper, "Lest We Forget," by Miss Marcia Noyes, of the Medical and Surgical Faculty of the State of Maryland Library, Baltimore, who has been a member of the Medical Library Association for more than forty years and has many interesting things to tell of famous doctors whom she has known.

At the noon intermission a delightful buffet luncheon was provided by our hosts of the day, the Oregon State Medical Society. Much talk and laughter were in order as old acquaintances were renewed and new ones made.

Most instructive was the afternoon session, a symposium on the Pacific Coast aspects of the history and literature of epidemiology, under the direction of Dr. L. F. Ray, of the Bureau of Health, Portland. Plague, tularemia and Rocky Mountain spotted fever were discussed by authorities in each field. During the presentation of the latter subject by Dr. C. B. Philip, of Hamilton, Montana, the more imaginative among the audience suffered some agitation upon viewing a very realistic film showing innumerable ticks hanging onto grass stems by two legs and artlessly waving their other legs in the air in an effort to catch onto some passing animal, which would serve as a happy home in which they could rear the large families to which they are addicted.

Seven o'clock brought us together again for cocktails and the annual banquet at the Heathman Hotel. Dr. J. E. Weeks, of Portland, whose gift of \$100,000.00 made the library building possible in that it brought other large donations from the Rockefeller Foundation and the United States Government, spoke briefly on "My Interest in Libraries" and Dr. B. B. Barker, of the University of Oregon, told of his "Adventures in Research in the Hudson's Bay Company Archives," a diverting tale of his vicissitudes in gaining access to the vaults in London where these records are kept. Dr. Barker said that upon their publication the history of the Northwest as we know it will be superseded by the facts therein given.

Wednesday morning's program included a talk on "Pacific Northwest Medical History" by Dr. Olaf Larsell, of the Medical School, and a round-table discussion of "Regional Medical Historical Research," participated in by librarians from different sections of the country.

Following this the three medical librarians from this state were proud to listen to a paper on "Development and Problems of a

(Continued on Page 5)

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Physicians & Dentists Business Bureau

By Myrtle M. Christofferson, Manager

Particular attention should be given to the new developments in our government which will ultimately affect collections. The draft bill authorizing the mobilization of men between a specified age limit is one to be met as a collection problem.

Men between these ages will be needing medical service in the future as well as they have in the past, and a method should be decided as to how collections are to be handled if and when these men appear in your offices requesting service.

The Physicians & Dentists Business Bureau suggests and makes a recommendation that definite information be established at the onset of treatment, and that true facts be known before services are rendered, as to who will assume the medical fee. It is anticipated that a moratorium will be declared by the legislation authorizing a debtor to suspend payments on any of his accounts for a period of one year and possibly longer. This may mean that the enlisted men might be sent to other army bases and perhaps will never relocate in Tacoma or Pierce County.

What about your bill? Will you be protected by a note? The Bureau's suggestion is that the prospective patient be asked his age, and if he is enlisted in the Army, and how he intends to pay the bill. If he cannot settle the bill at the time the services are rendered, advise him that you must be protected by a note.

The legal Statute of Limitations effecting the outlawing of running accounts in the State of Washington is three years, and it is not unheard of nor unusual for a collection agency to spend almost this length of time in trying to locate some "Skips." If you do not have a note signed by a debtor between these ages, you cannot legally force his parents or his wife to pay his bills. If the note is signed by the wife as well as the husband, then she is also liable for the account.

Our credit experience with enlisted men has been anything but encouraging. The Government is not in the collection business and not interested enough to demand that the men pay their debts. The superior officer will call the matter to the attention of the debtor, but their answer has been that there is no reason why a soldier should accept or seek medical attention from an M. D. outside of the Army, as the Army provides such service free to them upon their asking. If the civilian medical man renders services to a soldier, it is done at his own expense, and particular attention should be paid to the fact that you cannot look to the Army for very much assistance in the way of collecting.

The Bureau is anxious to assist the profession with any available information regarding the new draft laws.

The State Convention

Our state president and the local profession may well feel proud of the recent annual meeting of the Washington State Medical Association. The attendance was good, the scientific papers were of a very high order, the scientific exhibits were excellent, and everybody had a good time.

Dr. Penney merits a rousing vote of appreciation from the entire membership of the Association because of the fine way in which he brought this all about.

The spirit of the meeting really began on Sunday, when large numbers of visitors arrived, and those who attended the no-host dinner on Sunday evening felt that the convention had begun, even though the official opening had been set for Tuesday.

Chronologically, Golf Day comes first. Those who participated declared it to be the largest and best in the history of the Association. This pre-convention event certainly furnishes a splendid vehicle for good fellowship and close bonds of friendship in the membership. The same is true of the Woman's Auxiliary golf tournament which was equally successful.

An outstanding event of Monday was the fishing derby. Sixteen pounds of salmon on a hook and line proved to be even more thrilling than the best paper on the program to those who participated.

The innovation of scientific papers by members of the Association only was a real success, and demonstrated that top flight medical discussion can be had in Washington without imported talent. The entire program was excellent.

Some of the best membership talent along scientific lines was presented in the scientific exhibits. These exhibits represent much work and are not as much studied or appreciated as their value merits.

Nor was there any lack of thoroughness or care on the part of commercial exhibitors in presenting their wares. Many of the exhibits were the same that were used at the meeting of the American Medical Association and their number was much limited by space restrictions.

Not least in importance at this convention was the splendid organization work of the Woman's Auxiliary. The women were just as busy and just as serious-minded as the men in their efforts to develop a united front for the medical profession. Their efforts should have the whole-hearted support of each county medical society.

The major social event was the dinner, floor show and dance on Tuesday evening. The dinner was good and an absorbing interest was sustained throughout the evening.

A fine spirit of friendliness and scientific endeavor characterized the meeting and this convention will go down in history as a very profitable, happy occasion.

WOMAN'S AUXILIARY

To The Pierce County Medical Society

LIBRARY

(Continued from Page 3)

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State Medical Journal" by Dr. C. A. Smith, who talked entertainingly of the early days of Northwest Medicine.

The afternoon session, preceded by luncheon as guests of the faculty of the University of Oregon Medical School, consisted of a discussion of "Problems in Nutrition," by I. A. Manville, of the University of Oregon, and a paper entitled "The Medical Social Worker Looks to the Library," by Miss Amelia Feary, of the Social Service Department of the Medical School, who, by the way, was formerly Executive Secretary of the Federation of Social Agencies in Tacoma.

Regrettably we came to the last day of the convention. The only formal paper was an able discussion of the work of the National Physicians' Committee by Dr. R. L. Benson, of Portland. After election of officers and adjournment we were taken by members of the Woman's Auxiliary to the Waverly Country Club for luncheon and a drive to points of interest about the city. The concluding pleasure offered for our delectation was a tea at the beautiful country home of Dr. and Mrs. J. E. Weeks.

The benefit of these meetings lies not only in the many instructive papers heard but also in the exchange of ideas with other women interested in the same work and having the same problems.

The Medical Library Association has around 250 medical libraries enrolled as members, with nearly as many more supporting and librarian members. Your librarian as Pacific Coast representative on the Membership Committee hopes to be of some service in adding to this number.

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The first meeting of the fall will be on September 12 at 2 p. m. in the Medical Arts Auditorium. Mrs. W. B. Penney will report on the National Auxiliary convention in New York, Mrs. E. F. Dodds and Mrs. Lawrence Mc Nerthney will report on the Washington convention and Mr. Albert Anderson, Executive Secretary of the Washington State Medical Association, will discuss legislative matters.

Recommendations of the Advisory Committee to City Health

Department

By L. E. POWERS, M. D.
City Health Officer

Dr. W. W. Mattson recently appointed an Advisory Committee to the City Health Department. The function of this Committee is to assist the Health Officer in formulating policies and procedures of health activities that will meet the approval of the Society. The members of the Committee are: Dr. D. M. Dayton, Chairman; Dr. Edwin W. Janes and Dr. David H. Johnson.

At the first meeting of this Committee several problems were considered:

First: Standing orders of public health nurses in a home where illness is present were considered and adopted. Standing orders for the nurses for specific illnesses, such as the communicable diseases, are now being formulated and will be submitted to the Committee later for their consideration. These orders include exactly what procedures the nurses will carry out and what they will advise the family in relation to their sickness.

Second: Two deaths of children, unattended by a physician, occurred in the same boarding home. The Committee recommended that some regulation of boarding homes be formulated and submitted in the form of an ordinance. This ordinance has not yet been completed.

Third: The liberalization of the milk ordinance to allow dairies outside the city to properly pasteurize milk in their own plants was discussed and later submitted for the approval of the Society as a whole. The Society recommended to the Health Department that every effort be made to increase the consumption of pasteurized milk in the city. Only 51 per cent of the milk sold in the city was pasteurized. An amendment to the Tacoma milk ordinance was recently passed

which now allows pasteurization outside the city limits of Tacoma for marketing in the city.

Fourth: Recently the Health Department has accidentally discovered several healthy diphtheria carriers. The possibility of a diphtheria epidemic was discussed. In 1938 Dr. Ralph Gregg made a house-to-house survey to determine the percentage of children who had received a protective inoculation against diphtheria. This survey revealed that only 28 per cent of the children in the infant and pre-school age group had been inoculated. Forty-six per cent of the age group, 5 to 9, had been inoculated.

When alum precipitated toxoid was first introduced, it was believed one inoculation would protect for life. Parents were advised and in some cases are still being advised, that one inoculation is all that is necessary for protection. We now know that one injection of the toxoid renders the subject Schick negative for about two years on the average.

The question as to whether we were building up a false security in the minds of parents was considered. The Committee felt that before this question could be answered more definite information was needed as to the number of children now immune to diphtheria. Consequently the Committee recommended that the Health Department make a Schick sampling survey of the Tacoma grade school children. The results of this survey were published in the April "Bulletin" which you have all seen and which revealed that only 41.5 per cent of the children in the grade school age group were Schick negative.

At the second meeting of this Advisory Committee, results of the Schick survey were discussed and the following recommendations made. The Committee felt that these recommendations should be presented to the Society.

First: The responsibility of all the immunizing procedures rests directly with the private physician. Any physician who has children under his care should make it routine to see that these children receive the proper immunizations.

Second: All physicians should cooperate by establishing a fixed age period when parents would be advised that their children receive the diphtheria inoculation as well as small-pox vaccine. The Committee recommends that the physicians and public health nurses urge these vaccinations when the child reaches 9 months of age. In this way it is felt there would be uniformity of effort and better results accomplished.

Third: The Committee realizes that the recommended immunizing procedure for diphtheria is two inoculations of alum precipitated toxoid 30 days apart when the child is 9 months old, and one reinforcing dose when the child enters school, but urged it is better to have a large number of children receive at least 1 dose of toxoid rather than a few having the ideal. It was, therefore,

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recommended that the Health Department personnel strongly recommend the one dose of alum precipitated toxoid at 9 months and merely state that their physician may recommend another inoculation at a later date. The necessity of future inoculations should be determined by the individual physician.

Fourth: The Committee recommends that the existing policy of a one dollar charge for each inoculation, but free inoculation to those who obviously cannot pay this fee, continue. The Health Department furnishes toxoid and smallpox vaccine free to any physician.

Fifth: The public health nurses should instruct the parents that the fee for one diphtheria inoculation is \$1.00 but no child will be refused an inoculation by their physician if it is impossible for them to pay the fee.

Sixth: The giving of free inoculations in schools in the city tends to educate the parents to wait until the children reach school age before they are immunized. Thus the child is unprotected in the most dangerous period of his life.

The Committee feels that the entire Society should adopt the same program of teaching in reference to immunization which will make for less confusion in the minds of parents and more willingness to request the protective immunizations.

HOSPITAL MEETINGS

Tacoma General

Clinical Pathological Conference—	Oct. 1, 8 P. M.
Combined Clinics—	Sept. 12, 19, 26, Oct. 3, 9:30 A. M.
Pathologic and Radiologic Clinics—	Sept. 9, 16, 23, 30, 2 P. M.
Orthopedic Clinic—	Sept. 12, 9 A. M.
E. E. N. T. Conferences—	Sept. 9, 16, 23, 30, 7 P. M.
	St. Joseph's
Clinical Meeting—	Oct. 7, 8 P. M.
Pathological Conference—	Oct. 4, 9:30 A. M.
	County
Staff Meeting—	Sept. 27, 12 M.
Clinical Pathological Conferences—	Sept. 12, 19, 26, Oct. 3, 4 P. M.

THE NEW INTERNS

New interns at Tacoma General are J. W. Bowen, Jr., Rush; C. M. McCandless, Jr., Harvard Medical School, and J. R. West, University of Minnesota Medical School; at St. Joseph's are F. C. Spratt, Loyola; R. C. Bucklin, Loyola; J. B. Jarvis, Baylor and W. Avery, Creighton; at County are L. G. Morley, University of Oregon Medical School; N. D. Wilson, Northwestern and W. F. Gerringer, University of Colorado.

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The First Salmon Derby of the Washington State Medical Association was held on Monday, August 26. Twenty-eight fishermen (?) participated in the cruise and "refreshments" and, of course, there were always some damn fools who wanted to fish. H. D. Fritz came up from Cathlamet on the Columbia River to show us how to catch salmon and he succeeded in gaffing a 16½-lb. King to win first place and a beautiful gold cup (with the necessary liquid to fill it). Tom Murphy was the heartiest. He got up at six in the morning and took J. C. Monger of Vancouver out in his boat, and they succeeded in netting two beauties—15 lbs. and 12½ lbs. We have no witnesses to this feat, but we hereby publicly announce that the committee will not be responsible for any debts contracted at the Tacoma Fish Market by these two illustrious anglers. Tom received a sport jacket and Monger a utility case. Drs. Tashian and Matthews came over from Seattle to show the local boys how to do it. They caught a 4-lb. Silver, but refused to tell which caught it. They divided the prize between them, a Kirsten pipe and 2-lb. of tobacco.

