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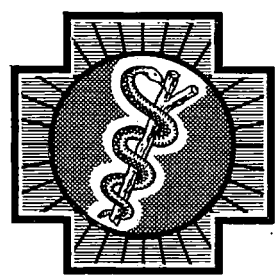
BULLETIN

SOCIETY — OFFICIAL PUBLICATION . . .

XI

January, 1941

No. 1



PROGRAM

MEDICAL ARTS AUDITORIUM

JANUARY 14—8:15 P. M.

- Diseases of the Chest..... Frederick Slyfield, Seattle
Discussion opened by..... W. B. Penney
- The Myelographic Diagnosis of Intramedullary Spinal
Cord Tumors.... C. M. Jessico, Western State Hospital
Discussion opened by F. A. Plum

January 28

- Polyposis of the Colon..... E. R. Anderson
Case Report:
The Effect of Pregnancy on the Kidney—C. F. Engels

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Tacoma, Washington

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EDITORIAL

During January of every second year, when the Legislature convenes, there is usually considerable speculation regarding the things which this body may do to our laws. A favorite target for attack is the practice of medicine, largely by those who wish to engage in it as a means of livelihood, without undergoing the hard years of preparing themselves by college and hospital training. So, biennially, we witness exponents of fantastic cults clamoring to be given the right to practice the healing art and to have the use of our hospitals, rights which, if granted them, might result in untold suffering and possibly deaths among those so unfortunate as to come under their care.

The human body is the most complicated organism on earth and when it is affected by

disease, sometimes baffles even the best medical minds, trained for a life-time in its study, to determine the cause of the malady and supply a cure. The idea of expecting a rational solution of such a complex problem from an individual of limited training is similar to asking the errand-boy in the corner grocery to prepare plans and specifications for a skyscraper. It would be laughable if the results were not so tragic. So our State has wisely enacted laws to limit medical practice to those who have demonstrated their knowledge of the subject.

The bulwark against quackery is the Basic Science Law. Ever since this statute was passed, attacks have been made on it by those whose activities it limits. Always some legislator is induced to propose a measure, in the tail of which will be found a "rider" saying that "all laws in conflict with this Act are hereby repealed." The "law in conflict" is always the Basic Science Law.

Fortunately, most of such proposed measures are smothered in the House or the Senate or are vetoed by the Governor. Most fortunately, this year we will have a Governor who is an outstanding example of intelligence and executive ability, who has already shown his administrative talent as Mayor of Seattle. In his hands, the beneficial laws of our State will be safe from the attacks of the carpet-bagger.

We extend to Governor Langlie our best wishes for success as our chief executive and assure him of our united support in all measures for the improvement of the health and happiness of the people of Washington.

NO POLITICAL CONTROL

(Editorial reprinted from the Bulletin of the Jackson County Medical Society, Kansas City, Mo.)

Once upon a time, an editor was right.

Ten months ago, R. B. Schutz in an editorial entitled "Medicine Has a New Weapon," discussed the National Physicians Committee for the Extension of Medical Service. "... such a group is woefully needed if any influence is to be brought to bear on the national legislators in an effort to maintain as high a degree of independent activity for American physicians as is possible"

Almost a year before that the present editor asked some questions about the now-defunct Gannett Committee and suggested that "... the dignified efforts of the united profession (would) have more weight with public opinion, intelligent and otherwise, than its acceptance of help from any outside body with another axe to grind"

The National Physicians Committee for the Extension of Medical Service (hereinafter called N.P.C.), on October 31, 1940, completed its first year of operation. It appears that the swing of the pendulum towards political control of medicine has greatly slowed; perhaps when we shall look back from the further distance of another year we may be able to see that during this time the trend was not only slowed but reversed. There have

(Continued on Page 11)

LIBRARY

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BLANCHE L. DeWITT, Librarian

MEDICAL PREPAREDNESS

After the first World War there were those who dreamed of the possibility that we should have no more wars. For the first time in history a feeling was gaining foothold that war was not glorious, not a thing about which to write great poetry and stirring music, but rather a disgraceful thing, a confession that nations could not settle their differences by discussion and concession, without bloodshed, could not abide by the simple code of "live and let live," but that they had gone back to the dark days before civilization, when might was the only law.

Today, only two decades later, those hopes of peace lie crushed and the people of much of the world are at each other's throats. Such being the situation, there seems to be no other course for our own country than to make ready for that which may come. In the national defense program medical preparedness plays a supremely important part. With this thought in mind your library offers the following list of material on the subject of war and aviation medicine:

The physician's duties under the Selective Service Act, Lt. Col. John H. Sturgeon; North Carolina Medical Journal 1:636-639, December, 1940.

Trends in military surgery in the first year of the war, J. A. McFarlane; Canadian Medical Association Journal 43:540-543, December, 1940.

Anesthesia in shock, F. J. Murphy; Journal of the Michigan State Medical Society 39:755-756, October, 1940.

Immediate management of surface injuries, G. B. O'Connor; California & Western Medicine 53:211-214, November, 1940.

Symposium on Military Medicine, New York State Journal of Medicine, July 15, 1940.

Perforating gun shot wounds of the abdomen, E. L. Rippey; Journal of the American Medical Association 115:1760-1764, November, 23, 1940.

Medical participation in selective service, C. B. Spruit; Journal of the Tennessee State Medical Association 33:382-385, October, 1940.

The blood bank, R. B. Davis; North Carolina Medical Journal 1:606-608, November, 1940.

Wartime preventive medicine, C. A. Jane-way; New England Journal of Medicine 223:854-861, November 2, 1940.

Developments in aviation medicine, H. G. Armstrong; Annals of Internal Medicine 13:2212-2216, June, 1940.

Health and medical preparedness, Thomas Parran; Journal of the American Medical Association 115:49-51, July 6, 1940.

Vesicant chemical warfare agents, L. Goldman; Archives of Dermatology & Syphilology 42:123, July, 1940.

Physical therapy in military medicine, J. S. Coulter; Journal of the American Medical Association 115:864-866, September 7, 1940.

Treatment of gunshot wounds of peripheral nerves, H. Cairns; Lancet 1:1029-1030, June 22, 1940.

Emergency treatment and transportation splinting of fractures, F. D. Dickson; American Journal of Surgery 49:136-139, July, 1940.

Medical aspects of chemical warfare agents, L. Goldman; Journal of the American Medical Association 114:220-2204, June 1, 1940.

Transportation of wounded, surgical aspects, T. B. Layton; Lancet 1:537-540, March 23, 1940.

Epidemiology in the army, J. S. Simmons; Annals of Internal Medicine 1:2229-2234, June, 1940.

Gas gangrene, U. Maes; Archives of Surgery 41:393-402, August, 1940.

Closed plaster method of infected wounds, G. R. Girdlestone; Lancet 2:31-32, July 13, 1940.

Eye injuries in war, N. I. Shimkin; British Journal of Ophthalmology 24:265-286, June, 1940.

Fractures of jaws and wounds of face, D. H. Bellinger; American Journal of Surgery 46:535-541, December, 1939.

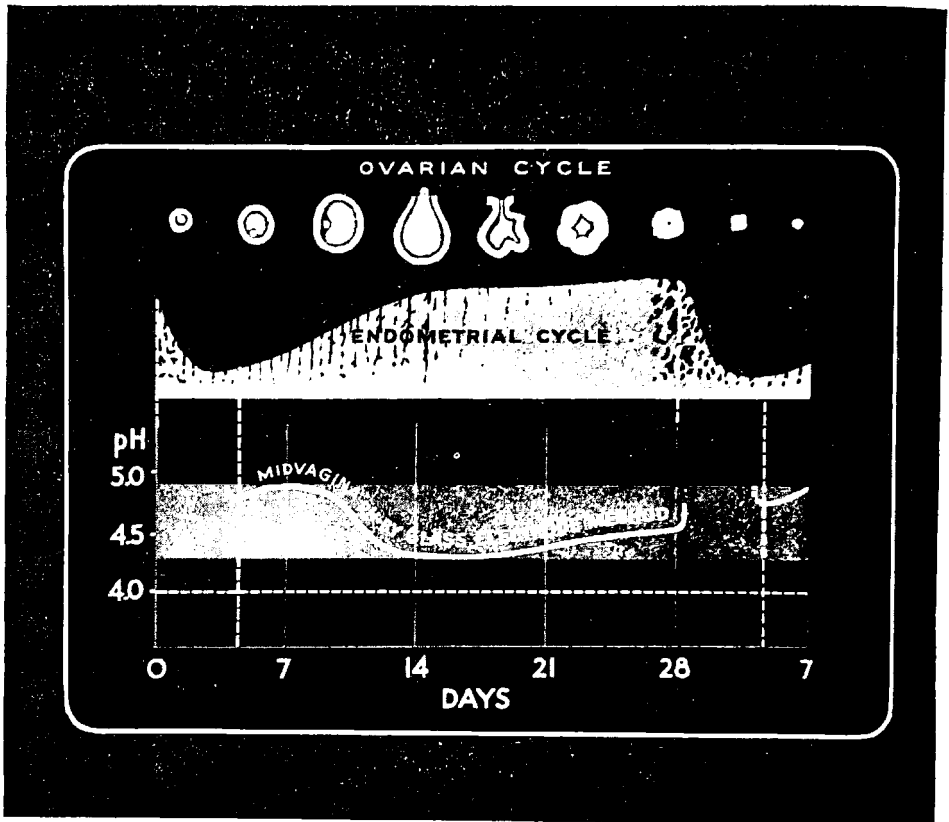
Human serum as blood substitute in treatment of hemorrhage and shock, S. O. Levinson, F. Neuvelt and H. Necheles; Journal of the American Medical Association 114:455-461, February 10, 1940.

Peripheral nerve injuries, E. G. Forrester; American Journal of Surgery 47:555-572, March 1940.

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The first meeting of the New Year was held on January 9 at the home of Mrs. L. J. Hunt at 701 North J Street. The general session at 2 o'clock was preceded by a Board meeting.

The speaker of the afternoon was Captain Vern Miller, of the 116th Medical Regiment, Camp Murray, whose subject was "Health Conditions and Medical Preparedness in the Army."

Arrangements for tea were under the chairmanship of Mrs. John F. Steele, assisted by Mrs. D. M. Dayton. Mrs. Lewis Hopkins and Mrs. W. E. Lewis presided at the tea table.

GREETINGS TO THE 1940 MEETING Of National Woman's Auxiliary

DR. NATHAN B. VAN ETTEN,
President American Medical Association,
1940-1941

I am glad to bring you the cordial greeting of the American Medical Association now in its ninety-fourth year. The American Medical Association is at the peak of its membership and growing stronger.

I have read your reports with great interest and am especially impressed with the rapid progress of your organization in thirty-eight states and your large membership.

Your report on public relations is done in a masterly way and exhibits remarkable organizing ability. I have visited only a few of your state auxiliaries, but I am impressed with the character of the membership and with the surprising interest in constructive planning. The graphic analysis of your work is most revealing.

I believe that the quality of your membership is such that you may be able to influence women's organizations of all kinds in a beneficial way for the service of the community and the promotion of the public health. I believe that you can materially influence health statistics in the next decade.

The effect of your work upon your special educational projects is sure to be felt. I am convinced that the place for this work is the small community and that the sum of such efforts will change the national picture.

You are all delegates from your states and I am going to ask you the questions which I asked yesterday in the House of Delegates. And ask you to takes these questions home with you and make minute surveys of your own communities with the idea that you will cooperate thoroughly with movements to satisfy the real needs of your communities and that you will resist imposition upon you of programs which might overload your local capacities.

Does your state need more hospitals in new locations? Does your state need more beds in existing hospitals? Does your state need more laboratories? Does your state need more ambulances? Does your state need and can it support more doctors? Does your state need more welfare workers? Do you know the American Medical Association's platform

(Continued on Page 6)

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MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

DECEMBER 10, 1940

The regular meeting of the Pierce County Medical Society was called to order in the Medical Arts Building on December 10, 1940, by Dr. Horace Whitcare, President. Minutes of the previous meeting were read and approved.

Dr. C. F. Engels, new Editor of the Bulletin, was commended for his editorial and the fine current issue.

The scientific program was opened by Dr. R. E. Mosiman, of Seattle, with a paper on "Wound Healing." Dr. Mosiman presented his subject by slides and discussed in detail the physiological processes concerned with wound healing. He brought out the fundamental physiology concerned in the repair of tissue defects. Cellular biology was stressed. Discussion was opened by Dr. W. A. Niethammer, who brought out the six cardinal principles of wound healing. The subject was discussed from the practical standpoint of securing the best possible healing of wounds. In the general discussion Dr. R. D. Wright asked whether Dr. Mosiman had had any experience with sulfanilamide powder in wounds. Dr. Nelson brought out that the only way to assay wound healing was for a doctor to keep wound sheets on each patient and then to sum up his results. Dr. Mosiman in closing discussion stressed the fact that in operating one should do as little destruction as possible. He stated that he knew nothing about the use of sulfanilamide in wounds and thought perhaps there was considerable early enthusiasm about the procedure. He also brought out the fact that too much catgut delays wound healing.

The second paper of the evening was by Dr. S. F. Herrmann, on "Meckel's Diverticulum." He discussed the embryology and showed that Meckel's diverticulum is a persistent remnant of the vitelline duct of the embryo and is found in one to two per cent of adults. It is usually found from twenty to thirty inches from the terminal ileum and may be connected by a fibrous cord to the umbilicus. It may have its own mesentery and may derive blood supply from the omentum. At times the lumen contains gastric mucosa, pancreatic tissue or duodenal glands. The anomaly may result in (1) an umbilical fistula, (2) mechanical intestinal obstruction, (3) acute inflammatory changes, (4) hemorrhage or perforation due to the presence of secreting gastric tissue and (5) malignant complications. Dr. Herrmann then described a series of eight personal cases, which illustrated four of the above conditions. In closing he stressed the fact that a surgeon when operating for supposed appendicitis and finding a fairly normal appendix should explore the terminal ileum and look for a Meckel's diverticulum. Several of his cases illustrated the fact that a Meckel's diverticulum may be the cause of a supposed appendicitis. He also

advised a transverse incision in operating for acute appendicitis, as it limits the field and can easily be extended if a procedure of greater magnitude becomes necessary. Dr. Nelson discussed the paper and commended the presentation. He described cases of intussusception of Meckel's diverticulum into the ileum and also a case of a button in a Meckel's diverticulum. General discussion was led by Drs. Gullikson and Terry. In closing, Dr. Herrmann stated that a child with abdominal cramps and bleeding from the bowel is possibly suffering from an intussusception. If a tumor mass can not be discovered a Meckel's diverticulum should be thought of, for Meckel's diverticulum inverted into the ileum can cause considerable bleeding.

Dr. Powers then announced that he was sending cards to the doctors asking for data concerning the number of influenza cases and complications.

The meeting then adjourned.

GREETINGS TO THE 1940 MEETING Of National Woman's Auxiliary

(Continued from Page 5)

by heart? And do you understand its implications? Do you know Surgeon General Pararan's plan for a crusade against syphilis?

Does the medical service in your state serve your citizens adequately? Among other states New Jersey gives the following answer: "Within the scope of any reasonable definition of the term (adequacy) the facilities and their distribution in this State are adequate. Lack of acceptance of these facilities is the only reason for any person in this State not receiving medical care."

The views of European battle fields constitute a kaleidoscopic horror—all the patterns are red. We must not, however, turn our eyes away, or obscure them with darkened glasses. We must not deaden our hearing or bury our heads in the sand. We must try to realize the full importance of the influence of destructive thought which is enjoying the hospitality of our free democracy. We must try to convert this alien thinking into gratitude for democratic asylum. Failing in this, active propaganda for paganism must be stopped. Subversive aliens must be returned to the sources from which they came. Sabotage of the minds of youth must be actively combatted.

Your organization can do a great work for your country if you will actively mobilize yourselves for such a defensive measure.

If you have any religion or any faith in God or the principles of democracy which have made this country great, you must realize that now is the time to cherish it and to fight for it with all your strength.



PERSONALS . . .

Dr. Robert W. Brown has rejoined the staff of Bill Keller's hospital at Fort Steilacoom, after a course of study which earned him the degree of M. S. in psychiatry, at the University of Minnesota. Gone are the days when the State Mental Hospitals were snug harbors for obsolete medical practitioners. Those lads out there now are slickers.

Harry Allison is largely responsible for importing the Oregon flu to Tacoma. He brought back a fine case of it when he returned from the Orthopedic meeting. Irene and the whole family promptly had it too.

Ned and Natalie Janes are spending the holidays in San Francisco and seeing the Rose Bowl game in L. A. Wish we were there, too.

We welcome to the medical ranks our latest potential member, Jimmy Lundvick, in his second month of life as we go to press. His presentation to the other members of the profession took the form of a cock-tail party, in the best traditional Lundvick manner.

Jesse Hendry, boss-man at the Cushman Hospital, has returned from a trip to Washington, D. C. and Peachtree Street, which, as all G.W.T.W. readers know, is in Georgia. He reports that construction on the new Hospital will begin by May or June.

The Wilmot Reads celebrated their 36th wedding anniversary December 22nd.

Ralph Schaeffer is now a grandfather.

The City Health Department is now moved into its new quarters.

County Health Officer Magnussen has been lecturing in Los Angeles on Polio.

The Carroll Carlsons are back from study and play in New York. Saw all the new shows. George Vandenberg is back there now, taking PG work in internal medicine.

The Sydney MacLeans driving through the deep South. Mailed their Christmas cards from New Orleans. Having a fine time. Wish we were there.

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PERSONALS . . .

The Weldon Pascoes in California for most of December. Back for the holidays.

With the able assistance of Bernie Harrington, Fritz Wilbur and Janet Brady, the matrimonial bonds were slipped on Ross Wright on Christmas Eve and he and his bride, the former Kay Bruener, are now on a honeymoon trip to Chicago and points East. Having a fine time. Wish we were there.

Bert Hillis sustained a few rib fractures recently, in an auto collision. He is able to get around now, although strapped. No golf for awhile.

And now, our heroes, Miles Parrott and Ken Douglas back on the job, after brief sojourns at Fort Lewis. George Moosey and Fay Nace both called for service. Fay developed a high B. P. which let him out. George wished he could too. Who's next? Come and get it, boys. glory and 166.66 a month await you.

Cecil Hurst, late of the Soap Lake Hospital, has opened offices in the Washington Building. Formerly interned at the County Hospital.

Later in the month, Tacoma General will give a dinner for the staff. That's fine. What we need is more free dinners.

TACOMA INTERNISTS' SOCIETY

TACOMA CLUB—JANUARY 21

6:15 P. M.

Discussion of the Cyclotron and its Uses
B. D. Harrington

THE OTHER HALF

The other half do not come out!

The other half lets George do it!

The other half has the same problems, are benefitted by the same actions, but like the proverbial vest, let the pants and the coat do all the work, while they get all the gravy.

The other half is indeed the other half. Not a separate part of the medical profession, not someone whose actions and attitudes do not affect the others.

Do you belong to the other half? Are you among those who never attend meetings? Never participate in society activities? Never help in solving problems?

If you are, snap out of it. Do yourself and this society and the profession to which you are privileged to belong, some good. Attend the meetings. Hide not your light under a bushel. You have good ideas, sound plans and a vital interest in what happens. Attend meetings.

—Exchange.

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STRAPPED FOR RICKETS

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.

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 be administered in drop dosage, Oleum Percomorphum is especially suitable for young and premature infants, who are most susceptible to rickets. Derived from natural sources, this product is rich in vitamins A and D. Important also to your patients, Oleum Percomorphum is an economical antiricketic.

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



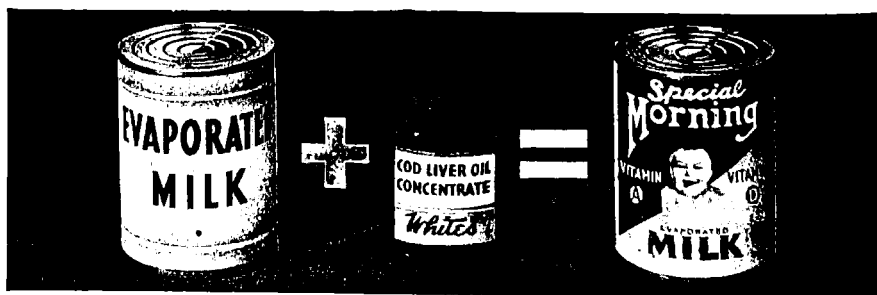
A bambino from the Foundling Hospital, Florence, Italy,—A. della Robbia

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THE ILLUSIONS OF WAR

War
I do abhor;
And yet—how sweet
The sound along the marching street
Of drum or fife, and I forget
Broken old mothers, and the whole
Dark butchering, without a soul.

Without a soul, save this bright treat
Of heady music,
And even my peace-abiding feet
Go marching with the marching street,
For yonder goes the fife,
And what care I for human life!
The tears fill my astonished eyes,
And my full heart is like to break;
And yet it is embannered lies,
A dream those drummers make.

Oh, it is wickedness to clothe
Yon hideous, grinning thing that stalks
Hidden in music like a queen
That in a garden of glory walks,
Till good men love the thing they loathe.
Art, thou hast many infamies,
But not an infamy like this.
O, snap the fife and still the drum,
And show the monster as she is.

NO POLITICAL CONTROL

(Continued from Page 2)

been many straws in the wind indicating that the public demand for "medicine by the state" is far from being the irresistible force claimed by the proponents of political medicine.

During this period, the Wagner Health Bill was suppressed in Congress; the presidential candidates of both of the major political parties expressed themselves unequivocally in favor of the maintenance of the "personal relationship between physician and patient which is a characteristic and a source of strength of medical practice in our land"; the trial of the indictment against the American Medical Association was postponed indefinitely; the Federal government accepted the voluntary offer from the A.M.A. of all possible assistance in the Defense and Preparedness Program; the profession has become increasingly more unified and increasingly more aware of the need for intelligent extension of the type of socialization which has been practiced by Medicine for centuries.

These results have not been achieved by any propagandizing or hysterical defense of our position, but largely by sticking to our jobs and at the same time letting people know what our jobs are and why they are important. To the N.P.C. goes a large share of the credit. "The Priceless Heritage," the judicious use of advertising space, and perhaps even a bit of pressure in the right place at the right time have at least temporarily convinced the kudos-loving politicians that the time is not yet ripe for taking over the medical profession. The Committee has further served as a rallying point for the heretofore somewhat

incoherent efforts of the profession to make known its objective of the improvement of public health.

The viewpoint expressed by Edward H. Cary, M.D., chairman of the Management Committee of the N.P.C. summarizes the situation extremely well. "The medical profession now represents the only important group in the United States which, while harassed from within and without, has shown no slightest sign of capitulation or even of retreat. On the basis of this fact, it has automatically placed itself in the position of an intellectual leadership of those individuals, groups and institutions which seek to preserve the important elements of individual freedom and initiative and the principle of 'free enterprise.'" The best thing about this statement is that it is absolutely true and represents a tremendous change from the situation as it existed as late as two years ago, when the politically-minded social reformers appeared to have us over the barrel.

The battle is not yet won and we have not yet begun to fight. The future status of the practice of medicine will be determined by what the people seem to think or are led to believe of its effectiveness. Attempts are still being made to impress the people with the inadequacy and inefficiency of our system of medical practice and the mercenary attitude of its practitioners. No group outside the profession can possibly contradict these falsehoods. If we depend on such outside assistance it is likely that our latter state would be worse than our first.

The N.P.C. will continue its work—so long as financial resources are available to it—and as time goes on will enlist the aid of other groups, perhaps even outside the medical profession. The degree of effectiveness of its work will always depend upon one group: the physicians of the United States. The gains made by the Committee during its first year have been made possible by the loyalty, devotion and sacrifice of a comparatively small group of individuals. **Our own axe is being ground**, and it is up to us to supply the motive power for the grinding thereof. Each member of the Society has received a recent report of the N.P.C. along with its request for voluntary subscriptions. Surely three cents a day, the price of four cigarettes, is not too much to expend for the purpose of keeping the control of the practice of medicine where it belongs—in the hands of physicians.