Dr. L. F. Wagner of Harrington caught a Salmon Trout. With the aid of Baskin's Elastic Fisherman's Rule it measured 12.001 inches for the booby prize—one decayed

herring. Drs. Duryee and Jones received prizes for catching Silvers. Dr. Schaari of Bellevue enjoyed the "refreshments" most, and in recognition of his prowess was awarded a cocktail shaker. Dr. England had the least to do with fishing, and he was appropriately rewarded. Our own Charlie Larson lost the most money playing Black-jack, and we awarded him some cards to practice with. Dr. Nichols rowed a boat around the harbor all afternoon, and he got—callouses. We are indebted to Shaw Supply Co., Phillip Morris, Hy Mandles, McMillans, and Rod Molt for prizes and to Ted and Bill Healy, Mr. Ackers of Squibb and Sons, Dr. Fishel and Everett Stevens of the Stevens Motor Company for the generous use of their cruisers all afternoon. We are grateful to Dave Rhind and Charlie Taylor for their invaluable assistance in helping plan this event.

ROUTINE TESTS FOR URINARY SUGAR SIMPLIFIED BY MEANS OF THE NEW GALATEST METHOD

It has been estimated that one out of every four persons has a diabetic heredity. Statistics show, also, that the number of cases of diabetes have been annually increasing. What can be done to check the disease? One answer is, to make urinary tests for sugar a routine procedure with all patients presenting themselves for treatment. It is well known that many incipient and mild cases of diabetes go untreated because of vague symptomatology and which could be prevented from progressing if detected in time.

Sugar urinalyses are now routinely possible with the aid of the dry micro-reagent, Galatest. With it, tests can be made at the office of the physician or the patient's bedside, in a few seconds at a small cost. It requires no laboratory equipment. Physicians using it will find it of inestimable value in their daily practice. For particulars address: The Denver Chemical Mfg. Co., New York.

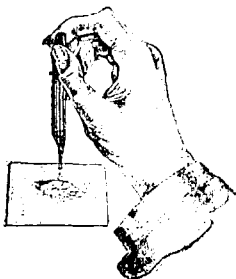
Course on Pathology of the Eye

Dr. T. L. Terry pathologist to the Massachusetts Eye and Ear Infirmary at Boston gave a course on Pathology of the Eye at the Tacoma General Hospital early in July. Those taking the ten-day course of instruction were Drs. C. V. Lundvick, W. H. Ludwig, Fordyce Johnson, J. A. Johnson, A. E. Hillis, G. E. Griffith, Walter Cameron, B. T. Terry, C. P. Larson pathologist at the Tacoma General Hospital, C. R. McColl pathologist at St. Joseph's Hospital, Dr. Donovan of Vancouver and Dr. Harger of Seattle.

COMMUNICABLE DISEASES—July

Whooping cough	6
Poliomyelitis	22
Erysipelas	1
Typhoid fever	1
Tuberculosis	4
Mumps	2
Chickenpox	12
Scarlet fever	2
Measles	1

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BRIEF HISTORICAL NOTES ON MEAD'S CEREAL AND PABLUM

HAND in hand with pediatric progress, the introduction of Mead's Cereal in 1930 marked a new concept in the function of cereals in the child's dietary. For 150 years before that, since the days of "pap" and "panada," there had been no noteworthy improvement in the nutritive quality of cereals for infant feeding. Cereals were fed principally for their carbohydrate content.

The formula of Mead's Cereal was designed to supplement the baby's diet in minerals and vitamins, especially iron and B₁. How well it has succeeded in these functions may be seen from two examples:

(1) As little as one-sixth ounce of Mead's Cereal supplies over half of the iron and more than one-fifth of the vitamin B₁ minimum requirements of the 3-months-old bottle-fed baby. (2) One-half ounce of Mead's Cereal furnishes all of the iron and two-thirds of the vitamin B₁ minimum requirements of the 6-months-old breast-fed baby.

That the medical profession has recognized the importance of this contribution is indicated by the fact that cereal is now included in the baby's diet as early as the

third or fourth month instead of at the sixth to twelfth month as was the custom only a decade or two ago.

In 1933 Mead Johnson & Company went a step further, improving the Mead's Cereal mixture by a special process of cooking, which rendered it easily tolerated by the infant and at the same time did away with the need for prolonged cereal cooking in the home. The result is Pablum, an original product which offers all of the nutritional qualities of Mead's Cereal, plus the convenience of thorough scientific cooking.

During the last ten years, these products have been used in a great deal of clinical investigation on various aspects of nutrition, which have been reported in the scientific literature.

Many physicians recognize the pioneer efforts on the part of Mead Johnson & Company by specifying Mead's Cereal and PABLUM.

Pablum is a palatable mixed cereal food, vitamin and mineral enriched, composed of wheatmeal (farina), oatmeal, cornmeal, wheat embryo, beef bone, brewers' yeast, alfalfa leaf, sodium chloride, and reduced iron.



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PERSONAL

Dr. and Mrs. William G. Cameron have recently returned from a three-week sojourn on Orcas Island, where they attended the meeting of the Modern Language Vacation Camp.

Representatives of this society at the Fourth Tate Mason Memorial Clinics early in the summer were Drs. Mattson, Jess Read, Murphy, Larson, Harrington, Turner, Penney, Wright, Janes and Crowe.

The marriage of Miss Florence Ordahl and George Nace, Jr. took place on June 20 at the First Lutheran Church.

Dr. W. B. Penney was re-elected President of the Washington Tuberculosis Association at its Everett meeting.

Although the "last rose of summer" is with us, it must be recorded that at this year's Rose Show Dr. S. F. Herrman's Rouge Mallerin was adjudged the best one rose shown. Dr. Frank Maddison had the best three roses and the most points in the show, with Dr. Herrmann second. Dr. W. H. Goering had the best six red roses in Division D, Dr. Cyril Lundvick the best three single roses in Division E and Dr. D. M. Dayton the best semi-double roses in Division F.

Benjamin Harmon Robertson, son of Dr. and Mrs. J. B. Robertson, and Miss Hazel-gertrude Churchill were married at the First Christian Church on August 8.

George Kunz has returned to Temple University Medical School after a summer spent with his parents, Dr. and Mrs. G. G. R. Kunz.

State Medical Assn. Golf Tourney Interesting and Enjoyable

By Cyril V. Lundvick

The Washington State Medical Association had a very interesting and enjoyable golf tournament on August 26th, preceded by their sweepstakes tournament on August 25th.

The number of entries was the greatest in the history of the organization. There were 125 players on Sunday, and 140 players on Monday. The Sunday play was won by Dr. McRae, who managed to shoot a beautiful 81 while carrying a handicap of 16. The low gross on Monday was played by Dr. Walter Cameron of Tacoma, who continues to be the best shot in the Washington State Medical Golf Association, however, he was hard pressed by Dr. Loudon of Yakima.

There were many prizes donated by various organizations, especially noteworthy being, The Shaw Supply Co., Carnation Milk, Winthrop Hotel, R. E. Anderson, Dr. W. B. Penney, Dr. Horace Whitacre, The Prescription Optical Co., and the Riggs Optical Co. Anyone who could at least connect with the ball part of the time managed to secure a prize.

Owing to the splendid cooperation of our local men, both golfers and non-golfers, Tacoma donated about \$250.00 worth of prizes. Every golfer went home feeling that Tacoma gave them a grand time which will be ever present in their golfing memories.



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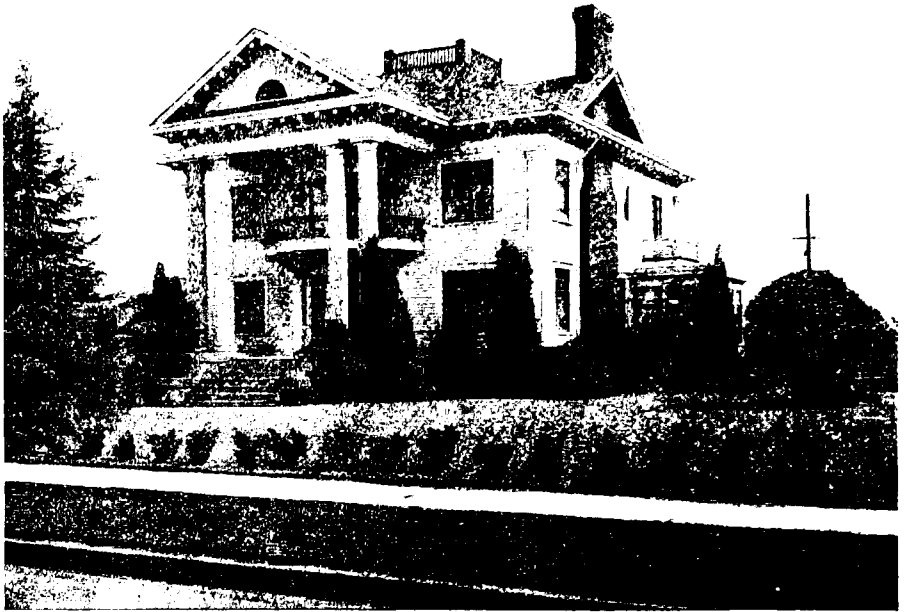
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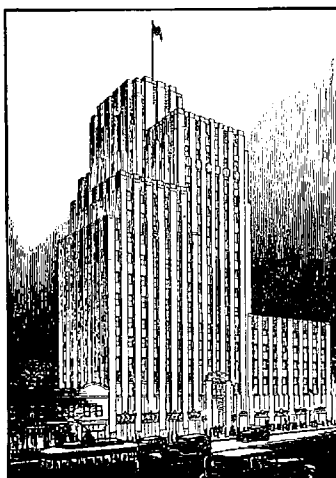
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The BULLETIN

Vol. X

October, 1940

No. 7



PROGRAMS

MEDICAL ARTS AUDITORIUM

OCTOBER 8—8:15 p. m.

Arthritis and Focal Infection.....K. K. Sherwood, Seattle
Discussion led by.....W. H. Goering

Intervertebral Disc—Diagnosis and Treatment—
Illustrated by Movies.....S. N. Berens, Seattle
Discussion led by.....Robert Brown
Western State Hospital

OCTOBER 22

Problems in Diagnosis Settled by
Pathologic Findings.....B. T. Terry, C. P. Larson,
C. R. McColl, W. B. Dublin

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Tacoma, Washington

SOCIETY — OFFICIAL PUBLICATION . . .

Pierce County Medical Society

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EDITORIAL

Medicine has been fortunate during the past years in not being hampered by adverse legislation. The passage of the basic science has proved a bulwark against those forces of mercenary ignorance which would prey on an unsuspecting public and have forced some systems of practice, which formerly gave little real medical knowledge to its votaries, to raise their standards of education, that they might meet the requirements of this law.

In every session of the legislature attempts have been made, by subterfuge, to get around this minimal educational standard and admit the unfit to practice. At each biennial meeting, bills advocating state control and socialistic medicine have been introduced. Acts directed against the service bureaus, vaccination, the control of contagious disease, examination of school children and public health officers have been supported. None of these vicious and reactionary measures have been enacted into law. Each effort to harass or to break down the system of individual scientific medical practice has failed. It was not by chance that these measures have been defeated. Each bill was opposed and fought to a finish by the Friends of medicine, due in large part to the efforts of the Public Health League, supported by alert members of the medical profession. In this county valiant work has been done in the past in preventing the election of some of those who were antagonistic, and electing friends.

The general election will be held in November and there is but one month in which to work for the election of those who may be relied upon to uphold our present standing. Medicine is not asking for any favors. No major legislation is contemplated. All that medicine asks for is a square deal. There are

candidates for the legislature representing both political parties. The views of many of them are at present unknown so that the Bulletin can not make any specific comments. Others have made their records and by those records we may judge them.

In the 28th district the candidates for representative are Hugh Rossellini, D, the present incumbent, who has done good work in the past session and deserves to be supported.

Senator J. H. Ryan, D, has for years opposed scientific medicine and been a champion of the cultists. He can not expect to receive our votes.

John C. Sullivan, R., is the single republican nominee.

The combination of Rosellini and Sullivan should be effective.

Representatives Tom Montgomery, D, and F. Chervenka, D, in the 25th district have been right and can be counted on to continue so.

In the 27th district Kathryn Malstrom, D, present Senator has been consistently antagonistic to medicine. She is opposed by John E. Gallagher, R.

Representative E. L. Pettus, D., is a candidate for re-election. His past record is against medicine.

J. H. Davis, R., served years in the house as chairman of the appropriation committee and should be supported.

The present representative in the 29th district, Z. A. Vane, D., during three terms has been active in upholding our medical standards.

The Senatorial contest in this district is between Barney Jackson, D., former representative and Henry Foss, R., who was a former valuable member of the senate, and can be relied on.

The omission of other candidates' names from this article is neither an indorsement or an opposition. The Society has no desire to dictate how its members should vote, but wishes them to be well informed. The doctors should ascertain the views of the candidates in their districts, and should work for those whom they judge to be suitable. Laymen do not always understand medical aims and ideals, and often will sponsor or support measures which have a bad effect on medical practice, not realizing the intent of such proposed legislation.

The doctors can do much good by explaining the basic science law and the attitude of medicine toward the problems of today, and thus prevent any such mistake.

Dr. Chas Engels is chairman of the legislative committee and will welcome any suggestions from the members, and assist in giving information regarding the various applicants for office.

Do some personal work yourself. Do not leave it all for some one else to do. It is your own concern, and you are responsible for the results. A month of earnest work before election, may insure the continuance of the present system of scientific medicine and a sensible and sane program for public health.

LIBRARY

HOURS 10:00 A. M. TO 4:30 P. M.
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You will be interested in hearing of some new books recently added to the library.

Notable in this field is *Diseases of the Gall-bladder and Bile Ducts* by Walters and Snell, which covers the experiences of many years in the Mayo Clinic. The book opens with a section on the medical history of the gall-bladder and its diseases, a chapter of great interest to those who like to know about the beginnings of things. Following this, the anatomy and physiology are discussed, diagnostic methods are outlined and medical and surgical treatment and pre-operative and postoperative care given.

The library is often asked to look up occupational diseases of the skin, so that the book on this subject by Schwartz and Tulipan, whose years of experience have well fitted them to write such a volume, is very welcome. Here again, a historical chapter introduces the subject matter of the book, which presents a general discussion of industrial dermatoses, workmen's compensation and malingering and individual chapters on these dermatoses as they occur in specific occupations.

Material on disorders of the foot is often needed and we are sure that our two new books along this line will be much in demand. In his *Foot and Ankle*, Lewin, of Northwestern, says that he has endeavored to do for the foot what Knavel did for the hand and to give the general practitioner a book that will guide him in the treatment of the patient with disability of the feet, who too often turns to the "foot specialist" and chiropodist on account of lack of interest and knowledge on the part of the physician. The book presents material on orthopedic conditions of the foot and ankle, infections and circulatory disturbances.

A companion to this is *Diseases of the Foot* by Hauser, also of Northwestern. The author presents chapters on the embryology, anatomy and physiology of the foot, foot hygiene, infections, tumors and diseases of the skin and nails of the feet. Illustrations are particularly good.

The two-volume *Obstetrics and Gynecology*, edited by Adair, of the University of Chicago, is the latest addition to our books in this field. The first volume is devoted to obstetrics, while the second covers quite fully the subject of gynecology, though comparatively little surgical technic is offered. The authors emphasize the intimate relationship between these two subjects, and their relationship, in turn, to biology, anatomy, physiology and biochemistry.

In his preface to "Arthritis and Allied Conditions" Comroe, of the University of Pennsylvania, states that he has endeavored to answer the three questions the physician asks in the care of an arthritic patient: What is the diagnosis, what is the prognosis and what form of treatment is most likely to be effective in a particular case? Where there is a divergence of opinion between different authorities he supplements his own views by giving the opinions of other specialists.

Doctors Should Occasionally Read

We quote from an article appearing in the Bulletin of the Jackson County Medical Society, Kansas City, Missouri:

Without the printed word, doctors would be but gibbering necromancers pawing over the sick, scratching cabalistic, esoteric figures in the sand, praying over wisps of hair or packets of finger nails. Incense, gongs, potions, lotions and notions nerve wracking and nauseous would be, as of old, the armamentarium of the medicine man who neither knew, nor less suspected anything about the nature of disease.

Knowledge is sterile without the culture media of the printing press; where there is no type there exists no education as we know it today. Not only are we slaves to lead, ink and paper, but in our servitude, anachronism that it is, lies the secret of our ability to avoid the equally onerous slavery to custom, tradition, superstition; likewise the slavery of attendance upon the vagaries of the moon, the authority of old wives and post hoc propter hoc reasoning.

Science has advanced faster than man can apply it without self destruction, a fact undeniable when the whims of dictators are contemplated. Yet, in the field of human disease the knowledge that is today available has not been correlated to the extent that it is of practical value to any except possibly, certain sore beset experimental animals. The findings of scientific students are in print. To those who doubt, we suggest perusal of the printed word, commonly found in books and periodicals; and for the completely confused, the library is suggested as a starting point for those who are not familiar with books and their habitat. Accurate information is available, usable, and practical. It only awaits the sincere seeker for truth.

It may be that you have had your post graduate degree under the tutelage of the representatives of the pharmaceutical houses (you may write your own initials), or you may possess a Degree of Efficiency for which there are no letters and no cap and gown; but it is a degree that insures one of sufficient knowledge to meet the day to day problems with a solution that is satisfactory to patient and physician.

(Continued on Next Page)

Serving on A Committee

Serving on a committee of a local medical society is a task which should be taken seriously by the physician, otherwise he should not accept an appointment. This premise takes for granted that the committee has something to do and has not been created merely to give recognition to certain members.

Each committee member is under an obligation to serve faithfully and contribute something of real worth to his organization. Many do not realize this and are perfectly willing to let one or two on the committee do all the planning and the work that is necessary.

It might be interesting to consider the ideal member of a committee. What are his qualifications and how does he meet his responsibilities?

First, he should have the interest of the medical profession at heart. This may seem a platitude; however, the kind of a physician who fulfils this qualification is rarer than often thought for he must often submerge his personal feelings to aid in the accomplishment of what is best for the profession.

Second, he will give thought and study to the subjects which come up before the committee and will not be just one of those present. It is surprising how few people will assume responsibility or feel that it is their obligation to do more than is absolutely demanded of them. No committee can do much for the profession which is not made up of members genuinely interested in their assignments and willing to give the time necessary to complete the task which they have undertaken.

Third, he will make it a point to be on hand for all meetings unless his professional duties require him elsewhere. Too many physicians accept committee appointments and fail to attend.

Nothing is so demoralizing to a committee as to have two or three out of ten or fifteen members present. There is no quorum; therefore, action can not be taken. Those on hand become discouraged and unless genuinely interested they also drop out and the committee becomes dormant.

Fourth, he will not allow one or two men to assume the entire burden for developing plans but will contribute ideas of his own. It is easy to find fault. However, unless the physician has a worth while contribution to make to the committee, he has no right to be critical. This does not mean that he must always be in agreement with the other members of the committee, but when a thorough discussion has been held a majority opinion should rule and he should subscribe to it.

Fifth, he will do what he can to make the meeting orderly and not overlong. Many committee members take up time with unnecessarily long discussions of unimportant details or, if the subject is of importance, devote too much time to discussing it. Nothing is so discouraging to the committee as a long and tiresome session.

Committees can do much to improve the efficiency of medical societies. Their personnel, however, should be carefully selected from those men who will meet the qualifications here described.

—Medical Annals Dist. of Columbia

DOCTORS SHOULD OCCASIONALLY READ (Continued from Page 3)

Such a degree may be obtained only in a medical library. As libraries go there is a jealous distinction between general and special libraries, as between general and special knowledge in any branch of learning. The welfare of the public in any community is the true test of the knowledge of its physicians; but with a legitimate deduction accountable to low intelligence and appreciation on the part of those supposed to be benefitted.

Need we remind the members of our Society that there have been accusations against American doctors in recent years? The wealthy one in particular on general principles, the average man of medicine more because of his M. D. than because he was lacking in any of the fundamentals characterizing the "good doctor." The poor doctor on every count, for he is poor in knowledge, poor in ambition, poor in sympathy, poor in personality and most of importance, poor in the ability to give sufficient aid to the suffering.

For the latter there is little that editorials can accomplish, but for the "average doctor" and the "superior doctor" there is much that can be done. It is true that there is no force that can press a man into the mould of superiority, based on the usual standards; but there is much that can be done for his brain. His ability to read is accepted, his knowledge of medicine is considered to be average, but—what of the future? Will he be able to meet the demands of a public often better educated in therapeutic possibilities than himself? Will he be able to meet the minimum standards of proficiency established by some board of specialists or, more important, a bureau of our National government who might declare itself on standards?

Where lies the answer? Is it legislation, education, politics or simple procrastination? Until there is evidence to the contrary, we insist that education is the answer to all the problems of the American physician, be they economic or scientific.

The point to be emphasized is, that there is available to every member of our Society a library that is without peer for a city of this size. It is one of the outstanding medical libraries in the United States, with exchange facilities with every medical library in America. Its facilities are available to all members of our Society. If they are not used, it will go down to the everlasting disgrace of our Society, and in time reflect on the quality of our medical care.

Your library, which you support each year is awaiting your next visit, which should, barring the usual delay due to reasons of no importance, take place in the next two weeks.

R. B. S.

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What Good is the Auxiliary?

A young doctor; a young wife; a new baby; a new office; a strange town. The doctor sits; the wife cleans; the baby cries. Up until now life has been fun. For the doctor it has been four carefree, happy years of high school; four exciting, glorious years of college; four strenuous, concentrating years of medical school; a white suited, studious year in a hospital; and people and contacts and crowded places.

For the wife it has been four joyous years of high school; four busy, wonderful years of college; a responsible year of standing on her own two feet and earning her clothes and her board and keep; and dances and moonlight and love.

And then they were married. No one knows, except he has lived it, what sitting alone can mean to a man who has lived in a crowd for thirteen years of his life.

No one can know, except she has known it, what a dust rag and baby's cry can do to the soul of a woman who has spent nine precious years in the company of many persons.

A purpose of the Woman's Auxiliary is to promote good fellowship among physicians' families.

In the Auxiliary there is friendship for the new comer in town. There is work for the young wife who finds four walls are deadening her capacity.

—M.O.L. in Pittsburgh Medical Bulletin.

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Mrs. D. H. Bell at 1515 North Seventh St. is opening her home on October 10 for a membership tea when new members for the Auxiliary will be honored.

Mrs. G. E. Hoxsey of Wenatchee, President of the Washington Woman's Auxiliary will be guest of honor.

There will be a musical program during receiving hours from 3 to 5.

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

September 10, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on September 10, 1940, with Dr. H. J. Whitacre in the chair.

The application for membership of Dr. Homer W. Humiston was read and voted on and the transfer of Dr. William B. Dublin was also read and voted on. The applications of Drs. H. H. Andrews, F. H. James, J. A. Benson and J. V. Schwind were read for the first time. Drs. Humiston and Dublin were unanimously elected to active membership in the society.

The first paper of the evening was by Dr. Lester Palmer, of the Mason Clinic, Seattle, on "The Uses of Insulin." Dr. Palmer introduced his paper by stating that the first case ever treated by insulin in the Northwest was a baby sent to him by Dr. Miles. The baby was in Tacoma and recovered through the use of insulin and is now well controlled.

His talk concerned the general principles of treatment of diabetes. The treatment of this condition must be governed by common sense. In the treatment of any disorder there are three ways of attacking the condition. If we know the cause we can attack that; if we know the disease pathology, that may be corrected; where we know the disordered physiology we can try to correct that.

In diabetes the physiology is disordered. The patient has an insufficient output of insulin. This may be either insufficient or neutralized. There is much lack of knowledge concerning this point. The other endocrines in the body are also disturbed.

The essentials of diagnosis of diabetes are

glycosuria, hyperglycemia and the presence or absence of clinical symptoms.

Diabetes can be divided into various types, according to the amount of effective insulin the patient secretes. It has been stated that there is an even basal amount of insulin secreted throughout the twenty-four hours. Then, following each meal, more insulin is secreted until digestion is finished. This is called the postprandial secretion. Mild diabetics have a normal basal supply of insulin but a deficient postprandial secretion. An elevated blood sugar and glycosuria following meals is the result. These mild cases can often be treated by diet and weight reduction.

The moderately severe types are those with a deficient basal secretion and a more marked deficiency of the postprandial secretion. They may be treated by an accurate diet and slow-acting insulin alone.

The severe types are those with a marked deficiency of both basal and postprandial secretions of insulin. They are best treated by both the quick and the slow-acting insulins.

In the treatment of diabetes the three therapeutic agents are diet, insulin and exercise. As to diets, the carbohydrate factor is higher than it was ten years ago. The generally accepted figure is from 150 to 200 grams. Protein for an adult is about two-thirds of a gram per kilo, but it must be related to both activity and growth. Fat is supplied in a sufficient amount to provide the necessary calories. The ratio of carbohydrate to fat is usually two to one. The diet must also be rather general, to take care of the necessary minerals and vitamins. The most important factor is constancy of the diet.

There is no known substitute for insulin. There are two kinds, the quick-acting and the slow-acting. Of the quick-acting, there is the regular insulin and the zinc insulin crystals. The slow-acting is the protamine zinc insulin. The quick-acting insulin acts rapidly and its effect persists for about six hours. The slow-acting reaches its peak in twelve to eighteen hours and the effect persists twenty-four to thirty-six hours.

The treatment of diabetes with insulin is related to the severity of the case. In mild diabetes usually no insulin is necessary. In moderately severe diabetes quick-acting insulin given before each meal prevents the postprandial blood sugar rise and usually controls the case. In these moderately severe cases slow-acting insulin will also usually control the glycosuria and hyperglycemia. It supplements the basal secretion and may be used in one dose a day if the dose can be no more than 35 to 40 units. In the treatment of severe types both quick-acting and slow-acting insulin probably must be used.

There is only one time to give protamine zinc insulin and that is before breakfast. One should expect the effect on the blood sugar twenty-four hours later, or the next morning before breakfast, and the dose should be such that it will make the fasting blood sugar the next morning at the proper level. It should not be too low, in order to allow



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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

(Continued from Page 6)

for some variation due to exercise and emotional excitement. It will probably then be necessary to add quick-acting insulin to control the postprandial glycosuria and hyperglycemia. It is usually the case that the quick-acting insulin only has to be given before breakfast. As much as or little more than accustomed exercise is the best for the patient with diabetes.