—J. McL.

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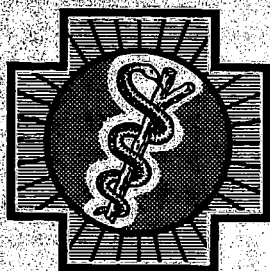
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BULLETIN

February, 1941

No. 2



PROGRAMS

MEDICAL ARTS AUDITORIUM

FEBRUARY 11—8:15 P. M.

Psychosomatic Medicine.....Carroll C. Carlson

Discussion.....Frank R. Maddison, Christen Quevli

Fracture Cast for Fracture of Humerus.....Carl J. Scheyer

Discussion.....Edwin C. Yoder

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Program Follows Dinner

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EDITORIAL

Recently, at a clinic, an interesting list of cases was shown. There were three eyes which had been hardened and the interiors shown. One was that very rare condition, ocular tuberculosis, the other two were melanomata of the vitreous chamber. Microscopic sections, enlarged, were shown on the screen. Two autopsy specimens of carcinoma of the pancreas were exhibited, grossly and microscopically. One undifferentiated carcinoma of the ovary, fresh surgical specimen and slides.

One carcinoma of the jaw, under treatment, patient shown. A series of Roentgenograms, taken months apart, showing the progress of healing in a gastric ulcer under medical treatment. Another gastric ulcer with a fluid level and gas in the ulcer cavity. Films of a case of congenital bilateral dislocation of the hips in an adult acrobatic dancer who had been unaware of this deformity inasmuch as it had never interfered with her occupation.

If any of us were away on a post-graduate trip, at considerable expense, and had the opportunity to see the above list in a forenoon, we would think ourselves well compensated. Yet these cases were displayed at the regular Thursday morning clinic at the Tacoma General in one hour, two weeks ago. It is remarkable that the attendance at these clinics is not greater. Also, it might be a good idea to have more of this type of case presentation at our Society meetings. Many of our younger men could profitably work up a rare case and present it, thereby benefitting themselves even more than the audience. Two or three good case reports, boiled down to the minimum, with films to accompany them, make an interesting evening and leave more in the minds of the hearers than long, didactic papers. Recently, we had such a presentation by a guest speaker, a long, repetitious reading, full of technical detail, which suffered even more in contrast to the short, snappy discussion, by one of our own members, sensibly confined to practical points. We all remember Govnor Teats' presentation of a man who had been practically cured by X-ray treatment, of that pestiferous condition, bronchiectasis, last year.

In many of our large teaching institutions, the internes and fellows are encouraged to work up cases and present them to the staff, who then add their criticisms, both as to the subject matter and the manner of presentation. This not only improves the writer's style but also his method of delivery, by a candid but friendly correction of his faults. The speaker who looks at the ceiling and says "Ah-h-h" while collecting his thoughts for his next sentence is reminded that he is no Lily Pons and the "Ah-h-h" is not in the script. The one who shows a film or screen picture and then addresses his remarks to it, from then on, is reminded to show his picture, then forget it and address the audience with what follows. The chap who uses a pointer by waving it in the general direction of the picture is requested to put the point on what he is attempting to indicate, as the audience is not trained in mind-reading. The man who is wise enough to profit from such suggestions becomes ultimately a finished speaker and pleases his audience. All of this is offered in the hope of stimulating our younger men to the end that we have snappier presentations and more of them. The Bulletin, in fact, is contemplating a prize for the best case report given during the current year, based on the material presented and the manner of presentation. The Program Committee will welcome such reports.

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MEDICAL LIBRARIES

What They Mean To The Physician And To The Patient

By Lily Hanvey Alderson, Librarian
St. Louis County Medical Society Library

In the rapidly expanding field of medicine, the doctor of medicine must have the attitude of a consistent learner. A medical library is one of the laboratories in which the physician must work. It is an essential part in the professional life of all physicians. It is generally agreed that books are as much a part of the armamentarium of the physician as the stethoscope. It is important, therefore, that a working library be modern and authoritative.

The establishment of medical libraries has become a whole and widespread movement. Indeed, "just as medicine will always be the keystone in the arch of service, so medical libraries will always be the keystone in the arch of medical research and education," for the medical research done in the future must be based on that of the past.

As medicine is universal, medical libraries are to be found the world over. In the United States alone there are considerably more than 300 which are large enough to be listed in the American Medical Association Directory. Of this number one hundred and ninety-three belong to the Medical Library Assn.

Let us make a brief review of the history of medical libraries. Under the Ptolemies in Egypt, many hundreds of years before the days of printing, several hundred thousand works were collected in the great libraries of Alexandria. By the fourth century of our era, Augustus Caesar and his successors had established in Rome a score or more of public libraries. Other large collections had developed in Constantinople. Many of these libraries were later destroyed, sometimes by fire, sometimes by the uncultured barbarians from northern Europe.

In the Middle Ages libraries were for some time chiefly of monastic origin, but later, large collections of manuscripts grew up in connection with the great universities. The Arabians built up large libraries in Bagdad, Cairo, and other places. According to the Encyclopedia Britannica the first modern library was founded in Venice in 1436. During the period of the Renaissance the specialized collection of medical works appeared. In the present day there are many private medical libraries of great renown, more particularly in relation to special branches of medicine. The first printed medical publications with which we are acquainted date from about 1462 to 1470 A.D., although there are extant

manuscripts dealing with medical subjects from pre-Christian times. Books printed before the sixteenth century are technically known as incunabula. At the present time the greatest medical libraries of the world are, the Library of the British Museum; the National Library in Paris; the Imperial Military Academy of Petrograd; the Royal Society of Medicine of London; the Medical College of Bengal, in Calcutta, India; the Library of Congress, and the Library of the Surgeon General's Office of the United States Army (now known as the Army Medical Library). The latter library is perhaps the largest and most important medical library not only in the United States but in the world.

There is no group of sciences which has so many current periodicals as medicine. Medical periodicals can be roughly divided into three classes; those devoted exclusively to purely scientific and experimental researches; those devoted to the specialties; and those which include clinical and surgical cases, reports of progress, abstracts, history, etc. There are approximately 2,000 periodicals published currently. Many libraries find it impossible to subscribe to all periodicals which must be referred to in case studies. This is also true of the increasing number of monographs and textbooks on medicine in daily use. This problem has been solved by the use of inter-library loan with other large libraries. Through this inter-library loan system physicians can obtain material from any medical library upon application through the local medical library, the only expense incurred by the borrower being the transportation charges.

The physician at his best, has taken his place alongside the poets, artists, and other cultural benefactors of humanity, and it is from the library, from the records of the great of his profession in the past and present that he derives the sources of his ethical inspiration and his practical power. "Greater even than the greatest discovery is to keep open the way to future discoveries."

Functions of the Medical Society

Sir William Osler, in an address before the New Haven Medical Society in 1903, made this statement on the functions of a medical society:

"The well-conducted medical society should represent a clearing house, in which every physician of the district would receive his intellectual rating, and in which he could find out his professional assets and liabilities. We doctors do not 'take stock' often enough, and are very apt to carry on our shelves stale, out-of-date goods. The society helps to keep a man 'up to the times,' and enables him to re-furnish his mental shop with the latest wares. Rightly used, it may be a touchstone to which he can bring his experiences to the test and save him from falling into the rut of a few sequences. It keeps his mind open and receptive, and counteracts that tendency to premature senility which is apt to overtake a man who lives in a routine."

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A Message for the Woman's Auxiliary to the American Medical Assn.

By FRANK H. LAHEY, M.D., President-elect American Medical Association

One of the outstanding qualities of an American doctor, it seems to me as I have observed him in traveling the country, is his thirst for knowledge. Where postgraduate instruction is given, there you will find doctors in numbers who have given up their valuable time to come and attempt to improve their knowledge of medicine so that they in turn may utilize this knowledge in taking better care of their patients. In addition to this, doctors are constantly on the move, visiting points where special knowledge along particular lines may be acquired, by means of which also they may improve their ability to practice whatever branch of medicine, special or general, in which they are employed.

One of the other outstanding qualities of American doctors, it seems to me as I have observed them, is that on these journeys they are usually accompanied by their wives. This is doubtless due in some measure to the fact that in the busy life of a doctor it is almost necessary for him to take his wife with him on trips in order that he may get an opportunity to see enough of her. But in addition to this, I have a feeling that doctors' wives have or develop qualities of sacrifice and interest that are not always present in the wives of men in other types of endeavor. I by no means mean to imply that doctors' wives are superior in quality or character to other women. I do think, however, that the sacrifices which are associated with being the wife of a doctor, either a specialist or a family physician, go to develop qualities of character that are extremely desirable.

Because I have always had so much admiration for doctors' wives and sympathy for my own, I have always felt that the Woman's Auxiliary to the American Medical Association was an excellent thing, providing as it does contacts and opportunities for those wives who come with their husbands to the meetings of the American Medical Association. I often think that if people could know what an important part the wives of doctors play in any success they attain, they would be given more attention and more credit than they now receive. Whenever I see a good doctor I am prepared to find associated with him a good wife, and rarely is one disappointed. If Mrs. Lahey and I had a daughter, which unfortunately we have not, I could think of no greater career for her nor one which I could more desire for her to have as a character builder than to be the wife of a busily occupied doctor.

I undertook to write these approximate 500 words concerning the Woman's Auxiliary to the American Medical Association, but because I know so much about doctors' wives and am so interested in the part they play in doctors' lives, and because the Woman's Auxiliary to the American Medical Association is composed of doctors' wives, I have perhaps said too much about the latter and possibly too little about the former.

The members of the Auxiliary to the Pierce County Medical Society will entertain their husbands at a banquet held in the Crystal Ballroom of the Winthrop Hotel on February 25th at 7:00 o'clock. This will take the place of the regular meeting of February 13th.

Entertainment has been provided following the dinner and the doctors and their wives are urged to attend. Auxiliary members are asked to send in reservations as soon as duplicate cards are received.

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

JANUARY 14, 1941

The regular meeting of the Pierce County Medical Society was called to order in the Medical Arts Building on January 14, 1941, by Dr. T. K. Bowles, President-elect. Minutes of the previous meeting were read and approved.

Dr. Whitacre then appeared and took charge and the scientific program was opened by a paper on "Diseases of the Chest" by Dr. Frederick Slyfield, of Seattle. Dr. Slyfield pointed out that a complete history is extremely important in the study of diseases of the chest. It is possible to learn more from a patient's story in his own words than can be learned from all the rest of the examination and laboratory work. At times we are too prone to depend on X-ray films and laboratory findings rather than on facts we can discover with our own senses. He illustrated these points by describing several cases where an accurate history in the patient's own words made a clear diagnosis possible. He then illustrated his subject with lantern slides showing various disease conditions of the chest. The films depicted normal chest studies, various stages of pulmonary tuberculosis, types of carcinoma, spontaneous pneumothorax, bronchiectasis, pericardial effusions, endocarditis, lung abscess and other conditions. In closing Dr. Slyfield stressed again the fact that all necessary laboratory work should be done but that it should be kept in its proper place and that the doctor by a careful history and intelligent examination should endeavor to find out what is wrong with the patient and not depend on an X-ray film or laboratory findings to make his diagnosis for him.

Discussion was by Dr. T. H. Duerfeldt, who mentioned the importance of the sedimentation rate in showing the degree of toxemia. The paper was also discussed by Drs. J. F. Steele, W. W. Mattson, J. R. Turner, B. D. Harrington and J. J. Verhalen.

The second paper of the evening was a discussion of "The Myelographic Diagnosis of Intramedullary Spinal Cord Tumors" by Dr. C. M. Jessico, of the Western State Hospital. Dr. Jessico stated that the differential diagnosis between intramedullary and extramedullary cord tumors is difficult but that a pre-operative diagnosis would make the planning of the treatment and the prognosis easier. He stated that with Ipiodol he felt that such a differential diagnosis could be made, and that the characteristics of intramedullary cord tumors are (1) a partial block in the subarachnoid space, with lateral displacement of the Ipiodol; (2) the presence of small triangular protrusions of the Ipiodol, which hug the pedicles; (3) the block is present over a number of segments of the spinal cord.

tend only a short distance along the cord, while intramedullary tumors will extend for long distances. Dr. Jessico then showed slides which illustrated the X-ray findings with Ipiodol in a number of cases. In closing he stated that certain intramedullary cord tumors show typical myelograms which are characterized by a partial block, with lateral displacement of the Ipiodol, which hugs the pedicles.