In closing his paper Dr. Palmer discussed the criteria of control. The Connell round-table felt that it is not necessary to consider either the urine sugar or the blood sugar and that if the patient maintains weight and has a sense of well-being his diabetes is controlled. There is another school of thought, that there should be absolutely no sugar in the urine. However, these cases are in constant danger of hypoglycemia. According to Dr. Palmer, the middle course between these two schools of thought is the most logical.

The paper was discussed by Drs. Maddison and Penney.

In closing discussion Dr. Palmer mentioned that a patient lives with his diabetes but he

dies with the complications of diabetes. The most common cause of death is the vascular accident, which for diabetics has a very high mortality.

A paper was then read by Dr. Fay Nace on "The History of Obstetrics." In his discussion of the subject he mentioned ancient mysticisms, Biblical passages on obstetrics, positions assumed during childbirth in various countries, midwifery, the history of Cesarean section, the history of abortion, the history of delivery forceps, the history of anesthesia in obstetrics and the history of puerperal sepsis. The paper was discussed by Dr. David Johnson.

Dr. Dodds then brought up the problem of the men who are going into the National Guard. Apparently these men are having trouble making satisfactory arrangements with the building for their offices. He wished a committee appointed to investigate this matter and see what could be done, and made a formal motion to that effect. Dr. Goering then spoke of the motion and stated that the building had agreed to store a doctor's things and release him from his lease but would not hold his space for him. The formal motion was then seconded and passed.

Dr. Whitacre then mentioned letters from the Civil Service Commission to the various doctors in this community, concerning full or part time work with the conscripts. He stated that there had been some discussion as to the fees a doctor should stipulate in agreeing to such work. He wished the committee mentioned by Dr. Dodds to settle this question also. This committee is to report at the next meeting.

September 24, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on September 24, 1940, with Dr. H. J. Whitacre in the chair. Minutes of the previous meeting were read and approved.

Dr. Melvin Warren discussed his experiences at the County Hospital during the recent epidemic of poliomyelitis. He pointed out the indications for the use of the respirator and described some typical cases. He stated that during this epidemic there have been twenty-eight cases of poliomyelitis treated in the respirator. Of these fifteen are living and thirteen have died.

Dr. Magnussen then showed some eight-millimeter colored movies of the ward at the County Hospital. The pictures were very good and illustrated the routine care of cases in the respirator. Dr. Dayton and Dr. Brown discussed the paper.

Dr. Harrington then presented some studies on carcinoma of the breast. He reported eighty-eight patients seen at the Tacoma General Hospital from 1930 to 1935. His figures showed that surgery alone gave the most five-year survivals. He brought up the question of preoperative radiation and felt that it should be given an intelligent trial, since surgery and postoperative radiation was not as good as surgery alone in this series of cases.

(Continued on Page 8)

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

(Continued from Page 7)

Dr. Monzingo presented a case report of familial icterus gravis. Diagnosis was made before death and confirmed by autopsy.

Due to the lateness of the hour, Dr. Anderson's case report was postponed.

Dr. Gullikson, Chairman of the Program Committee, then described the scientific papers to be presented at the next three or four meetings.

Applications for membership of Drs. Schwind, Benson and James were voted on and unanimously passed.

Dr. Whitacre then gave the report of the Entertainment Committee for the state meeting. Various methods of disposing of the \$800.00 surplus were discussed. Dr. Verhalen moved that this money be set aside for legislative purposes. There was no second to the motion. Dr. Murphy then stated that the money had been raised only for entertainment purposes and the surplus should be returned to the men that donated it. Dr. Engels stated that we are going to need money for legislative purposes and that as we had this sum we should keep it for that purpose. Dr. Brown stated that he felt that we should hold this sum intact as an emergency fund and that he personally did not want any of it back. Dr. Schultz stated that the society has lacked an emergency fund in the past and that we should keep this surplus for use as the society saw fit. Dr. Murphy then moved that the matter be tabled until some future meeting. The motion was seconded by Dr. Robertson. Dr. Verhalen then withdrew his motion. Dr. Murphy's motion was passed and the meeting adjourned.

PERSONALS

Carroll and Dolores Carlson left September 21st for New York where they will spend three months. Carroll will spend all of his time at the Neurologic Institute of Medical Center, the Neurologic Unit of Montifiore Hospital, and the Psychoanalytic Institute. Dolores will spend all of her time "doing the town."

On the way they will visit their folks in Minnesota and returning will spend some time at the Menninger Clinic. They will be back just in time to put up a Christmas tree.

Uncle Sam Moves In

During the past year there have been presented several editorials upon public relations as they affect the medical profession. Suggestions have been offered as to how the medical profession could or should outline its course in order to strengthen its position with the man on the street, who is really the court of last appeal in ALL matters pertaining to the profession.

The subject in theory is controversial, and the choice of methods to be used is subject to much debate. Perhaps the concepts expressed in the material have been contrary to the feelings of the majority of the members of the society. Or what is far worse, they may have been ignored. If they have, then indeed we are lost, and we might as well throw in the sponge and take what is handed out.

Our "enemies" are moving in. Most of the members of organized medicine have contended that scientific progress can come only from an independent group or individual who will advance knowledge because of the incentives arising from an independent practice. It has been said that organized government control would eliminate the personal incentive and the progress. It is because of this that we warn against "state medicine." Everybody hears this every day, and in a wish-fulfilling way it is believed.

Philosophically and psychologically this is a very debatable question. Even Germany could not stifle scientific curiosity, and when that curiosity was directed at the "wrong things," exile or the concentration camp was the only effective way to stop the advance of true scientific knowledge.

But the New Deal is not going to waste time with a philosophical debate upon the subject. It is going to the people directly. Your dear old Uncle Samuel has just completed a series of radio broadcasts which you helped pay for, called "Democracy in Action." This little group of well dramatized skits points out the research work that is being carried out by the United States Public Health Service, and by inference it is intimated that nothing else of much consequence is happening in the medical world. As an example, we hear of 10,000 mice at the National Cancer Institute, a division of the National Institute of Health, which are being used in cancer research, but Maude Sly's hundreds of thousands and many years of independent scientific effort don't rate even a footnote.

This is propaganda of the most damaging type, striking at our strongest bulwark by using our most effective ammunition, bought with our own money. What are you going to do about it?

G. W. R., Jr.

Jackson County Medical Society

Weekly Bulletin.

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IT is a fortunate provision of Nature that at the time the infant is ready to receive the nutritional benefits of cereal, his taste is unspoiled by sweets, pastry, condiments, tobacco, alcohol and other things to which adult palates and constitutions have become conditioned.

Many a parent, with limited knowledge of nutrition, attempts to do the baby's tasting for him. Partial to sweets, the mother sweetens her child's cereal. Disliking cod liver oil, she wrinkles her nose and sighs: "Poor child, to have to take such awful stuff!" The child is quick to learn by example, and soon may become poor indeed—in nutrition, as well as in mental habits and psychological adjustment.

Appreciating the importance and difficulties of the physician's problem in establishing and maintaining good eating habits, Mead Johnson & Company continue to supply Pablum in its natural form. No sugar is added. There is no corresponding dilution of the present protein, mineral and vitamin content of Pablum. Is this not worth while?

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Office Girl Speaking

Three men on my neck! Not literally, of course only a feeling I have at times as assistant to three doctors whose temperaments are as varied as their specialties.

Gone are the days when the chief qualifications of a doctor's assistant were a pleasing telephone voice and the ability to write names and addresses in a little book. Today she must be stenographer, bookkeeper, nurse and general flunkey. And at times she must be the goat.

Above all, she must be a diplomat. Each one of those whose ante goes to make up her salary jack-pot must be made to feel that he is receiving his share of service and attention.

Not only must she keep peace with the individual members of her office family, but she must establish a spirit of unity and cooperation among them collectively. She must realize that a case can be held until the psychiatrist's return from vacation if the "nervous" patient is given a mild sedative and a dose of psychotherapy by one of the other doctors.

She must know what first-aid measures will make a patient more comfortable pending the doctor's arrival from the hospital.

She must share, with sympathy and understanding, other peoples' symptoms and troubles, although she has plenty of her own.

She must be essentially honest, but not

averse to a "white lie" when circumstances warrant.

She must possess the power of a "doodle bug" in locating the doctor when emergency calls, and be equally ignorant of his whereabouts on occasion.

She must have a sense of discrimination—knowing whether the one responsible for Junior's tonsil operation is really doing the very best he can to meet his obligations, or whether the money is going for payments on an expensive new car.

She must have a sense of humor and not be perturbed when a patient in the waiting room goes to sleep with his good eye and stares glassily in her direction with the artificial one.

She must be adept in numerous small tasks. Who ever heard of a doctor who could fill his fountain pen or adjust a Venetian blind?

She must keep his house in order, both literally and figuratively speaking.

And last but not least, she must believe that she is associated with the finest group of doctors that ever got together to make life miserable for a poor, defenseless female, and occasionally take stock of the fact that should sickness come, the best medical care available would be hers without cost to herself or her family.

This, and the satisfaction of helping in a small way to make sick folks well, is her compensation.—L. G. C., Wichita (Kans.) Medical Bulletin.

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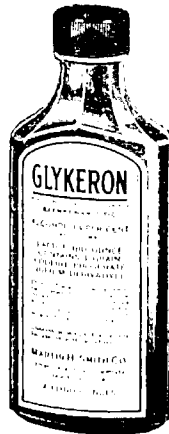
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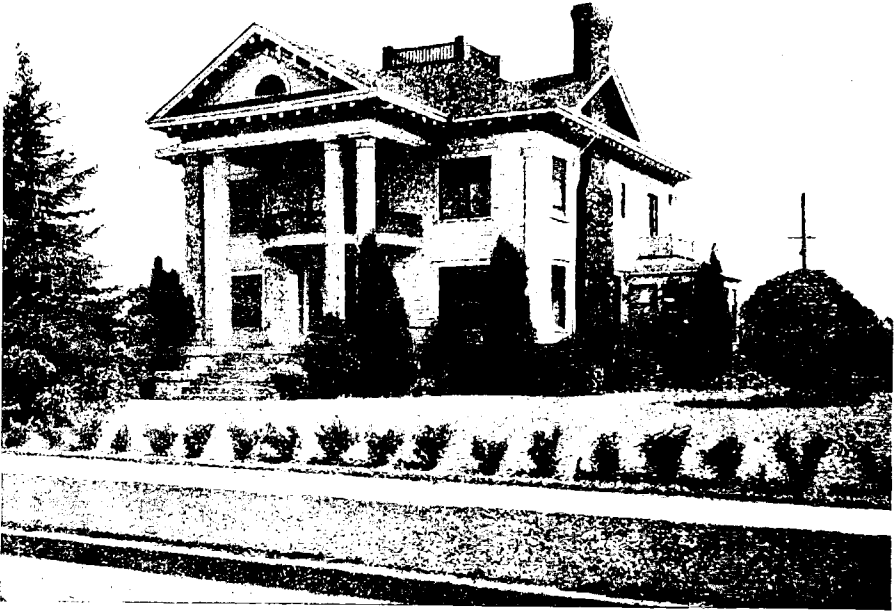
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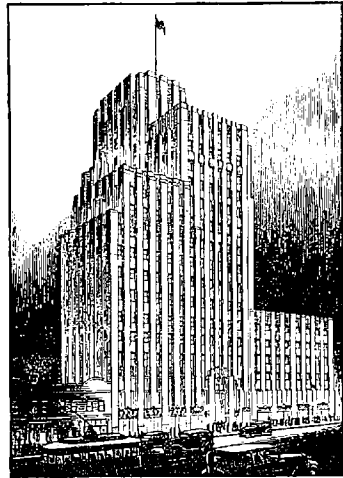
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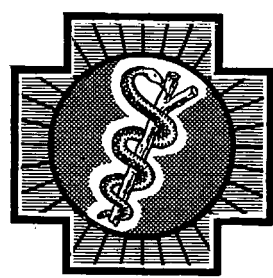
PUYALLUP

The BULLETIN

Vol. X

November, 1940

No. 8



PROGRAMS

MEDICAL ARTS AUDITORIUM
8:15 p. m.

NOVEMBER 12

Symposium on Urology

- Hematuria Clyde Magill
- Chronic pyelonephritis H. W. Humiston
- Acute nephritis A. H. Buis
- Nephrosclerosis F. R. Maddison

NOVEMBER 26

- Recent Advances in Ophthalmology of Interest
in General Practice..... C. V. Lundvick
- Discussion opened by W. C. Cameron

Sound movie "When Bobby Goes to School," presented by Mead Johnson Company. Important Points in the Examination of Small Children. Runs 25 minutes.

Auditorium Telephone BRoadway 3166

Tacoma, Washington

SOCIETY — OFFICIAL PUBLICATION . . .

Pierce County Medical Society

EDITORIAL

(Completed by Dr. William G. Cameron the evening before his death on Oct. 23, 1940)

It is plain that the management of the private clinics engaged in contract practice have a decided advantage over the county medical bureaus. They are a small compact group controlled by one or two doctors who have the responsibility for the work of the entire group. The personnel of the institution is on salary and must conduct their practice along the lines laid down by the management. This all contributes to financial success. The cost of treatment per case is very low, for it costs no more in doctor's fees to treat one hundred patients per day than it does to treat half that number. Consultations are no added expense as these are carried on by other members of the paid staff. Drug and accessory bills are kept to a low limit, by wholesale buying and by dispensing by the clinic. The thought kept constantly in mind is to do as little medication as possible and to discharge the patient from treatment just as soon as it can be done safely, which lessens the number of visits and the time of hospitalization.

It is much different with the county medical organization. Instead of a small closely coordinated group, dominated by a clearly defined program of activity, there is a large number of individuals, each with his own ideas and each pursuing his own ways of practice which are often at cross purposes with those of the management and the other members. The management of the bureaus is conducted by boards of trustees, elected by the members. Such management does not enjoy the power given to the heads of the private clinics, and cannot be as efficient. They do not have the right to hire or fire, but on the contrary have to pass upon the acts of their friends, their fellow practitioners. Their judgments of the policy and acts of individual members of the bureau are naturally in favor of the individual as against the organization as a whole. This weakness in management can be partly corrected, by giving authority to some doctor, who is not engaged in practice. Such a manager should have the power to force the resignation of any member who, after due notice, continues practices which are harmful to the organization.

The extension of medical service on a monthly payment basis offers great advantages to large numbers of people. This method of practice is here to stay and will be greatly extended in the future. The county medical bureaus afford an opportunity of trying out this system of improving its service and overcoming its disadvantages. These organizations must develop a working plan that will give the necessary service to its clients and at the same time give suitable remuneration to the

doctors for all work properly done. This goal can be reached only by conscientious effort by each one in the organization, managers and members alike. A chain is no stronger than its weakest link, and the weak link in any collective enterprise is lack of co-operation.

It is a human trait for one to ask to receive that which is his due—and often as much more as he can get. This applies to all promises of future benefits in return for present payment. Insurance companies, accident associations, and all kindred organizations are the recipients of countless claims for benefits, some patently fraudulent, many for disabilities not covered in the contract, and others for excessive payment for legitimate causes. This constitutes a great weakness in the prepaid medical plan. There is a tendency to run to the doctor and demand treatment for all sorts of slight or imaginary discomforts. To meet this situation with fairness to the patient as well as to the bureau requires the exercise of sympathy and tact by the attending physician. He can listen to the patient's complaints, ascertain the nature of the condition and then advise that the slight discomfort is of no consequence and that no medicine is required, thus calming the patient's fears and helping him to keep from forming the habit of unnecessary medication. One or two such interviews will halt the person who is starting on the road to hypochondriacism.

Instead of this procedure many doctors who have not had much experience with contract practice will do otherwise. They realize that the patient feels he has paid for service and is in his office to get it. They know too that medical service in the common mind means the giving of drugs, so fearing to offend the patient or to lose caste with him they hand out some kind of medication. This sort of indiscriminate treatment is bad for everyone. Bad for the doctor as he is inviting this patient to come for trivial complaints. The doctor will continue to treat these trivial ailments in a superficial and perfunctory way until some day the patient will have some real serious condition and he will receive the same kind of trivial examination and treatment. Then the doctor to his discredit will find he has made a big mistake in diagnosis and has jeopardized his patient's chance of recovery. This kind of treatment not only reflects upon the individual physician but upon the whole profession, and adds an unnecessary expense to the budget of the medical bureau.

The majority of people are reasonable and will listen to and heed a few words of common sense. By not yielding to all the little whims of the patient, but by meeting his complaints with understanding and giving him honest, conscientious advice the doctor will build up a feeling of confidence and trust between himself and his patients.

The greatest advantage held by the private clinics is in the payment for medical services. The clinics pay a stated salary for a month. The bureaus pay a large number of doctors, and on a fee bill basis.

In Memoriam



DR. WILLIAM G. CAMERON

Ever since this bulletin has been published, until this issue, Dr. William G. Cameron has been the editor. His wise and kindly admonitions have long been the standard of conduct and policy for our profession. He could best be described as "a gentleman and a scholar," for his quiet voice and wise counsel always indicated to those of us who wrangled pro and con, the saner and better way to solve our problems.

Always a student, he early mastered German and in his later years was studying Spanish. He traveled widely and wrote entertainingly of the peoples and places he had seen, always with a sly humor that was delightful to his readers. He maintained a deep interest in his professional studies, to which was added a wide range of information of political, sociological and economic subjects.

No man had more friends and fewer enemies, for no one could know this gentle philosopher without respecting and loving him. Genial always, he lived in a tranquil, serene atmosphere, with no regrets for yesterday and no fears for tomorrow. He was content with the world as he found it, glad to have had what life had given, satisfied at its close that it had been good. Those of us who knew him best, will long remember the quiet presence who moved among us, with respect, with love and with a deep sense of loss.

So to "Cammie," gentleman and scholar, physician and legislator, traveler and writer, best of all, friend, hail and farewell.

Medical Preparedness

The first line of defense in modern warfare is medical defense and, unless this is adequately organized, success is impossible. The Council on National Defense is well aware of this and as a first step in preparedness requested that medical organization proceed at once. Although certain federal authorities, cooperating with politicians and a group of welfare workers, have made every effort in recent years to belittle the medical profession and besmirch organized medicine, with the threat of national danger they have been silenced and now hasten to acknowledge the profession's importance to public welfare. It should be stated, however, that the attitude of the Army and Navy has always been friendly and co-operative with the medical profession.

Physicians of America have never waited to be drafted for a national emergency. Today it is not a question of rushing out to enlist with the fighting forces. It is not a question of repairing the injuries of war. Instead, it is a question of organizing for a vital part in the preparedness effort of a nation.

Never again in America, it is to be hoped, will an actual declaration of war find a feeble fighting force bereft of equipment, and without the organized services of physicians ready at hand to judge the physical fitness of troops and workers, to rehabilitate the unfit and to care adequately for civilian needs at the same time that the overwhelming needs of the war injured are cared for.

—Minnesota Medicine.

What Is A Profession?

If there is such a thing as a profession as a concept distinct from a vocation it must consist in the ideals which its members maintain, the dignity of character which they bring to the performance of their duties and the austerity of the self-imposed ethical standards. To constitute a true profession there must be ethical traditions so potent as to bring into conformity members whose personal standards of conduct are at a lower level and to have an elevating and ennobling effect on those members. A profession cannot be created by resolution or become such overnight. It requires many years for its development, and they must be years of self-denial, years when no results bring honor except those free from the taint of unworthy methods.

—Law Notes.

LIBRARY

HOURS 10:00 A. M. TO 4:30 P. M.

TELEPHONE Broadway 3166

BLANCHE L. DeWITT, Librarian

We may think we have an attractively furnished library room and a handsome collection of books and bound periodicals on our shelves, but after all the real value of a library is the use made of it. While comparisons with the records of other medical libraries show that our members are rather more library-minded than the average, yet it may not be amiss to recapitulate some of the services which we can render you.

First in importance, of course, is the supplying of information on some puzzling point in connection with a particular case, references for a scientific paper, details concerning a patent medicine that may have been recommended to a patient by some kind friend, medico-legal material and assistance to the harassed medic who has been called upon to talk before a lay audience and doesn't know what to talk about, or if he has a subject, needs an outline to hang his facts upon, or—possibly—lacks facts!

Then, if you desire to keep abreast of the literature on any particular subject, your librarian will notify you when articles on this subject appear. It is impossible for a doctor to read everything that is printed in this day of multiplicity of medical journals, and it is one of the functions of a medical library to supply him with the things in which he is particularly interested and save him the necessity of going through a great deal that is outside his field.

Again, if you wish a list of available articles on a specific subject, a bibliography of such material will be compiled. From time to time bibliographies in fields of current interest, such as in the recent poliomyelitis epidemic, are prepared for ready reference.

On those occasions when our own resources are inadequate, we will borrow what is lacking from some larger library. We have found the librarians of the King County Medical Library and the University of Oregon Medical School Library and others of whom we have asked this favor uniformly generous and co-operative.

Or if you "just want something to read" you may borrow any book or magazine for a two-week period, with privilege of renewal unless reserved by some other member.

* * *

A practical way of presenting medical articles is in the form of a symposium, grouping together several articles in the same field. Particularly useful is a symposium on "Common Problems in Surgical Diagnosis," published in the October, 1940, number of Surgical Clinics of North America, in which diagnostic points in diseases of the intestines, urinary tract, female pelvis and other regions are discussed.

The symposium idea has been frequently used by the American Journal of Surgery. In the July, 1940, issue a group of articles covering the subject of fractures of the femur is presented.

Annals of Surgery for October, 1940, offers a notable group of articles on "Fluid and Electrolyte Needs of the Surgical Patient," which were presented at the meeting of the American Surgical Association last May.

So new a field as endocrinology demands that material be "up to the minute." A symposium on "The Present Status of Endocrine Therapy," published in the July, 1940 Medical Clinics of North America gives a review of the most important phases of the subject by doctors at the Mayo Clinic.

A group of articles on various phases of the subject of syphilis will be found in the September 19, 1940 issue of the New England Journal of Medicine.

In each issue Medical Record presents a symposium. Among recent subjects featured are Physical Medicine, Neuropsychiatry and Gastrointestinal Tract Disorders.

READING STAND LOST

The reading stand which belongs in the auditorium has apparently been borrowed by someone who has forgotten to return it, since it has been missing for some time and all efforts to locate it have failed.

Since this stand is greatly needed by those presenting papers in the auditorium its prompt return is requested.

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ACTIVITIES OF OTHER AUXILIARIES

The Woman's Auxiliary to the San Francisco County Medical Society maintains a scholarship loan fund for students at the University of California and Stanford University Medical Schools. It also donated money to a blind woman to assist her in purchasing a seeing eye dog.

The Auxiliary to the Sangamon County Medical Society, Springfield, Illinois, holds an annual health educational day, at which talks and moving pictures on health subjects are given.

The Broome County, New York Auxiliary sponsors an essay contest in the schools of their county.

Marion County, Ohio Auxiliary gives an annual public relations tea, at which presidents of women's clubs are honor guests.

The main project of the Auxiliary to the Coos and Curry County Medical Society is helping the needy at the County Farm in Coquille.

Annual Doctor's Day is observed by the Auxiliary to the Jefferson County Medical Society, Bessemer, Alabama with a public relations meeting.

The Auxiliary to the Terrebonne Parish Medical Society, Louisiana, provides eyeglasses for needy school children.

The Vigo County, Indiana, Auxiliary sponsors occupational therapy work in the two Terre Haute hospitals, paying the salary of the teacher and providing the materials used.

An appropriation for Girl Scout work is given by the Auxiliary to the Fond du Lac medical society, which each year sends several girls to summer camp.

The Marion County, Oregon, Auxiliary gives Hygeia subscriptions to all the one-room schools in Polk and Marion Counties.

The chief project of the Auxiliary to the Belknap County Medical Society, New Hampshire, is giving prizes to student nurses at the local hospital.

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The next meeting of the Auxiliary will be a tea on November 14 at the home of Mrs. Edwin C. Yoder, 102 West Road, under the chairmanship of Mrs. Edwin D. Warren, assisted by Mrs. William E. Lewis and Mrs. Chris C. Reynolds.

The speaker of the afternoon will be Dr. Fay Nace, who will give a paper on "The History of Obstetrics."

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

OCTOBER 8, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on October 8, 1940, with Dr. H. J. Whitacre in the chair. Minutes of the previous meeting were read and approved.

Dr. Whitacre stated that postal cards had been mailed out to the members who had contributed to the Entertainment Fund, so that each one could vote as to the disposition of this \$800.00 surplus.

Drs. Cullens, Meyer and Jessico, who were guests, were introduced.

The scientific program was opened by a paper on "Focal Infection in its Relation to Arthritis" by Dr. K. K. Sherwood, of Seattle. Dr. Sherwood brought out that we must consider the clinical picture of arthritis in order to determine whether removal of foci of infection will help the arthritis. He described various types of arthritis in their relation to focal infection.

Heberden's nodes are not helped by the removal of infected foci. Senile hips or morbus coxi senilis are also not affected by the removal of foci. In spondylitis and chronic arthritis (the deforming types) the removal of foci only helps by improving the general health of the patient but will not in itself cure the arthritis.

There are two groups of traumatic arthritides where the advisability of removal of foci is questionable. The intervertebral disc syndrome is an intermittent disease and early symptoms are due to edema. At times removal of foci will help the early cases. In the various types of traumatic arthritis the removal of foci has no practical influence.

In the menopausal arthralgias, which are probably due to edema, removal of foci should be considered and in the arthritis of old people infected foci may have a bearing on the prolonging of symptoms.

There is a definite group of cases in which the removal of infected foci will cure the arthritis. Of these muscular rheumatism or fibrositis is one; neuritis or neuralgia is another. In these cases it pays to be radical.

In the so-called metastatic or destructive arthritis there is no rhyme or reason for the joints involved. The removal of infected foci definitely helps.

Of the various foci of importance he mentioned pyelitis, pyorrhea, infected tonsils, infected prostate, apical abscess, infected cervixes and infected gallbladders.

Dr. Sherwood then showed slides of X-rays illustrating the various types of arthritis.

In summing up the paper he brought out the fact that neuritis and neuralgia, muscular rheumatism and metastatic arthritis are definitely helped or cured by the removal of infected foci.

Discussion was opened by Dr. Goering. Drs. Allison, Mattson, Gullikson and Herrmann also discussed the paper.

Dr. S. N. Berens, of Seattle, then presented a paper on "The Diagnosis and Treatment of the Ruptured Intervertebral Disc." He showed some lantern slides describing the diagnosis of the condition, which is chronic and progressive and is diagnosed from the history, complaints and findings on examination. He also discussed the Roentgen visualization of the condition and compared visualization by oxygen and lipiodol.

He then showed some 16-millimeter movies depicting operative treatment. The movies were well planned and very clear and showed the technic of oxygen visualization of the lesion and three operative procedures. The movies of the operations were in color and showed very clearly the pathological findings.

The paper was discussed by Drs. Brown and Plum.

Dr. Engels announced a political meeting in the auditorium.