Discussion was by Dr. Plum, who mentioned the general diagnosis of spinal cord tumors. Drs. Carlson, Brown, Nelson and Dublin also discussed the subject.

The application of Dr. Harry Andrews was voted upon and accepted.

The contemplated change in the By-Laws was brought up for its second reading and vote. The chair called for the question and there being no discussion a vote was taken and the amendments were adopted.

JANUARY 28, 1941

The regular meeting of the Pierce County Medical Society was called to order in the Medical Arts Auditorium on January 28, 1941, by Dr. H. J. Whitacre, president. Minutes of the previous meeting were read and approved.

Mrs. Brown, of the Pierce County Practical Nurses' Association, made an announcement concerning a bill presented at the Legislature in Olympia. This bill concerns the licensing of practical nurses and provides for their regulation and registration. She asked for the society's support. Dr. Whitacre stated that the matter would be taken up for discussion by the Board of Trustees.

The scientific program was opened by a paper on "Polyposis of the Colon" by Dr. J. W. Gullikson. Dr. Gullikson stated that this condition is found in about 21% of all autopsies. The etiology is not clear but by some is thought to follow chronic ulcerative colitis. There is apparently a great familial tendency in this condition. It occurs at almost any age and there is a very great tendency for malignant change to occur. The tendency varies from 11 to 30% but any individual with polyposis of the colon who lives out a normal span of life is almost sure to develop a malignancy. The symptoms of the condition are characterized by a change in the bowel habits, with alternating constipation and diarrhea. Later in the course of the disease there may be some mucous and pus in the stool and usually some bleeding. Usually vague abdominal pains and symptoms of obstruction develop later in the course. It is usually true that when obstruction occurs malignant changes are present. The malig-

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nancy begins at the periphery of the polyp. Typically 70% of the polyps are in the sigmoid and rectum. The diagnosis can usually be made on protoscopic and X-ray examination. The treatment is surgical and should be radical. For localized areas a Mikulicz type of resection is practical. Where the condition is more wide-spread more radical surgery is necessary. The treatment is usually based on multiple stages consisting of an ileosigmoidostomy, fulguration of the polyps from below and through one or multiple colostomy openings, followed by partial or total colectomy. Dr. Gullikson then reported a case of polyposis of the colon and obstruction. The case has had symptoms referable to the lower bowel since 1926, and has been treated for appendicitis and colitis for some time. He developed an obstruction, which was relieved by the Mikulicz type of operation. The patient is apparently symptom free but it was brought out that more radical surgery was advisable although no malignancy had been found in the obstructing lesion.

The subject was discussed by Dr. S. F. Herrmann, who brought out that the family history is quite important in the diagnosis of this condition, since it is definitely familial and is inherited as a dominant character. The paper was also discussed by Drs. R. D. Wright, B. T. Terry and J. R. Turner.

Dr. C. F. Engels then presented some pyelograms illustrating the effect of pregnancy on the kidney. He felt that the problem of what happens to the ureter and kidney

during a pregnancy is not clearly understood. It was his impression that dilation of the ureters and pelvis of the kidney during pregnancy does not entirely go back to normal. He also brought out the fact that a ureter dilated from internal pressure also elongates. The paper was discussed by Drs. A. L. Schultz, E. W. Jaues and H. W. Humiston.

The transfer of Dr. F. L. Monzingo and the application of Dr. C. M. Jessico were voted on and they were both accepted for membership in the society. The application of Dr. Bernice Hazen was read for the first time.

Dr. Mattson then made an announcement concerning Home Defense Corps. They need about fifty medical men in this organization, which is solely designed for action in an emergency. He wanted the men to volunteer for service if necessary and will make application cards available in the near future.

In the way of entertainment, Mr. Forrest presented an old-time medicine man.

The meeting was then adjourned to the lobby, where refreshments were served.

**COMMUNICABLE DISEASES
DECEMBER, 1939**

Whooping Cough	26
Scarlet Fever	3
Mumps	2
German Measles	33
Chickenpox	31
Tuberculosis	6
Measles	7

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PERSONALS . . .

Dr. William Dublin, of Bill Keller's staff, has been honored by the University of California, his Alma Mater, and delivered two lectures at the U. by invitation. Another slicker, huh?

Claude Leaverton was in the hospital with a coronary recently but happily has improved and gone home. Stick it out, Claude, you can lick it yet.

The Duchess of Windsor and Harry Allison were in bed for a day, after a painful tooth extraction. No scandal, the Duchess was in Miami and Harry in the Minor Hospital.

John Havlina moves into the Medical Arts Building. Welcome and good luck, John.

Homer Clay and Darcy Dayton attended the North Pacific Pediatric meeting in Portland, January 25th. Between them, they got Homer elected president.

George and Mrs. Kunz home again after one of their numerous trips to California.

Fordyce Johnson back in his remodelled office after camping in with Harry Willard while the work was done.

Les Baskin in Vancouver, B. C. for a week end. We did not hear that he brought anything back.

The Clifford Halvorsens have a new baby daughter. Congratulations, Cliff.

Many of the Woman's Auxiliary are going in for antiques. We have a lovely Chippendale lawn-mower of the Duncan Phyfe period which we hope to sell to Leona Yoder or Claudeana Turner some of these days.

The George and the Fay Naces tripped to California last month. Fay had to hurry back to take care of the practice. Pretty soft for George.

We vote Bill Heath the most popular superintendent the T. G. ever had. The first time in history the institution threw a party for the medics. Certainly a grand success and we are applauding loud and long, as for an encore. Best speech of the evening by Jack Gullikson. Pat Sweeney was a riot, Sam Jackson and Harry Cain did their stuff in their best manner, the Hertzell's sang beautifully but the Drug Store Cowboys could well have been tossed in the ash-can. Ed Yoder and his Iowans could have done better with "Where the Tall Corn Grows." The dinner and trimmings were so good we recognized the Jackson touch there. Thank you and we look forward to the next one.

Bill Mattson and General David Stone are forming the Home Defense Corps. Bill is asking for volunteers.

Barney Jackson, the eminent statesman from the South end of town, has a bill in the Legislature to set up a Naturopathic Board. We haven't seen the bill yet but it will

probably also try to abolish the Basic Science Law, as usual. It will undoubtedly have the support of our other good friend, "Senator" Ryan.

No truth in those reports of Harrington getting married. He still prefers to live a la carte.

Jess Read, whose index finger was badly excoriated from contact with Tiger Fat, has fully recovered.

Under the chairmanship of Horace Whitacre for the eighth year, the 1940 Y. M. C. A. drive has gone over the top.

Among Tacoma men attending the meeting of the Seattle Surgical Club last week end were Charlie McCreery, John Gullikson, Jess Read, Bill Mattson, Sig Herrmann, Edgar Dodds, Horace Whitacre, Burton Brown, Warren Penney, Ralph Schaeffer, Ben Terry and Edwin Fairbourn.

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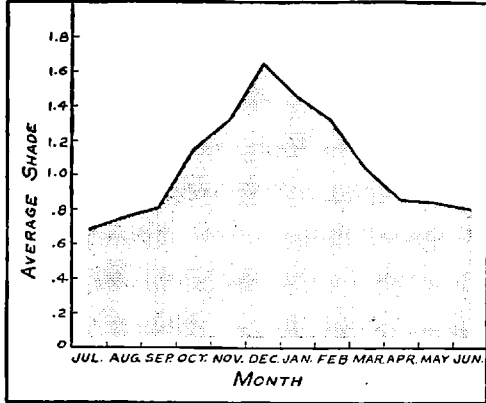
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WEATHER FORECAST— HEAVY SMOKEFALL

SMOKE exerts a definite influence on the weather at this season by reducing the amount of sunlight. Beginning in September there is a steady rise in atmospheric pollution until in December it becomes double that of midsummer, according to a recent report of a two-year study made by the U. S. Public Health Service in ten of the largest American cities, representing a population of millions. One of the most surprising findings was that there is no decrease in the dust content of the air either during or after a rain.



Average atmospheric pollution in 10 large American cities, 1931-1933. It is probable that conditions are similar in many smaller cities especially where soft coal is used and wind velocity is low.

Winter Sunlight an Unreliable Antiricketic

Atmospheric pollution is but one of many forces militating against the therapeutic effects of ultraviolet rays in winter. Others, to name only a few, are cloudiness, precipitation, and clothing. In winter, moreover, it is often impracticable to give sunbaths to infants during the very time they are most susceptible to rickets—the first six months of life.

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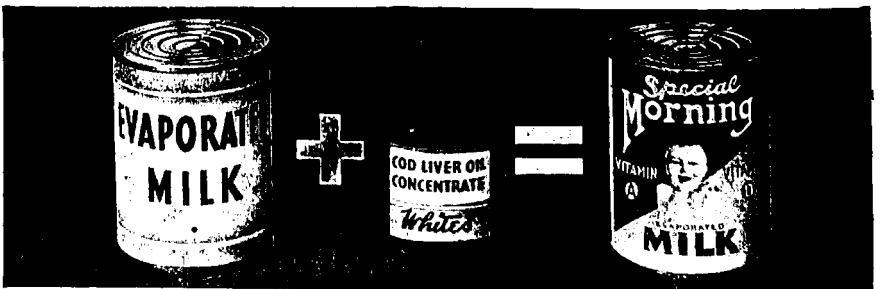
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**HOW TO WIN LEGISLATIVE FRIENDS
AND INFLUENCE VOTES**

The Legislative Committee of the Medical Society of the State of New York recently issued a bulletin that should be carefully read, and kept for reference, by every physician interested in medical legislation.

This bulletin adapts for medical men some very sound and timely advice issued by the Chamber of Commerce of the United States as to the promotion of effective relations with legislators. The advice, which is herewith commended to members of our County Medical Society, is as follows:

When the Legislature passes a law relating to the practice of medicine, you as a physician know pretty well what the effect of that law will be.

But experience has shown that members of the Legislature do not always know how and why their legislative acts will affect the practice of medicine unless physicians write and tell them.

Your views are always welcome, for the men who stay in the Legislature the longest are those who read and heed their constituents' letters. But there's a right way to write effectively to your legislators. May we offer these suggestions:

DO—

- Spell your legislator's name correctly.
- Make sure whether he is a Senator or an Assemblyman.
- State concisely what you think and why—the briefer the better.
- Cite specific illustrations, whenever possible, as to effects proposed legislation would have on the practice of medicine and people in your community.

- Write on your office stationery.
- Sign your name plainly. Type it under the signature.
- Send a letter rather than a telegram when time permits.
- Seize every opportunity to become personally acquainted with your legislators.

DON'T—

- Threaten political reprisals.
- Write in a captious or beligerent mood.
- Remind your legislators of broken promises.
- Attempt to speak for anybody but yourself.
- Insert newspaper clippings or mimeograph material.
- Send a chain letter or post card.
- Quote from form letters.
- Write only when you want a favor. Letters of commendation are always welcome.
- Try to make an errand boy out of your legislator.
- Become a chronic letter writer.

—Westchester Medical Bulletin.

TACOMA SURGICAL CLUB

Dr. Harry Mock will be guest speaker at the annual meeting of the Tacoma Surgical Club on May 3. His subject will be "Traumatic Surgery."

TACOMA INTERNISTS' SOCIETY


TACOMA CLUB—FEBRUARY 18
6:15 p. m.

- The Use of the Bronchoscope in Non-tuberculous diseases of the lung.....James Blackman, Seattle
- Diagnosis and Treatment of Non-tuberculous diseases of the lung.....J. F. Steele

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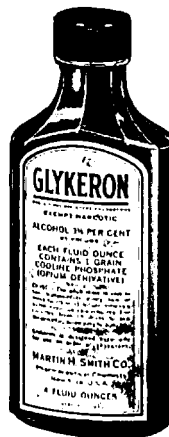
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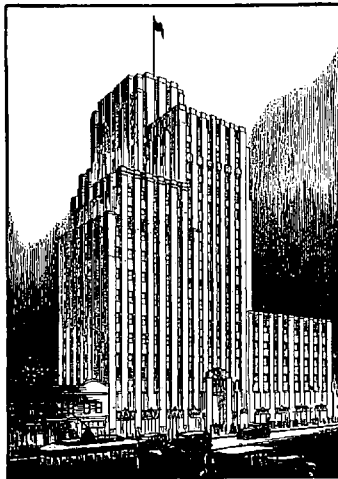
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The BULLETIN

Vol. XI

March, 1941

No. 3



PROGRAMS

MEDICAL ARTS AUDITORIUM

MARCH 11—8:15 P. M.

Joint Medical and Dental Program

- Evaluation of Focal Infection.....J. R. Turner
- DiscussionW. W. Mattson, T. H. Duerfeldt
- Focal Infection from the Dental Standpoint.....A. F. Wilbur
- DiscussionF. H. Francis

MARCH 25—8:00 P. M.

Mountain View Sanatorium

- Round Table Discussion on the State
Department of Health Program for the
Examination of Teachers and other
School Employees for Tuberculosis.....Frederick Exner,
Byron Francis, R. E. McPhail, John
E. Nelson, K. F. Soderstrom, J. F.
Steele, State Tuberculosis Com-
mittee.

SUPPER

Follows the program

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SOCIETY — OFFICIAL PUBLICATION . . .

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state is apparent not only in the general population but is also noted among the doctors themselves. The uncertainty of those in the Reserve Corps or in the draft age, regarding their immediate future, tends to keep them unsettled as they find their sunny existence clouded by the threat of being absorbed into the country's armed forces. Their well-laid plans for buying homes, keeping up insurance payments and providing for the families, are threatened by disruption.

It is unlikely that the present struggle will terminate without a decisive victory, whether this is achieved by military strength or by weakening of one side due to blockade. A negotiated peace now would leave the issue undecided and consequently unsettled. The possibility of either Britain or Germany crushing each other is unlikely for a long time to come. Hitler's unwillingness to storm England indicates the risk he takes of failing in the attempt. Britain also, is not strong enough to carry the war to the Axis powers, on the continent. So it seems to be a test of national stamina and resources. Probably our aid, certainly in sending supplies, possibly with ships and men, may again be the decisive factor. Definitely then, we may expect a long war. We might as well begin to tighten our belts now.

During a re-armament program, a nation usually has a period of economic prosperity due to the lavish expenditure of funds for production. Such a flood of money into industry is bound to promote good times. We are now tossing out the billions in producing war materials which will be of no value when the war is over. Then, or before, we will have to begin paying the bills. The stock market, which is a fair barometer of future events, is weak just now, partly from the fear of what corporation taxes are to be, although this fear is also paired with what British liquidation of vast holdings of American securities might do. When peace finally comes, as it must some time, Europe and Asia will be bankrupt and the only way we can supply their needs will be through long term credits. Industry, consequently, will lag, as will new housing because the buildings now being constructed will be vacated when the army is returned to civil life.

Fear...

The increasing interest in the psychology of our patients and the larger number who are helped by psychiatric methods is food for thought. Worries about the present and apprehensions for the future are responsible for many illnesses in which the psychic element dominates or accentuates the somatic. Possibly some of this is intensified by the war, a common reaction. This disturbed mental

With these things in mind, we must learn to pattern our lives according to circumstances. We will still have this America in which to live. We will still have our profession to practice, our homes and our families. We have weathered depressions before and can again. There is no cause for fear. All we need is a little courage to face today's tasks with tranquillity. Tomorrow? Well, why not wait until tomorrow with courage, too?

LIBRARY

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

The magazine with the bright red cover which you can not help noticing on our rack is the new periodical War Medicine, published by the American Medical Association. While we do not expect to be bombed overnight, at the same time interest in preparedness, including medical preparedness, should be stimulated in time to be effective should an emergency arise. With this objective in view War Medicine will offer articles not only upon subjects connected with war itself, but also upon industrial hygiene and the general health and welfare of our citizens.

War Medicine comes to us as a gift from the Porro Laboratories, from whom we also receive regularly at least a dozen other journals for which our budget will not allow us to subscribe. Among these are Psychosomatic Medicine, Quarterly Journal of Studies in Alcohol, Yale Journal of Biology and Medicine, Science and others which we should not have were it not for Mr. Porro's generosity. Not only is he giving us the current issues but he has also brought in many nearly complete files for previous years, making a collection of material of inestimable value to a medical library.

Another gift which is greatly appreciated is current issues of Hospital Management, Hospitals and Modern Hospital, which come from Mr. Heath, of the Tacoma General. Mr. Heath has also sent in many volumes of earlier issues of these journals, which are a valuable addition to our resources.

As a matter of fact, the library frequently has occasion to believe in Santa Claus. The McNerthneys have just sent in Surgical Clinics of North America for several years back, which we are using as a much needed duplicate file of this journal; Drs. Cameron and Hillis have given us a great box of eye, ear, nose and throat journals, which enable us to fill many gaps in our files; Dr. Fordyce Johnson has presented us with volumes of Archives of Otolaryngology; Dr. MacLean has given us many issues of American Journal of Cancer; Dr. Whitacre regularly sends in his copies of Western Journal of Surgery and other magazines; Dr. Schaeffer has for years given us Annals of Surgery and Surgery, Gynecology and Obstetrics for our duplicate files; Dr. Fishel has been giving us Radiology; from Dr. Carroll Carlson have come many volumes of Archives of Neurology and Psychiatry; Dr. Joers has presented several volumes of Surgery and Dr. Griffith many numbers of Laryngoscope and Eye, Ear, Nose and Throat Monthly. Those who are giving their copies of the A. M. A. Journal and Northwest Medicine are too numerous to mention by name, but their generosity is appreciated just the same.

In an article entitled "Chemosurgery, a Microscopically Controlled Method of Cancer Excision," Mohs, of the McArdle Laboratory for Cancer Research, University of Wisconsin Medical School, tells of the fixation in situ of suspected tissues in order that the surgeon may be enabled to remove the irregularities and extensions of a cancer without destruction of surrounding healthy tissue. This article appears in the February number of Archives of Surgery.

Surgery, Gynecology & Obstetrics for February offers an interesting article on "Pectin in the Treatment of Various Types of Wounds," by Tompkins, Crook, Haynes and Winters, of Indiana University Medical Center. The idea of treating infected wounds with pectin was suggested by the successful use of the apple diet and pectin agar preparations in the diarrhea of infants, proving its bactericidal action. The authors feel that they have had excellent results with pectin therapy in treating a variety of wounds over a three-year period.

A symposium on "Pain" in the January issue of Medical Clinics of North America includes an article on head pain, one on abdominal pain, one on cardiac pain and several others. This group of articles will be found very useful in the diagnosis and treatment of the conditions covered.

Aries, of Northwestern, gives the results of experiments in the use of nylon as a suture material in an article in Surgery for January. He states that nylon has all the good qualities of silk, is stronger and less irritating and may be boiled several times without losing its tensile strength.

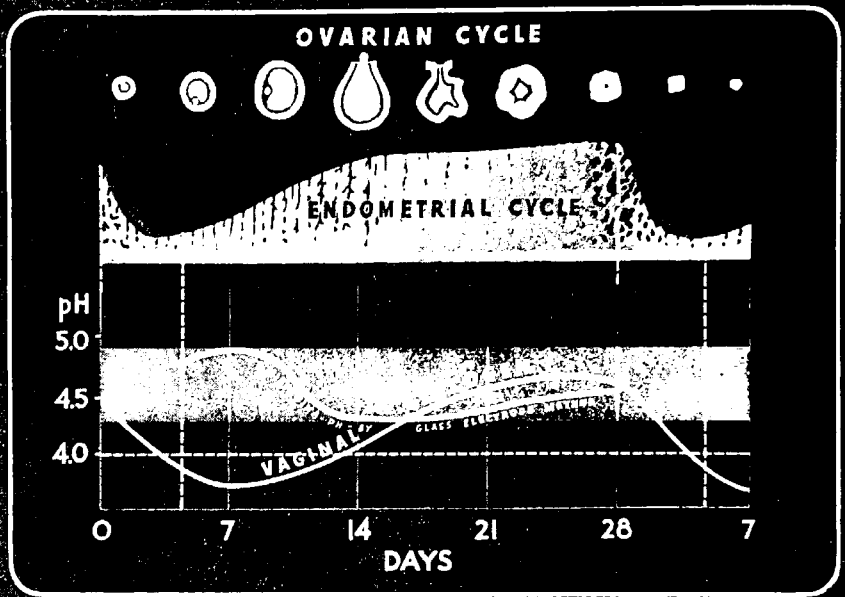
A symposium in the February, 1941 issue of Surgical Clinics of North America includes papers on minor surgery of the eye, ear, nose, throat, hand, head and face, one on cystoscopy and urography and one on plaster bandages and casts.

An article on the use of sulfanilylguanidine in the treatment of acute bacillary dysentery in children appeared in the January number of the Bulletin of the Johns Hopkins Hospital. Marshall, Bratton, Edwards and Walker, the authors, feel that the results obtained are encouraging enough to justify continued trial.

NATIONAL NURSING INVENTORY

As a part of the national defense program the Washington State Nurses' Association is making an inventory of all registered nurses in the state.

They ask that members of the Pierce County Medical Society co-operate by passing this information along to registered nurses employed in their offices or to others who might not otherwise know of this inventory.



From the motion picture, "Studies in Human Fertility," by Ortho Products, Inc.

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Annual Meeting

Hotel Carter will be the headquarters for the Annual meeting of the Woman's Auxiliary to the American Medical Association which will be held in Cleveland, June 2-6, 1941. Requests for reservations should be sent immediately to Dr. Edward F. Kieger, chairman of the Committee on Hotels and Housing, 1604 Terminal Tower Building, Cleveland, Ohio.

The March thirteenth meeting of the Auxiliary to the Pierce County Medical Society will be held in the Medical Arts Auditorium at 2:00 and the public is invited to attend.

Dr. Lee Powers, city health officer will speak on the recent poliomyelitis epidemic and will discuss the need for better sanitation in sections of Tacoma. Moving pictures will be shown to supplement the talk.

Mrs. C. G. Trimble, Public Relations chairman for the Auxiliary will be in charge of the program.

A meeting of the Auxiliary Board has been called for 1:00 p. m. in the auditorium, just preceding the regular program.

More than 110 doctors and their wives were present at the Auxiliary's Annual Banquet honoring the doctors of the Pierce County Medical Society held in the Crystal Ballroom of the Hotel Winthrop on February 25th.

The mid-year board meeting of the Auxiliary to the State Medical Society was held in Seattle on February 28th. Tacoma women attending the session were Mrs. H. J. Whitacre, state auxiliary organizer; Mrs. D. H. Bell, past auxiliary president; Mrs. George J. Vandenberg, state publicity chairman, and Mrs. J. Benjamin Robertson, president of the Pierce County Auxiliary.

THE PLATFORM OF THE AMERICAN MEDICAL ASSOCIATION

The American Medical Association advocates:

1. The establishment of an agency of the federal government under which shall be co-ordinated and administered all medical and health functions of the federal government exclusive of those of the Army and Navy.
2. The allotment of such funds as the Congress may make available to any state in actual need, for the prevention of disease, the promotion of health and the care of the sick on proof of such need.
3. The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.
4. The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.
5. The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.
6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.
7. The continued development of the private practice of medicine subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.
8. Expansion of public health and medical services consistent with the American system of democracy.

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

FEBRUARY 11, 1941

The regular meeting of the Pierce County Medical Society was called to order in the Medical Arts Auditorium on February 11, 1941, by Dr. H. J. Whitacre, president. Minutes of the previous meeting were read and approved.