Dr. Verhalen announced the Community Chest drive and stated that in 1939 the doctors contributed 35% more than in 1938. He brought out that the 1940 quota has been increased by \$35,000.00 and that it will be necessary for everyone to contribute as much as he feels able to, in order to support this activity.

There being no further business, the meeting adjourned before 10 o'clock.

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PERSONALS . . .

Miss Helen McCreery, daughter of Dr. and Mrs. W. B. McCreery, was married to Mr. Claxton Edmonds Allen in New York on October 4. In addition to Dr. and Mrs. McCreery, guests at the wedding included Dr. and Mrs. Frank Norris and Charles G. and Kathleen Norris.

Near his farm at South Bay, Dr. A. W. Howe recently brought down a deer which dressed at 250 pounds. Dr. G. E. Griffith also bagged a deer near Winthrop and Dr. S. L. Blair reports good luck during his hunting trip in Canada, in which he accounted for an antelope and 150 birds.

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

OCTOBER 22, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on October 22, 1940, with Dr. T. K. Bowles in the chair. Minutes of the previous meeting were read and approved.

The scientific program was a symposium on "Problems in Diagnosis Settled by Pathologic Findings."

The first paper was presented by Dr. B. T. Terry, who described a case of idiopathic thrombocytopenic purpura. The case was a young woman, whose symptoms consisted of small purpuric spots on the body, itching skin and nosebleeds. For a considerable time her platelet count remained normal and the symptoms were not marked. The platelets reached a low of 16,6000 and the use of snake venom increased the platelet count and alleviated the symptoms temporarily. A splenectomy was then done and the platelet count rose rapidly and the symptoms disappeared. In September of this year she has had a few nosebleeds and purpuric spots but still feels well. The case was discussed by Dr. J. R. Turner.

Dr. W. B. Dublin mentioned two cases with which he was familiar at the Mayo Clinic, in one of which the spleen had been removed and subsequently an accessory spleen was removed. In the other case numerous very small accessory spleens were removed.

Dr. Duerfeldt mentioned a case of idiopathic

thrombocytopenic purpura in which splenectomy did not halt the course of the disease.

The second paper on the program was presented by Dr. C. P. Larson, who described a case of regional ileitis with ulceration and perforation of the ileum. This case was interesting in that the symptoms and the course of the illness were quite bizarre and not typical findings. The case was discussed by Drs. E. J. Fairbourn and McCreery.

The third paper was presented by Dr. W. B. Dublin, who described a squamous cell carcinoma of the right lung, in a patient with paranoid dementia praecox. At autopsy lung abscess adjacent to the carcinoma, with an unresolved pneumonia, was found. There was also meningitis, with pus in the meninges and at the base of the brain.

Dr. C. R. McColl, who was to have presented the fourth paper, was ill in the hospital and Dr. Larson read his paper.

The case was one of chronic nephritis, with a cortical adenoma of the right adrenal. There was also perforation and ulceration of the small intestine, with peritonitis, which could not be satisfactorily explained.

The applications of Drs. Govnor Teats and K. W. Douglas were read.

A letter from the Grays Harbor County Medical Society was read.

A letter from the State Department of Health, regarding the proposed survey of infant mortality, was read. This letter stated that a \$2.00 fee would be paid for each questionnaire filled in.

Dr. Engels then presented the recommendations of the Legislative Committee in the coming election.

Meeting adjourned.

DOCTORS AT WORK

Presented by the American Medical Association
Every Wednesday Evening, Beginning
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Remind your patients to listen in

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PERSONALS . . .

Dr. S. F. Herrmann has returned from a trip by plane to Rochester, where he went for a re-union of former residents of the Mayo Clinic. At a public memorial service a magnificent portrait of Drs. William and Charles Mayo was unveiled, which was later hung in Fellowship House, former residence of Dr. William Mayo.

On Medical Homecoming Day at the University of Minnesota, Dr. Hermann read a paper on Meckel's Diverticulum before the Medical Alumni Association, among whom were 33 members out of his own class of 54, and was one of a crowd of 63,000 who saw Minnesota beat Iowa on October 26.

Another Tacoma physician at the Mayo Clinic reunion was Dr. W. W. Mattson, who had a week's bird shooting in Eastern Washington before leaving Spokane by plane for Rochester.

Drs. R. C. Schaeffer, K. S. Staatz and W. H. Goering were in Chicago for the American College of Surgeons meeting.

Drs. S. E. Light and Carlisle Dietrich were in Spokane on October 17, where they attended the conference of the Pacific Northwest Dermatological Association.

Guests at the Charles R. Fishel home recently were Dr. Fishel's brother and his wife, Mr. and Mrs. F. W. Fishel, of Canton, Ohio.

The engagement of Dr. Ross P. Wright and Miss Kathryn Bruner has been announced.

Dr. and Mrs. Don G. Willard are settled in Philadelphia for the winter, where Dr. Willard is doing post-graduate work at the University of Pennsylvania School of Medicine. Dr. Glenn G. McBride will be in Dr. Willard's office until his return.

THREE KINDS OF DOCTORS

After years of observation I have reached the conclusion that there are three kinds of physicians who don't attend medical society meetings: (1) The person who has not the ability to plan his work so that he can have an evening for recreation at the meeting; (2) The man who thinks he knows it all, has not read a new book since leaving school and has no time for reading the Journal or other publications; (3) The man who is afraid he might lose a patient should he leave his office. These three types form the fault-finding group; they complain but will not come to the meetings and put their shoulders to the wheel, clarify their visions, help remove the faults they see and become what is most needed by the society and always welcomed by its officers—workers instead of drones and complainers. Yes, the opportunity for the present-day physician to be an up-to-date physician is right at his door and I am not only sorry for those who are missing these opportunities, but for their patients.

—Pittsburgh Medical Bulletin

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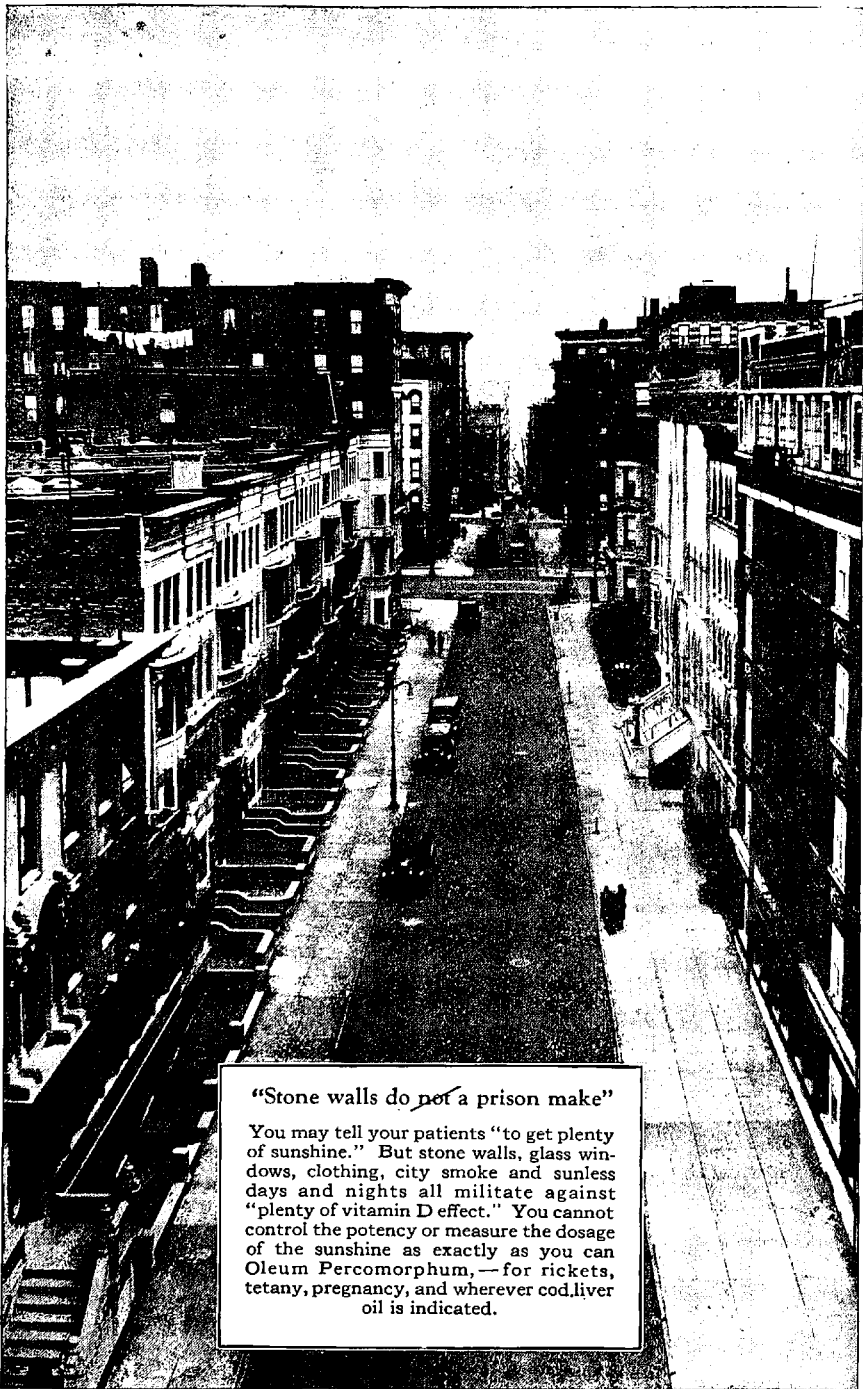
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PERSONALS . . .

Charles MacLean, son of Dr. and Mrs. Sydney MacLean was married to Miss Betty Gillis Kossack in Memphis, Tennessee on September first.

Among spectators at the Oregon-Washington game in Portland on the 12th of last month were Drs. Jess Read, Fay and George Nace and W. B. Mc Nerthey.

Drs. W. C. Paul and C. V. Lundvick were in Cleveland for the meeting of the American Academy of Ophthalmology and Oto-laryngology on October 6 to 11. Dr. Lundvick flew to Cleveland and was joined by Mrs. Lundvick, who went east by train and took delivery of a new car in Detroit. At the close of the convention they drove to New Orleans and Fort Worth and came home by the Coast Highway.

Society members serving with the National Guard are Major Scott S. Jones and Captain Clifford Halvorsen, at Fort Worden and Major Philip C. Kyle, Fort Lewis. Lieutenant John R. Flynn, U. S. N., is at present stationed at the Naval Air base at Sand Point.

Drs. J. V. Schwind, J. A. Benson and F. H. James have been elected to membership in the society.

Dr. and Mrs. G. M. Steele are at home after an extensive trip during which they visited Dr. Steele's daughter in Washington and Mrs. Steele's family in New Orleans, returning by way of California. They went east by train, taking delivery of a new car in Detroit, in which the remainder of the trip was made.

Dr. W. A. Niethammer and Dr. S. R. Sleep attended the meeting of the Interstate Post-graduate Medical Association in Cleveland.

The Hillis Griffins and Miles Parrots were in Seattle recently to see "Outward Bound" at the Showboat.

New resident in pathology at Tacoma General is Dr. J. D. McGovern.

Dr. N. E. Magnussen is back at his desk after attending the American Public Health Association convention in Detroit.

Drs. David Johnson, A. W. Schultz and J. M. Havlina attended the Washington State Obstetrical Society meeting in Spokane on October 5.

VITAMIN ADVERTISING AND THE MEAD JOHNSON POLICY

The present spectacle of vitamin advertising running riot in newspapers and magazines and via radio emphasizes the importance of the physician as a controlling agent in the use of vitamin products.

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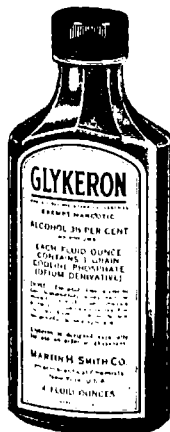
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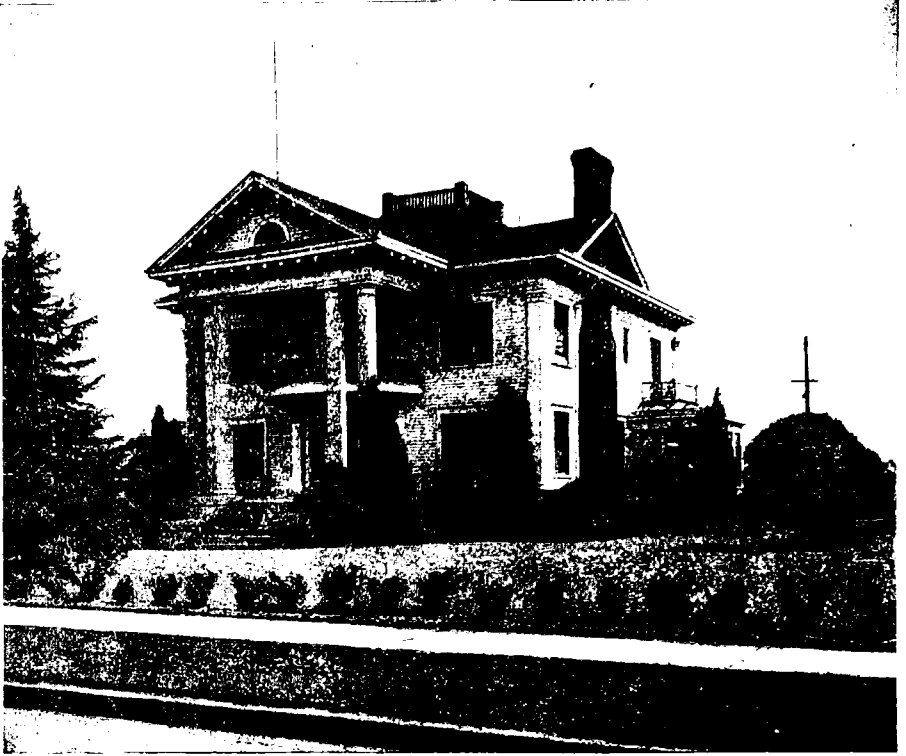
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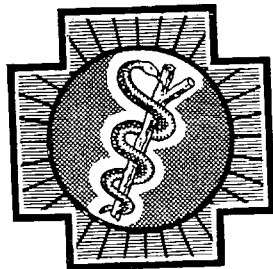
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The BULLETIN

Vol. X

December, 1940

No. 9



PROGRAM

MEDICAL ARTS AUDITORIUM

8:15 p. m.