The scientific program was opened by Dr. C. C. Carlson, who talked on "Psychosomatic Medicine." In introducing his subject Dr. Carlson stated that from 30% to 60% of physical illnesses have some emotional element. He discussed some of these emotional relationships that occur in general practice. An outline was given of the pathology of some of the psychiatric disorders and some of the work that has been done in working out the emotional center in the brain, which is in the hypothalamus. A discussion of the ego development and integration was given, showing its development throughout the different phases of an individual's life. Illustrations were given showing how the ego can be upset by physical disease. Emotional causes of physical illness were discussed and cases were described illustrating physiological dysfunction resulting from emotional upsets. The subject was discussed by Dr. F. R. Maddison, who stressed the fact that the psychoneurotic implications the doctor meets in his everyday practice should be kept in mind and should be treated by the doctor as well as the somatic disease. The paper was also discussed by Drs. Christen Quevli and T. H. Duertfeldt.

The next paper of the evening was by Dr. Carl Scheyer on "The Traction Cast for Fractures of the Humerus." Dr. Scheyer discussed the anatomy of fractures of the humerus and showed by illustrations the typical displacements. He brought out the fact that with the arm at the side the muscle balance at the shoulder girdle was neutral, and that with fractures near the neck of the humerus and traction of the forearm parallel to the body the tendon of the long head of the biceps rotates the small fragment into alignment with the larger fragment. The hanging cast is applied over a small amount of padding in stockinette from the axilla to the fingers. The elbow is at an exact right angle and a wire loop is incorporated at the wrist in order to suspend the arm from the neck by a sling. With fractures of the upper part of the humerus the forearm should be in a position of semi-pronation. Supination or pronation of the forearm is necessary to prevent varus or valgus deformity in fractures near the elbow. Too much traction in transverse fractures of the shaft will cause distraction of the fragments. Exercises for passive motion of the shoulder girdle were described. Several X-rays were shown, illustrating this manner of treating fractures of

the humerus. The paper was discussed by Dr. Yoder, who mentioned other methods of treating these fractures. He brought out that the hanging cast is a distinct advantage over almost all other methods. The paper was also discussed by Dr. Karshner.

The application of Dr. Bernice M. Hazen was read and the transfer of Dr. John R. Campbell was read. They were both voted on and passed.

The applications of Drs. B. N. Ootkin, B. W. Milligan and G. G. McBride were given their first reading.

PERSONALS and IMPERSONALS

The Millard Nelsens, Ralph Schaeffers and the Bob Beaches taking vacations in California. Can't get enough rain here.

Sydney MacLean has hit the jack-pot again. Now he's a grandfather. Congratulations.

Guy Griffith, John Arnason Johnson and Charlie Fishel all on the sick list this month. Griff is all well again and we hope the other two will be around again soon.

Warren and Laura Penney flew to New York for the National Tuberculosis meeting recently. It's true, "a bad Penney always returns." Laura is back too.

John Verhalen and Ed Warren both moved into larger quarters last month. Business must be booming with these lads.

New Society members are Bernice M. Hazen, John R. Campbell, F. L. Monzingo and C. M. Jessico. Welcome to the fold.

Newest potential member is William Anthony Goering, Tony to his intimates. Now in his second month of life.

We have it direct from Alma Whitacre that Horace "beats her unmercifully." Details next month.

Scott Jones gave us our first view of the new dress uniform of the Army, at the Auxiliary dinner. Blue coat, like the Navy's, embroidered epaulets, colored stripes down the trouser-legs. Very nifty. Only the bell-hops at the Winthrop have anything more resplendent. Incidentally, Scott is now a Lieutenant-Colonel, no less.

The billiard room now boasts two tables of dominoes, too. The boys are thinking of adding a swimming-pool next.

Any of the members who wish to brush up on their public speaking to the laity can get material from Hygeia through the library.

Dr Stevens Sanderson, formerly radiologist of the City Hospital, of Binghamton, New York, is now associated with Dr. Fishel.





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AMERICAN MEDICAL ASSN OFFERS NEW SERVICE FOR PHYSICIANS

The Bureau of Health Education of the American Medical Association offers to local physicians the loan of prepared material for speakers addressing lay audiences. Even though a physician may be an able speaker, he frequently hesitates to accept invitations to speak before lay audiences because time is required to prepare material in suitable language for such audiences.

It is here that the HYGEIA Clipping Collection loan service is of value. These collections consist of HYGEIA material. They are patterned after the American Medical Association's Package Library. The advantage of this material is that it is written in non-technical language that the layman can understand. Thus, the physician is saved the effort of translating technical material into language easily understood by non-medical groups.

There are collections available on 82 topics; accompanying most collections is a speaker's outline. This outline is not intended as a fixed pattern which the speaker must follow but is merely offered as one way in which the material may be presented. As the physician reads the clippings, he may make his own notes on the outline and use only that portion of the material appropriate to his community.

The collections may be borrowed for a 10-day period and the only charge to the physician is the return postage for the bound material. Collections should be ordered at least two weeks in advance, and first, second, and third choice should be indicated since collections are not always available. A list of subjects may be obtained from our library.

"Doctor and Patient"

I know all about an apple a day,
About how it keeps the doctor away.
But who wants fruit
As a substitute?
Darn it, I think
That the doctor is cute!

—Exchange

COMMUNICABLE DISEASES

Tuberculosis	12
Scarlet Fever	3
Typhoid Fever	1
Measles	6
Whooping Cough	22
Mumps	4
Undulant Fever	1
German Measles	321
Chickenpox	13

TACOMA INTERNISTS' SOCIETY

TACOMA CLUB—MARCH 18
6:15 P. M.

Therapeutic Measures in Asthma—

..... T. H. Duerfeldt

HOW CAN I HELP MEDICINE? One Member Gives His Answer . .

Proponents of compulsory health service plans and exponents of other impractical and oftentimes ludicrous "royal road to health" schemes daily utilize the radio, press, public platform—pressure groups under a hundred different guises. Many of them seemingly have the common objective of destroying the confidence of the public in medicine. Some are purely mercenary; others are sincere but misguided.

How can I as a member of the regular medical profession help to clear up the confusion which exists in many minds regarding doctors?

I can familiarize myself with the problem of health and medical care as it appears to the layman, whatever his economic status. My local public library has hundreds of magazine articles on health problems of the public. I can read dozens of books from the same library shelves depicting the arguments of the reformer and propagandist in the field of health. My own county medical association library contains hundreds of articles and many books discussing all sorts of medical plans and their effects on both patient and doctor. In other words, I can thoroughly acquaint myself with the problem and then rationalize on it. I can get the facts clear in my own mind.

Once I have knowledge of the problem of medical care then I can help in many ways.

I can cooperate with the Public Health League when legislation affecting medical practice is before the voters. Many of my own patients do not sense the import of some of these bills as I do.

I can prepare myself—taking special training if necessary—to speak at public gatherings on health topics when opportunity presents.

I can call the attention of my patients and friends to medical broadcasts of my County and American Medical Associations.

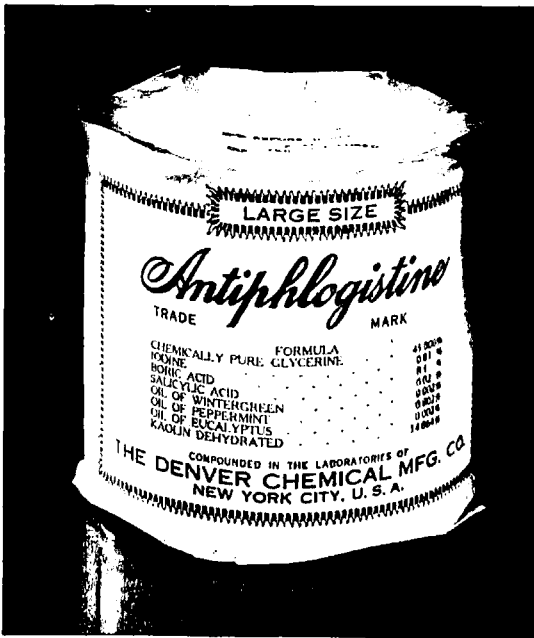
I can speak with pride anytime, anywhere, of the accomplishments of my profession in the alleviation of suffering and the cure of disease, in the treatment of the accidentally injured and the rehabilitation of the disabled.

I can urge my wife to make her influence felt for medicine in her clubs or bridge circles where she should display genuine leadership in promoting an occasional health program.

I can check idle rumor, spread the truth of ethical medicine about my co-practitioners by thoughtfully answering the questions my own patients and friends ask me.

I can help the cause of medicine and public health education in many ways, if I will.

—Bulletin of the Los Angeles
County Medical Society.



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SCIENTIFIC BACKGROUND

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The Lost Art Of Contemplation

To those physicians in this modern world who are so busy making a living we bring this word of caution: Slow down in your race against time and set aside a portion of each day for relaxation and contemplation. A period of self evaluation or communion with your soul. If you do not care to join those who are passing out of the picture via Coronary Thrombosis. You not only owe it to yourself and family but you also owe it to your patients. We have lost something that may be vital to man's entire makeup, something that the old timers had which we do not have today and that is contemplation. The old farmer who hitched his team of horses to a wagon to drive four or five miles to town had little else to do while on the road but contemplate. The old horse and buggy doctor likewise had long drives to make which gave him hours to think things through. The old preacher or circuit rider had the same privilege while visiting the members of his parish. We need not tell you how such men go their rounds today, we cannot describe what we really mean because of our poor literary skill but the point we hope to make is that you should plan your day in such a manner as to have at least one half hour all alone in a

quiet place if possible to thoroughly relax and think about yourself, your family, your patients and your future. Every physician should have a study or library where he could seclude himself for a period of time each day in order to develop his mind and ability to its utmost.

Don't invite coronary thrombosis, don't hurry from one appointment to another without taking time out for relaxation, don't expect one afternoon of golf a week to give you this needed relaxation. You should realize this better than other men who have not studied medicine, yet more physicians die from heart disease than any other class of citizens in this country.

—Oakland County Medical Bulletin
Pontiac, Michigan.

Post Graduate Course at U. of Oregon

The Medical School of the University of Oregon announces a post-graduate course from March 17th to 21st, inclusive, to embrace medicine, surgery, radiology, gynecology and obstetrics, eye, ear, nose and throat, pathology and pediatrics. Each will consist of clinics, lectures and demonstrations. The teaching staff of the Medical School will be supplemented by Dr. W. S. Middleton, dean of the Medical School of the University of Wisconsin and Dr. Donald Guthrie, head of the Guthrie Clinic of Sayre, Pennsylvania. Fee for the course is fifteen dollars. Reservations to be made through the Medical School in Portland.

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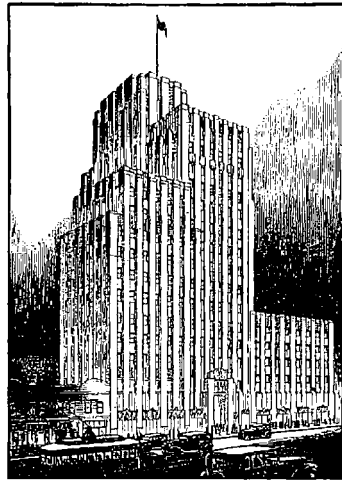


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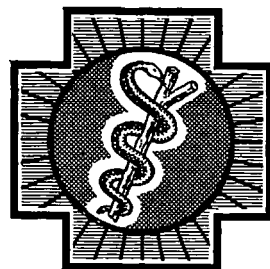
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The BULLETIN

XI

APRIL, 1941

No. 4



PROGRAMS

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- Venereal Disease Aspects of Tacoma.....L. E. Powers
- A Syphilis Epidemic.....L. A. Dewey, Epidemiologist,
State Department of Health
- Syphilis.....John H. Stokes, Philadelphia
- Venereal Disease and the Army....Col. A. P. Clark, Ft. Lewis
- Venereal Disease Control Methods in Some European
CountriesN. E. Magnussen
- Election of Nominating Committees.
- Discussion of Proposed New Constitution and By-Laws.

APRIL 22

- Oral and Parenteral Use of the Synthetic Vitamin K
.....E. R. Anderson
- DiscussionE. W. Janes
- Reports of Nominating Committees.
- Second Reading of Proposed New Constitution and By-Laws

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Tacoma, Washington

SOCIETY — OFFICIAL PUBLICATION . . .

Pierce County Medical Society

The Public's Attitude Toward Medicine

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There was once a man who, being engaged to speak at a noon-day Luncheon Club, and being first joked and heckled by his audience, opened his speech by saying, "You know, individually I think you are very fine fellows but collectively you're just a bunch of So-and-so's." This conclusion seems to define rather accurately, the public's opinion of the medical profession. The average man usually knows a doctor or two with whom he is on the most friendly terms, even though he has never employed the doctor professionally. The man meets the doctor at public gatherings, possibly is even a neighbor and he thinks the doctor is a fine fellow, one who seems to be up to or above the average in intelligence, one who fills his part in civic activities commendably, in fact, a good citizen and apparently a successful practitioner. Yet when this average man is called upon to express his opinion orally or by ballot, there is so frequently registered a distrust of the profession as a whole.

When an attempt is made to analyze this prejudice against us, we find its chief element is the belief that we are overpaid for the work we do. There is a lingering suspicion that the doctor's need of a new car influences him to diagnose acute appendicitis rather than mild, transient indigestion.

Vendors of food, clothing, housing, life-insurance and automobiles all leave our average citizen with a sense of having purchased something tangible, something to be enjoyed after it is bought and paid for. These things people include in their budgets and are willing to stint themselves to obtain. The doctor's services, however, always appear as an unbudgeted calamity and there is no subsequent joy in paying for the unwelcome disaster thrust upon them. Even when the doctor makes his first visit, he is often conscious of the thinly-veiled antagonism of some members of the family and if Grandma or Auntie is present, this is likely to be expressed in unmistakable skepticism.

Reflecting this attitude, there was this year introduced a bill in the California legislature, making the care of the sick a public utility, to be free to everyone. Physicians were to be paid salaries by the state, up to ten thousand a year and that was to be the end of doctor bills. The quack and the charlatan seem to catch the public's fancy still, as witness the recent flight from California to Olympia of a former Tacoma man, to save sanipractors from being brought under the Basic Science Law. This episode brought more front-page publicity than would be granted to some noteworthy scientific achievement. We are compelled to keep a lobbyist at Olympia every session of the legislature to counteract vicious bills, many of which would tear down the present laws that guard the public health.

The only piece of legislation noted in this year's session, affecting the medical profession, was a bill enacted to compel payment of twenty-five dollars for a license to practice medicine, with a five dollar annual renewal fee.

Possibly one remedy for this state of mind is to take Mr. Citizen a little more into our confidence, explain to him in simple language why we make a diagnosis and how, just what we propose doing for the patient and the results we hope to attain. People generally are intensely interested in scientific experiments and progress when made plain enough for a non-scientist to grasp. Medicine is one of the sciences, too.

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Proposed New Constitution and By-Laws To Be Voted Upon May 13, 1941

CONSTITUTION

ARTICLE I—NAME

The name of this organization is "The Pierce County Medical Society."

ARTICLE II—OBJECTS

The objects of this Society are (1) to promote the art and science of medicine and the betterment of public health and (2) to unite with other county medical societies in the State of Washington to compose the Washington State Medical Association and to function as a component unit.

ARTICLE III—MEMBERSHIP

Section 1. *Classes of Members.* This society consists of:

- (1) Active Members,
- (2) Honorary Members, and
- (3) Courtesy Members.

Section 2. *Qualifications* (a) General. A person to be eligible to, or continue in any of the above classes of membership must:

- (1) Be a citizen of the United States;
- (2) Possess the degree of Doctor of Medicine, or Bachelor of Medicine, which, if issued subsequent to 1913, was issued by an institution approved at the time of issuance of the degree by the Council on Medical Education and Hospitals of the American Medical Association, except that the Society, in its discretion, may continue in membership a person not possessing the qualifications just stated who was a member in good standing prior to the adoption of this Constitution;
- (3) Be of good moral character and abide by the Principles of Medical Ethics; and
- (4) Shall only practice or claim to practice medicine as taught by colleges approved by the Council on Medical Education and Hospitals of the American Medical Association.
- (5) Qualifications for Each Class.

(1) To be an active or honorary member, one must be licensed to practice medicine and surgery in the State of Washington.

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

(3) To be an honorary member, one must have been an active member in good standing in this, or in this and other component societies of the Washington State Medical Association for the last thirty years and must be seventy or more years old.

(4) To be eligible as a courtesy member, one must:

- a. Have practiced in Pierce County less than six months, after which time he shall cease to be a courtesy member.

b. Be a member in good standing of some other component medical society in the State of Washington, or a member of a society in a neighboring state and in practice in Pierce County holding license in the State of Washington;

c. Be a member of some branch of medical service of the United States of America; or

d. Be an intern in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association for internship; or one who has finished his internship in accordance with his contract and not yet received his license to practice medicine. At the termination of six months after receiving his license, he shall cease to be a courtesy member.

Section 3. *Rights and Duties of Members.* The right to vote, to hold office, and to be a member of the Washington State Medical Association by virtue of membership in this Society is limited to active and honorary members. Within these limitations the By-Laws may provide the rights and duties of the respective classes of members.

ARTICLE IV—OFFICERS

Section 1. *Officers listed.* The officers of this Society shall be the President, President-elect, Vice President, Secretary-Treasurer, and Seven Trustees.

Section 2. *Election and Tenure.* The voting members of the Society at the annual meeting of the Society shall elect by such method or procedure as the By-Laws may provide, the following officers to serve a one-year term: President-Elect, Vice President, Secretary-Treasurer. Each of these officers shall assume office at the beginning of the meeting following their election and shall hold office until the corresponding period one year hence or until his successor assumes office. The President-Elect shall serve as such until the beginning of the meeting one year following the assumption of his office as President-Elect, at which time he automatically becomes Pres-

ident, and shall serve as such until the corresponding period one year thereafter, or until his successor assumes office. The society shall also elect seven Trustees to serve a two-year term; four shall be elected one year and three the following year.

Section 3. *Vacancies—How Filled.* If before the expiration of the term for which he was elected the President or President-Elect dies, resigns, is removed or becomes disqualified, the Vice President shall succeed to the office vacated, with all the prerogatives and duties pertaining to the office as though he had been elected President-Elect in the first instance. Vacancies created by the death, resignation, removal or disqualification of other officers and vacancies in contingencies not here provided for shall be filled, if the Board of Trustees deems the course advisable, by appointment by the Board of Trustees until the next regular meeting of the Society, at which time, in any event, the voting members of the Society shall elect for the unexpired portion of the term.

Section 4. *Officers—Qualifications.* Only such persons as have been active or honorary members in good standing for at least five years immediately preceding the election, are eligible for election to office in this Society.

ARTICLE V—DELEGATES AND ALTERNATES TO THE WASHINGTON STATE MEDICAL ASSOCIATION

Section 1. *Selection, Terms and Powers.* Annually this Society shall elect from among the active and honorary members such number of delegates and alternate delegates to the Washington State Medical Association as the Society may be entitled to under that Association's Constitution and By-Laws. The delegates are the official representatives of the Society in the Washington State Medical Association, and they are empowered to act during the meetings of the House of Delegates for this Society.

Section 2. *Assumption of Office.* Delegates and alternates shall assume office immediately following their election and shall serve until their successors are elected and assume office.

Section 3. *Vacancy During Elected Term—How Filled.* If before the termination of his term, a delegate dies, resigns, ceases to be a member in good standing of this Society, or for any other reason become disqualified, the alternate delegate designated by the President of the Society shall be his successor for the remainder of the term in accordance with the applicable provisions of the Constitution and By-Laws of the Washington State Medical Association.

ARTICLE VI—MEETINGS

This Society shall meet at such times and places as may be provided in the By-Laws, provided that there be held annually (1) a meeting on the first Tuesday in May, which shall be designated as the Annual Meeting, at which time the Society shall elect officers for the ensuing year and delegates and alternate delegates to the Washington State Medical Association, and (2) a meeting in May, at which the officers elected for that year shall be installed, which meeting shall be the first following the Annual Meeting.

ARTICLE VII—LEGISLATIVE POWERS

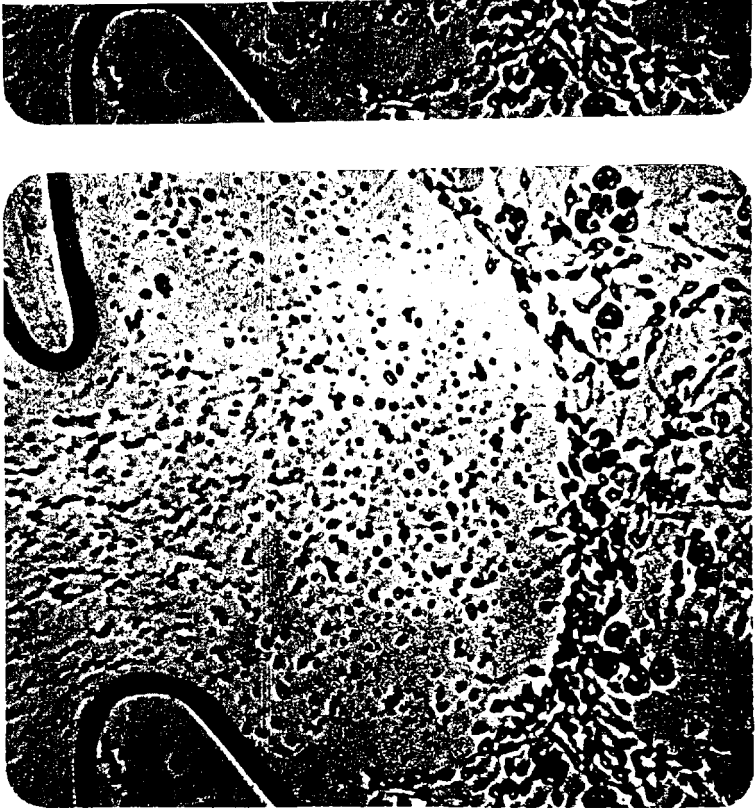
Subject only to the paramount authority of the Washington State Medical Association, all legislative powers of the Society, including the power to alter, amend, or repeal this Constitution and By-Laws, are vested in, and reside in, the voting members of this Society, who alone shall have the power and authority to determine the policies of the Society. The voting members shall elect (1) all the officers; and (2) such delegates to the House of Delegates of the Washington State Medical Association as this Society may be entitled to.

ARTICLE VIII—BOARD OF TRUSTEES

Section 1. *Composition.* The Board of Trustees shall consist of the President, President-elect, Vice President, Secretary-Treasurer, the immediate past President, and seven Trustees. The President shall serve as Chairman of the Board of Trustees.

Section 2. *General Powers.* The Board of Trustees shall carry out the mandates and policies of the Society as determined by the voting members or by the Washington State Medical Association. Subject only to (1) the provisions of this Constitution and By-Laws, (2) all resolutions and enactments of the voting members and (3) the paramount authority of the Washington State Medical Association, the Board of Trustees has full and complete power and authority to perform all acts and to transact business for or on behalf of the Society and to manage and conduct all the property, affairs, work and activities of the Society. It shall have supervision and control of the finances of the Society and the investment of its funds and shall perform such other duties and exercise such other rights as may be set forth in the By-Laws or as are prescribed by the laws of the State of Washington relating to the directors of corporations. Subject to the approval of the Society as to selection, tenure and remuneration, the Board of Trustees shall have the power to employ an Executive Secretary whose duties shall be set by the Trustees. The Trustees shall employ and arrange the salaries of such other employees as are necessary to carry

(Continued on Page Five)



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CONSTITUTION—(Continued from Page 3)

into effect the purposes of this Society. The Trustees may employ an auditor, who shall make a careful examination of the Society's finances and make annually a report thereon for the preceding year at the Annual Meeting.

Section 3. *Meetings.*.....The Trustees shall meet at least once a month at such time and place as it may be called to meet by the President. The President shall call a meeting of the Trustees on the written request of four or more members of the Trustees and in the event of his failure to act within a reasonable time in accordance with the terms of the written request the four or more members requesting the meeting may themselves call a meeting of the Trustees. Seven members shall constitute a quorum for the transaction of business.