DECEMBER 10.

Wound Healing R. E. Mosiman, Seattle

Discussion opened by W. A. Niethammer

Meckel's Diverticulum S. F. Herrmann

Discussion opened by M. T. Nelsen

DECEMBER 24

No meeting

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Business Manager.....	C. C. Reynolds

EDITORIAL

As we come to the close of another year, it seems well to sit back for a moment and observe ourselves, to take inventory as most business men do, in order to arrive at an understanding of how successful we have been during 1940 and to check up our losses and gains.

A comparison of the doctors with other business and professional groups should give us somewhat of a sense of pride. The physicians of Pierce County are an admirable and fortunate class. Comfortable homes and offices, with library, hospitals, laboratories, excellent business and medical bureaus and well-trained assistants, all make for comfort and ease in our professional work. The standard

of service is, consequently, of a high order. There is a fraternal feeling too, that has displaced the ancient jealousies and bickerings. Criticism of each other's ability or methods is obsolete, except for an occasional humorous sally at some personal foible or idiosyncrasy.

Most of us address each other by the first name, as is customary among brothers, a practice that should be encouraged. That being a doctor is a desirable calling is demonstrated by the number of physicians' sons following in their fathers' footsteps, indeed, sometimes even being a step or two ahead. That few of us are money-grubbers is shown by the conversation in any haphazard group of medicos, which invariably centers on some phase of diagnosis or treatment, rather than on financial problems. There may be occasional mild envy of some of our more successful members but this is balanced when income taxes are due.

As a group, we keep up our end in supporting civic and charitable activities. Among those contributing to the Community Chest, Chamber of Commerce, Red Cross, service clubs and churches, the doctors are as numerous as any other class. In the audiences at musical and cultural organizations, we are seen in numbers. Our private charities, in time and money, are undoubtedly much greater than the average. Scandals among us, social or professional, are rare indeed. We make good husbands and fathers, possibly due to our need of a congenial home life to allow us the necessary tranquillity of mind to concentrate our mental efforts on our peculiar problems. Many hunters, fishermen, yachtsmen and golfers are within our ranks, as might be supposed when the opportunities for these sports are considered. An interest in sports in general is widespread, possibly engendered by the annual efforts of the teams in the colleges we used to attend. Gardening interests most of us, so the prizes in our Rose Show are almost monopolized by doctors.

Our Woman's Auxiliary, too, maintains a healthy activity in promoting our interests. No Sewing Circle with gossip as the chief entertainment, these wives of ours are a brisk, business-like group, who have gained from their meetings a large circle of charming and cultured friends.

So, as we look about us, here in this green Puget Sound country, with its mountains and forests, its lakes and streams, its salt water bays and inlets; if we consider the peace and serenity of our lives in this war-torn world; if we remember the rewards we have earned in the past and the greater blessings we may anticipate from the future, surely we may close the pages of this year with a sense of well-being and satisfaction, with a hearty and generous wish to all, of Merry Christmas and Happy New Year.

LIBRARY

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Are you interested in any of the following articles? Your library has them.

DIAGNOSIS

Bleeding peptic ulcer; a more accurate method of Roentgen diagnosis, A. Justin Williams and Homer V. Hartzell; *Surgery, Gynecology & Obstetrics* 71:606-614, November, 1940.

What's wrong with the person who is always tired? W. C. Alvarez; *Minnesota Medicine* 23:787-789, November, 1940.

Blood disorders; their diagnosis in general practice, M. B. Strauss; *Medical Clinics of North America* 24:1443-1459, September, 1940.

UROLOGY

Diverticula of the bladder, Herman L. Kretschmer; *Surgery, Gynecology & Obstetrics* 71:491-503, October 1940.

The role of infections in kidney disease, J. A. Kolmer; *Pennsylvania Medical Journal* 44:26-30, October, 1940.

Chronic bilateral pyelonephritis and hypertension, W. F. Braasch and C. E. Jacobson; *Journal of Urology* 44:571-579, November, 1940.

NEUROLOGY

Trigeminal neuralgia with demonstrable gross causative lesions, R. B. Raney and A. A. Raney; *American Journal of Surgery* 50:227-238, November, 1940.

Method for removal of areas of brain following freezing in situ, Y. D. Kosloff, V. Markson and N. M. Wall; *American Journal of Surgery* 50:271-273, November, 1940.

Neurologic problems past fifty, M. T. Moore; *Pennsylvania Medical Journal* 44:195-201, November, 1940.

DERMATOLOGY

Treatment of furuncles, carbuncles and abscesses of staphylococcal origin with thiazole derivatives of sulfanilamide, C. A. Beling and A. R. Abel; *American Journal of Surgery* 50:258-266, November, 1940.

Problems in recurring vesicular eruptions of the hands, Fred Wise and Jack Wolf; *New York State Journal of Medicine* 40:1573-1578, November 1, 1940.

Symposium on lupus erythematosus, Proceedings of Staff Meetings of the Mayo Clinic 15:675-688, October 23, 1940.

ORTHOPEDICS

Immediate restoration of active extension of the knee following flexion deformities, R. L. Preston; *American Journal of Surgery* 50:303-305, November, 1940.

The treatment of certain complications following fractures, G. E. Haggart; *Surgical Clinics of North America* 20:843-856, June, 1940.

Rupture of quadriceps tendon, F. M. Conway; *American Journal of Surgery* 50:3-16, October, 1940.

OBSTETRICS

Significance of retinal changes in the toxemia of pregnancy, R. D. Mussey; *Medical Clinics of North America* 24:1151-1158, July, 1940.

Obstetrical prognosis and treatment on basis of pelvic architecture, Arthur Weinberg; *New York State Journal of Medicine* 40:1530-1537, October 15, 1940.

Placenta praevia, R. A. Kimbrough, Jr. and Pendleton Tompkins; *Pennsylvania Medical Journal* 43:1694-1696, September, 1940.

GYNECOLOGY

Endometriosis, B. R. Colcock; *Surgical Clinics of North America* 20:803-811, June, 1940.

Treatment of chronic mastitis, H. J. B. Atkins; *Lancet* 2:411-413, October 5, 1940.

Certain outstanding trends in gynecology during the last forty years, R. T. Frank; *American Journal of Obstetrics & Gynecology* 40:574-577, October, 1940.

INTERNAL MEDICINE

A new type of medication to be used in bronchial asthma and other allergic conditions, E. A. Brown; *New England Journal of Medicine* 223:843-846, November 21, 1940.

Survey of diabetes, statistical data and control comparisons with various insulins, Bertrand Smith and W. H. Grishaw; *Archives of Internal Medicine* 66:465-477, August, 1940.

Psittacosis, possible response to sulfapyridine, H. C. Hinshaw; *Proceedings of Staff Meetings of the Mayo Clinic* 15:657-662, October 9, 1940.

PEDIATRICS

Endemic riboflavin deficiency in infants and children, T. D. Spies, W. B. Bean and N. E. Huff; *American Journal of the Medical Sciences* 200:697-701, November, 1940.

The appraisal of children after birth injury, Bronson Crothers; *Pennsylvania Medical Journal* 43:1677-1679, September, 1940.

Treatment of megacolon with acetylbeta-methylcholine bromide, J. L. Law; *American Journal of Diseases of Children* 60:262-282, August, 1940.

EYE, EAR, NOSE and THROAT

The dystrophies of the macula, Arnold Sorsby; *British Journal of Ophthalmology* 24:469-533, October, 1940.

The conservation of hearing, Horace Newhart; *Laryngoscope* 50:847-855, September, 1940.

The significance of hoarseness, Walter Wells; *Annals of Otolaryngology, Rhinology and Laryngology* 49:99-112, March, 1940.

IN ENGLAND TODAY

Living as we do on the outskirts of a small non-military objective, there would presumably be no need for air-raid protection here were the enemy's bombers less nervous and inaccurate. However, things being as they are and there being no underground cellars to this house, we deemed it wise to make a funkhole for the baby. Except for frills, which may be added from time to time, it may now be said to be complete. The gardener and I, both ex-gunners, have high standards as to what constitutes a good dugout and are not really satisfied with ours, although the postman, a connoisseur of dugouts, describes it as the best in the neighborhood. Secretly gratified, we shake our heads. "Us ought by rights," says the gardener, "to have went about a two foot deeper." And he is right. Us ought. We could thus have avoided any unsightly earthwork showing above the level of the surrounding ground. No matter; marrows should grow well on the mound, and after the war we can convert the whole thing into a chicken-ran or an ornamental lake. There remains the difficult problem of choosing a name. "Mon abri" naturally suggests itself. The more vivid "Heinkel Lodge" has unfortunately been bagged by a neighbor for his vastly inferior structure—a mere hole out in the bank.

What things war does to a man! I, for instance, never thought to keep hens, which are stupid birds at best. However, in justice it must be admitted that our 18 young pullets, scheduled to start work on June 1, actually went into production only a day late. They seem to work seven days a week. So far there has been only one casualty, one of them dying untimely from, it is suspected, an injudicious diet of gooseberries. From a sense of duty we ate her, but without relish.

— The Lancet.

To the Doctors, Dentists, Druggists and Hospitals:

The National Chairman of the Medical and Surgical Supply Committee for aid to England sends an appealing letter to again urge all of you in Tacoma to inventory your stocks and assemble any instruments, drugs, gauze, or cotton that may be utilized and collect them that they may be picked up for distribution to these WAR casualties.

The need is immediate, the letter indicates, for the situation is becoming more serious daily.

Their appeal is to act at once, and when your package or donation is ready the undersigned will make a personal pickup, or they may be delivered to 1018 Medical Arts Bldg.

Thanking you for your co-operation in this worthy cause,

ROSS D. WRIGHT, Tacoma Chairman,
Main 2252, Medical Arts Bldg.

PROPOSED CHANGES IN BY-LAWS

Article V, Section 1, shall be amended to read as follows:

The annual dues shall be \$33.00 for members practicing in the city of Tacoma and \$20.50 for those practicing outside the city and shall be payable on January 1 of each year and if not so paid before the first of May the member shall be held delinquent and if not so paid before the 31st of December following the member shall be held suspended from this society and from the state association, and his name shall be placed on the list of non-affiliating physicians in the report to the state association for that year and shall so remain until such disability is removed. Members elected on or after August 1 of each year shall pay one half of the annual dues.

Section 5, Paragraph "a" shall be amended to read as follows:

Graduates in medicine granted membership within five years following the completion of their internships shall pay dues amounting to \$18.00 per first year of active practice, \$23.00 per second year, \$28.00 per third year and regular dues thereafter.

Paragraph "c" shall be added to Section 5, to read as follows:

The dues of all members who during the present national emergency enter military or naval service be suspended during active service requiring a man to give up private practice.

COURSE IN DISEASES OF THE CHEST

A postgraduate course in diseases of the chest will be held at the University of Oregon Medical School, December 13 and 14, 1940, conducted in cooperation with the Pacific Northwest Section of the American College of Chest Physicians.

The course includes the diagnosis and newer aids in the treatment of empyema, subacute bacterial endocarditis, pneumonia and cancer of the lung. Tuberculosis will be discussed from the diagnostic, medical and surgical standpoints.

There is a registration fee of \$10.00 for the course. Communications and reservations should be addressed to Dr. James S. Conant, University of Oregon Medical School, Portland, Oregon. Details can be obtained from our Librarian.

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It is with a feeling of deep gratitude and indebtedness to my predecessors in office that I contemplate serving the Auxiliary in the capacity of president.

The natural instincts of physicians' wives are not unlike other women who are serving the present age. The essential function of woman is that of a helpmeet. When we, as doctors' wives have that function expressed in moulding the sentiment of our contacts and communities in line with the program and platform of organized medicine, we experience the fruition of our Auxiliary ideals.

This is the opportune time for our supreme effort in reiterating and establishing on a firm foundation, which will withstand the onslaughts of adverse activity, the tenets and postulates of a great and humanitarian profession which have been evolved and perfected by the free and unhampered efforts of great souls, operating in the atmosphere of freedom since the inception of our national life.

In former years, the moulding of public opinion was a slow and tedious process. Today, with our multiple means of communication, rapid and radical changes in thought and expression are the order of the day. Consequently, in order to intercept and circumvent false ideas and false conceptions regarding the practice of medicine, it is expedient for the Auxiliary, if it is to serve in its fullest capacity, to be more than ever on the alert to recognize any propaganda or subversive influence which is inimical to the purposes and traditions of the medical profession. We must be cognizant at all times of the changing impacts upon the consciousness of the present day individual, which determines human opinion and reaction.

This is the age of unified effort, it is only through concerted action that the objectives for which the individual strives can be attained.

Thus, the Auxiliary may best utilize group activities through discreet methods of propagating the knowledge necessary to mould public opinion and make it conversant with the objectives of organized medicine. The attainment of these objectives is to be consummated indirectly by the process of permeation through the laity and through the medium of an opportune word, or impetus to a thought, in the right direction, or the judicious re-direction of sentiment which may react unfavorably upon the medical profession.

In order to carry out these objectives we must have a concrete workable program. We do not propose to institute a spectacular program, but we do propose to develop or work out a program according to the needs

(Continued on Page 6)

The Woman's Auxiliary to the Pierce County Medical Society will hold its Christmas luncheon at the Bonneville Hotel dining room on Thursday, December 12, 12:30 o'clock.

The program will include Christmas music by the Girls' Choir of Pacific Lutheran College, under the direction of Mr. G. J. Malmin. Mrs. Martin Norgore, of Seattle, State Hygeia Chairman, will be the guest speaker.

INAUGRAL ADDRESS

(Continued from Page 5)

that arise. The tenor of which is now, as always, self-instruction in matters pertaining to individual and public health, so that we may become instruments in the transmission of this knowledge to the laity. In each community the Auxiliary through its Advisory Council should cooperate with its local Medical Society on the problems of local interest which might include any of the health problems in a long list.

Nineteen Hundred Forty (1940) finds the Woman's Auxiliary to the American Medical Association entering upon the nineteenth year of its career. The history of an organization if it is to be a record of forward movements, and high achievements depends on three factors; the ideals embodied in the purpose of the organization; the efficient, consecrated efforts of its leaders and members in the promotion of its plans and loyalty to its policies; and the ability to meet the exigencies of the times in its benefactions.

The years of serious endeavors; the straightforward facing of ever changing conditions; the understanding of the importance of health and the difficulties in the professional field and now the war have brought to the members of this organization a conviction that the work of the organization, if it is to go forward, must be done in a spirit of "service to humanity." All selfish ambitions must be set aside; idealism become realism; and each phase of the Auxiliary's activities more closely correlated.

The growth in membership of any organization over a period of years would be of no particular value to the cultural, artistic, and educational development of a nation were it a matter of figures only. But, the practical idealism of the high purposes of this organization, the constant effort of its increasing membership and the ability to meet the ever changing forces with which profession and humanity has had to combat, has placed the Auxiliary in the front ranks of those organizations most helpful in creating a new and most vital recognition and understanding of authentic health information.

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

NOVEMBER 12, 1940

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building November 12, 1940, with Dr. H. J. Whitacre in the chair. Minutes of the previous meeting were read and approved.

Dr. Whitacre then introduced Mrs. J. B. Robertson, President of the Woman's Auxiliary, who, in turn, introduced Mrs. L. E. C. Jours, Chairman of the Hygeia Committee of the Auxiliary. They spoke of the need for support from the doctors for the Hygeia program.

The scientific program was a symposium on urology.

The first paper was presented by Dr. Clyde Magill, who discussed various phases of hematuria, including ureteral stones, vesical stones, prostatic calculi, tumors of the urinary tract and drugs. He stressed the fact that in case of hematuria an early diagnosis should be made, since hematuria may be intermittent and if the condition is allowed to continue undiagnosed it may be impossible to determine the cause of the bleeding at some future time.

The second paper was by Dr. H. W. Humiston on chronic pyelonephritis. Dr. Humiston stated that acute and chronic infections of the bladder or pelvis of the kidney usually involved the whole urinary tract and this fact must be kept in mind in considering the diagnosis, treatment and prognosis. In the treatment of this condition accurate diagnosis must be made. Any obstruction must be relieved before the infection can be controlled. The medication that is prescribed must be effective in the particular infection present. There must be adequate demonstration of a cure before the patient is discharged. Often-times so-called recurrences are merely exacerbations of the infection.

The third paper of the series was by Dr. A. H. Buis, on acute nephritis. Dr. Buis discussed the classification of medical conditions of the kidney. He described the anatomy and physiology and told of the clinical symptoms and sequelae of acute nephritis. The treatment of this condition is based on trying to return the disordered physiology of the kidney to normal.

The fourth paper of the series was by Dr. F. R. Maddison on nephrosclerosis. He discussed the vascular changes found in the kidney in cases of glomerular nephritis, essential hypertension, chronic pyelonephritis and the arteriosclerotic kidney. Nephrosclerosis is a

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term meaning vascular changes found in these conditions. The symptoms were discussed and were felt probably to be due to renal insufficiency. The Volhard test to determine the concentrating power of the kidney was described. Maclean's urea concentration test was also outlined. The management of these cases is principally to attain a state of compensation as far as the kidney efficiency is concerned.

Discussion of these papers was opened by Dr. Charles Pascoe. He felt that the four papers were very excellent, were brief and contained a great deal of valuable material. In discussing hematuria he stated that it was important to look for pus when blood is found, since that will often indicate the diagnosis. He also mentioned the condition of unilateral pyelonephritis and nephrosclerosis and stated that following nephrectomy the existing hypertension will often subside.

Dr. E. W. Janes discussed the papers and stressed the fact that with an albuminuria a sufficiently high protein intake is necessary.

Drs. B. T. Terry and Christen Quevli also discussed the papers.

The applications of Drs. K. W. Douglas and Govnor Teats were read and voted on and were unanimously passed.

The application and letter of Dr. Ray Ericson were read.

The proposed raise in dues for the year starting January 1, 1941 was presented. The state dues will be raised \$3.00 and the recommendation of the Trustees that our dues likewise be raised \$3.00 was presented. The proposed change in the By-laws was given the first reading.

Dr. R. D. Wright announced that Dr. D. V. Trueblood, of Seattle, is chairman of a committee to secure medical supplies for the British and that he had been appointed a collector in this district. He stressed the need of the British for any medical supplies, including surplus or used instruments, bandages, gauze and the like. He stated that he had secured a room in the building where he would receive donations and that there would be no charge for repairing instruments that would be donated and that transportation of these articles had also been donated.

There being no further business, the meeting adjourned.

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

NOVEMBER 26, 1940

The Pierce County Medical Society was called to order in the Medical Arts Building on November 26, 1940, with Dr. Horace Whitacre in the chair. Minutes of the previous meeting were read and approved.

Dr. Whitacre stated that after the fine presentation of the subject of urology at the last meeting, the suggestion had been made that typewritten copies available in the medical library would be valuable. He suggested that a typewritten copy of a paper presented at a meeting could be left in the library for the use of members.

Dr. McGovern, new resident in pathology at the Tacoma General Hospital, was introduced. Dr. Harry Andrews, who is now practicing in Sumner was also introduced.

The scientific program was a paper by Dr. C. V. Lundvick on "Recent Advances in Ophthalmology of Interest in General Practice. In presenting this subject Dr. Lundvick covered the following points of great interest to the general practitioner, as well as the eye specialist:

In the matter of refraction, he discussed the use of an atropine and paredrine mixture for youngsters and a homatropine and paredrine mixture for older people, the advantage being that the disturbance of vision lasts a much shorter time than with the older drops.

Dr. Lundvick mentioned the cross cylinder being a great aid in measuring the axis in astigmatism.

The subject of aniseikonia, which is a difference in size of images in each eye, is being studied and much more is being learned about it in relation to eye strain.

The condition of strabismus is being more satisfactorily treated by exercise.

The slit lamp is very valuable in the study of diseases of the anterior chamber.

Sulfanilamide is of great value in the treatment of trachoma, especially in the acute cases. It is also very advantageous in gonorrhoeal ophthalmia.

Dr. Lundvick mentioned the use of the vitamins in various lesions of the eye.

He discussed various forms of treatment for retinal detachment and described the latest developments in such treatment.

Operations for cataract were discussed and the problem of a corneo-scleral suture in preventing post-operative prolapse of the iris was taken up. This advance greatly shortens and makes more comfortable the post-operative course.

Corneal transplants were mentioned and described.

This was an excellent review of the recent advances in eye work.

Discussion of the subject was opened by Dr. Walter Cameron, who complimented Dr.

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Lundvick's paper and mentioned the help that a corneo-scleral suture gives in preventing post-operative complications.

He mentioned that contact lenses are only practical in cases that can not see without them.

He spoke of Carroll's work in vitamin therapy in toxic amblyopia from alcohol and tobacco. An interesting side light that Dr. Cameron described was that these cases improve under intensive vitamin B therapy, even though they continued their alcohol and tobacco.

The subject was generally discussed by Drs. Bell, Mattson, Schultz and Warren.

Through the courtesy of Miss Kellogg, Executive Secretary of the Tuberculosis League and the use of the League's Filmo-Sound projector, a film, "When Bobby Goes to School," was presented. The film, accompanied by sound, was presented by the Mead Johnson Company and illustrated the health examination for school children.

The application of Dr. R. A. Ericson was voted on and passed.

The application of Dr. C. M. Jessico was given its first reading.

Dr. Verhalen then read an item from the newspaper, by "Mr. Fixit," which started a general discussion of immunization for whooping cough. The article stated that three injections are usually given and that physicians usually charge \$5.00 for this work. Dr. Verhalen felt that the public press and "Mr.

Fixit" in particular had no authority to quote prices or make suggestions as to the manner of treatment for the medical profession. Dr. Powers and Dr. Buis discussed the immunization for whooping cough. Dr. Murphy felt that a \$5.00 charge was not enough and that \$7.50 was fairer as far as the doctor was concerned. Dr. Powers stated that his department was being continually besieged for information as to how much the doctors charge for these shots. He said that he had heard that some prices were as high as \$15.00.

The consensus of discussion was that a more or less minimum fee should be established and that the work should be done by the doctors, with the patients paying an equitable fee. Some mention was made of having the city supply the vaccine and doing the work for nothing, but it was not felt that this was desirable.

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PERSONALS . . .

Bill Goering "slipped on the top step and came down," caving in a few ribs and his sternum. Trouble is, the stair treads are only eight inches wide and Bill's feet are at least twice that long. He is back in circulation again. You have our sympathy, Bill.

Arch Howe takes safety-pin from Esquimo baby's bronchus with bronchoscope, thereby making the front pages of our local press. That's making them Tacoma-conscious as a medical center, Arch. Good work, Pal.

Cy Lundvick, Frank Maddison and Darcy Dayton spoke to the Chehalis Rose Society November 27th, on "How to grow roses." These lads should be able to tell 'em, because they're experts.

Bernie Harrington is back from another trip, this time to California. This guy is getting to be as much of a tripper as Ben Terry.

Newest member of the Medical Society, Dr. Ray A. Ericson, of Puyallup. Tough competition, Ray, with those Scheyer boys.

Horace Whitacre, Harry Willard, Weldon Pascoe, Sig Herrmann, Millard Nelsen, and Charlie McCreery attending the North Pacific Surgical meeting. Charlie providing the good stories to keep the boys from going stale.

Chris Reynolds and Ford Johnson now in the Tacoma Mounties of the Home Defense Unit. We don't know whether or not this rates the scarlet coat and stripes down the pants-leg but we hear the two are thinking

of putting on a parade. Handsome devils, both, in uniform.

The new surgical supervisor at the T. G. is pretty, pleasant and plump. Seems like a nice gal and SO efficient.

Smokey Joe has busted the record in the billiard room again. Some shark.

And was that a foot-ball game Pacific Lutheran played? Boy, oh boy.

ATTENDANCE AT MEETINGS

After years of observation I have reached the conclusion that there are three kinds of physicians who don't attend medical society meetings: (1) The person who has not the ability to plan his work so that he can have an evening for recreation at the meeting; (2) The man who thinks he knows it all, has not read a new book since leaving school and has no time for reading the Journal or other publications; (3) The man who is afraid he might lose a patient should he leave his office. These three types form the fault-finding group; they complain but will not come to the meetings and put their shoulders to the wheel, clarify their visions, help remove the faults they see and become what is most needed by the society and always welcomed by its officers—workers instead of drones and complainers. Yes, the opportunity for the present-day physician to be an up-to-date physician is right at his door and I am not only sorry for those who are missing these opportunities, but for their patients.

—Pittsburgh Medical Bulletin.

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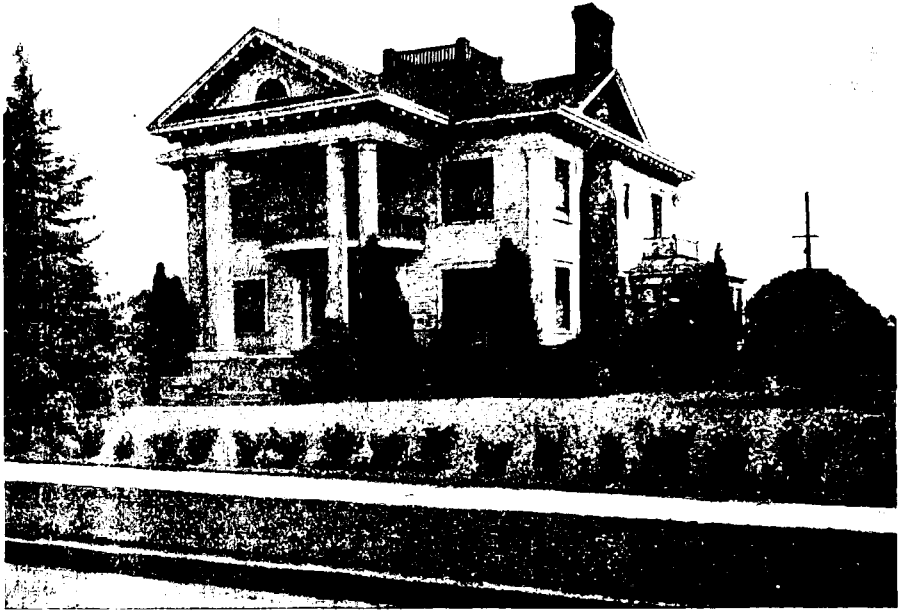
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