ARTICLE IX—FINANCES

Section 1. *Raising of funds.* Funds for conducting the affairs of the Society may be raised (1) by such annual dues from and such special assessments on members as the Society may from time to time determine; (2) by voluntary contributions, devises, bequests, and other gifts; and (3) in any other manner determined by the Society.

Section 2. *Budget—Appropriations.* Society funds may be appropriated only for such purposes as will permit the proper conduct of the activities of the Society and will tend toward the attainment of its objects. An annual budget shall be prepared and approved by the Trustees at the beginning of the fiscal year. No money shall be spent that was not budgeted and the budget may not be exceeded except by a majority vote of the Trustees.

ARTICLE X—DISCIPLINING OF MEMBERS

For such cause and under such procedure as is provided in the By-Laws, a member may be expelled, suspended, admonished, or otherwise disciplined, provided that a copy of the charges preferred against him is served on him, he is given at least 10 days to prepare his defense, and a hearing is held on those charges at which he is afforded a full opportunity to be heard in his own defense, to present witnesses and other evidence on his behalf, and to cross examine witnesses and to rebut evidence presented to sustain the charges. However, a member in arrears with respect to dues shall be automatically suspended or expelled under the conditions provided in the By-Laws. A member against whom disciplinary action has been voted by the Society shall have the right to appeal to the Board of Trustees of the Washington State Medical Association and to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the disciplinary action voted by the Society shall remain in full force and effect during the pendency of such appeal or appeals.

ARTICLE XI—ETHICS

The principles of Medical Ethics of the American Medical Association in force at the time of the adoption of this Constitution, and as they may, from time to time thereafter, be amended by the American Medical Association, are the Principles of Medical Ethics of this Society and are binding on its members.

ARTICLE XII—FORM OF ORGANIZATION

This Society is a corporation not for pecuniary profit incorporated on September 13, 1888 under the laws of the State of Washington and specifically under the provisions of Section 3863, Rem. Rev. Stat. If in the future the voting members of the Society deem the course advisable, the Society may have its corporate status dissolved and may function as an unincorporated association or under such other form of organization as it deems best. Every member of this Society at the time of the adoption of this Constitution by retaining membership herein and every member admitted in the future by applying for such membership intends that his rights and duties as a member of this Society shall be determined and governed by the provisions of this Constitution and By-Laws. If any provision of this Constitution or the By-Laws is held to be in conflict with, contrary to, or beyond the powers conferred by the Articles of Incorporation or other integral part of the so-called charter of the corporation, if necessary to attain the end and effectuate the intent expressed in the preceding sentence, the corporate status of this Society may be dissolved.

ARTICLE XIII—AMENDMENTS

This Constitution may be amended in whole or in part at any meeting by a two-thirds vote of all voting members present and voting, provided that prior to that time the amendment (1) has been read at the last preceding session, and that (2) a copy of the proposed amendment is sent by mail to each member not less than fifteen days in advance of the meeting at which action is to be taken together with a notice that the matter will be voted on at that meeting. A notice shall be deemed to have been sent if published in the Bulletin of the Pierce County Medical Society, and such notice so published shall be conclusively deemed to have been sent on the date following the date of the publication thereof.

ARTICLE XIV—REPEAL OF PREVIOUS CONSTITUTION, BY-LAWS, MOTIONS AND RULES

On the adoption of this Constitution and the By-Laws the following are repealed:

(1) The previous Constitution and By-Laws and amendments thereto, and

(2) All previous motions of record and rules and regulations in conflict with this Constitution and the By-Laws; provided that all officers, delegates and elected committeemen shall continue their incumbency until their successors are duly elected as provided in this Constitution and the By-Laws.

BY-LAWS

CHAPTER I—MEMBERSHIP

Section 1. *Claves of Members.* (a) A candidate for membership must present a written application endorsed by two or more of the voting members of the Society, stating his age, school of graduation, place or places in which he has practiced, and the date he was licensed to practice in this state. No application shall be received before the applicant has complied with the laws of this state regulating the practice of medicine and surgery. The application shall be read at a regular meeting of the Society and be referred to the Board of Trustees, who shall inquire into the professional and personal qualifications of the applicant. If the Board of Trustees favorably recommends the applicant, he shall be recommended for membership. Three-fourths of the voting members present at the meeting shall be necessary to elect a candidate to membership. Those who have recommended the applicant may at any time before election withdraw their endorsement. If the endorsement is not withdrawn, the applicant's name shall be voted upon whether the recommendation is favorable or unfavorable. A candidate presenting with his application a transfer card, or its equivalent from a component medical society of this or any other state within six months after its issuance may be admitted to membership (any to which he is eligible) on three-fourths vote of the voting members present.

(b) *Honorary Members.* When an active member attains the qualifications for honorary membership stated in the Constitution he shall automatically become an honorary member.

Section 2. *Rights of Members.* All members in good standing shall be equally privileged to attend all meetings and attend all proceedings of the Society, but the right to vote and hold office is limited to active and honorary members. If a member resigns or in any manner loses his membership in this Society, he forfeits all rights and titles to any share in its privileges.

Section 3. *Dues and Special Assessments.* 1. The annual dues of this Society are due January 1, annually, from each member, excepting those specifically exempted. The dues shall be \$33.00 for members practicing in the city of Tacoma and \$20.50 for those practicing outside of the city.

2. If a member fails to pay his annual dues before April 15th he shall automatically stand suspended from membership, without action on the part of the Society. He likewise may be reinstated if the dues are paid on or before December 31, of the same year. A member a year in arrears in his dues shall be automatically permanently dropped from membership and can only regain membership by making application as a new member. Dues shall not be levied against honorary or courtesy members. New members after April 1st shall have their dues pro-rated for the balance of the year. A transfer member from a component society of the Washington State Medical Association is not liable for dues to this Association or to the Washington State Medical Association for the year of his election to membership in this Society; but a transfer member from a component society of some other state or territorial medical association or society is liable for dues the same as any newly-elected member of the Society.

3. Ten dollars of each membership fee from members in the city of Tacoma shall be applied to the Library Fund and five dollars of each membership fee for those practicing outside the city of Tacoma shall be applied to the Library Fund.

4. The membership dues of all active members practicing in the city of Tacoma shall vary from the amount specified in Paragraph 1 as follows:

(a) Graduates in medicine granted membership within five years following 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.

(b) Library funds shall not be applied from dues of those practicing in the city of Tacoma lower in amount than \$25.00.

(c) The Board of Trustees may make adjustments in specific and individual dues as extenuating personal conditions demand.

Section 5. *Good Standing.* A member is not in good standing within the meaning of the Constitution and these By-Laws:

(a) Unless the payment of dues has been made to the Secretary-Treasurer as provided in these By-Laws;

(b) If he has been suspended or expelled by this Society, regardless of whether he has pending an appeal from such disciplinary order with the Board of Trustees of the Washington State Medical Association or the Judicial Council of the American Medical Association; or

(c) If his license to practice in this (or any other state) has been revoked and has not subsequently been restored.

CHAPTER II—DISCIPLINING OF MEMBERS

Section 1. *Causes.* A member who is guilty of any of the following acts shall be subject, at the discretion of the Society, to expulsion, suspension or admonition:

(a) A criminal offense involving moral turpitude;
(b) Gross misconduct;
(c) Violation of the Principles of Medical Ethics;
(d) Willfully committing any act tending to defeat the aims, purposes or objects of this Society or to bring the Society into disrepute

(e) Refusal to obey the Constitution and By-Laws of this Society

(f) False testimony; or

(g) Exhibition of disloyalty to the United States by act or word

A member delinquent in paying dues (or special assessments) shall be subject to suspension or expulsion under the conditions set out in Chapter I, Section 3, of these By-Laws.

Section 2. *Procedure.* Charges of misconduct against a member may be preferred with the Ethics Committee by any member of the Society, including a member of the Committee. The Committee shall investigate concerning the matters alleged and shall use kindly efforts in the interest of peace, conciliation or reformation, so far as possible and expedient. If, after investigation, the Committee believes the charges warrant further proceedings, it shall report the matter to the Board of Trustees, which shall cause a written copy of the charges to be served on the accused member at least two weeks prior to the date the Board of Trustees proposes to hold a hearing on the charges, which hearing may be adjourned from time to time as is necessary. At the hearing the Ethics Committee shall present the evidence it has pertaining to the charges and a full opportunity shall be afforded the accused member to present witnesses and other evidence in his defense and to cross-examine the witnesses and to rebut evidence to sustain the charges. As soon after the conclusion of the hearing as is practicable, the Board of Trustees shall present a comprehensive summary of its findings and recommendations to a regular meeting of the Society, giving notice to the accused physician as to the particular meeting of the Society it proposes to do so. The Society shall hear such further evidence or arguments as it deems necessary or equitable and shall then vote on the question as to whether or not the charges preferred have been sustained. If the charges are voted as having been sustained the Society shall then proceed to vote on the disciplinary action to be taken, provided, however, that a member may not be expelled unless three-fourths of the members present and voting, vote for such action, nor suspending except on a two-thirds vote. If on any ballot the majority of votes cast for admonition, the balloting shall cease and the affected member shall be censured in open meeting by the President. A suspended member automatically becomes a member in good standing again on the expiration of the term of suspension.

CHAPTER III—MEETINGS

Section 1. *Regular Meetings.* Regular meetings of the Society shall be held on the second and fourth Tuesdays of each month except June, July and August at such time and place as the Board of Trustees or the Society itself shall designate. The first meeting in May shall be known as the Annual Meeting, and at that meeting the Society shall elect members to succeed officers whose terms of office expire at the next following regular meeting.

Section 2. *Special Meetings.* The President shall call a special meeting of the Society in his discretion or on the written request of ten voting members, provided that written notice is given each member at least ten days prior to the proposed meeting concerning the time, place and object of the meeting. At a special meeting no business may be transacted except that specified in the call.

Section 3. *Quorum.* Thirty voting members shall constitute a quorum for the dispatch of business of a meeting of the Society.

Section 4. *Rules of Order.* In the absence of any provision in the Constitution or these By-Laws to the contrary all meetings of the Society and of the several committees shall be governed by the parliamentary rules and usages contained in the then current edition of Robert's "Rules of Order."

Section 5. *Order of Business.* The following eight items shall be the order of business of all meetings of the Society, whether regular or special, unless changed by a majority vote of all members present

1. Call to order by the President.
2. Reading of minutes of last meeting.
3. Scientific Program.
4. Unfinished business.
5. New business.
6. Reports of committees.
7. Announcements.
8. Papers and discussions.
9. Adjournment.

CHAPTER IV—ELECTION OF OFFICERS AND DELEGATES TO THE WASHINGTON STATE MEDICAL ASSOCIATION

Section 1. At the first regular meeting in April there shall be presented as a special order of business nominations for election to succeed officers whose terms will expire at the annual meeting, and delegates and alternate delegates to the Washington State Medical Association, whose terms will expire at the annual meeting.

Section 2. Nominations shall be made by the President calling for nominations from the floor of men to be elected as Nominating Committees and the membership shall proceed to ballot. The six receiving the highest number of votes shall constitute the Nominating Committees. One committee shall consist of the man receiving the highest number of votes (who shall be Chairman) the third highest and the fifth highest. The other committee shall consist of the man receiving the second highest number of votes (who shall be chairman) the fourth highest and the sixth highest.

Section 3. In case of vacancy in either of these committees the President is authorized to fill such vacancy.

Section 4. The chairman of each of these Nominating Committees will promptly call together his committee and they shall proceed to select at least one nominee for each of the officers and delegates and alternate delegates to the Washington State Medical Association. Each committee shall submit its report at the second meeting in April.

Section 5. At the first regular meeting in May the Nominating Committees shall report through the Secretary all nominations then effective and the membership shall proceed by ballot to the election of officers.

Section 6. Voting members, not less than seven in number, may nominate a member or members for any active office (to which qualified) of the Society; such nominations shall be in writing and signed by the members making them and shall be filed with the Secretary not later than the adjournment of the second meeting in April.

CHAPTER V—OFFICERS, THEIR POWERS AND DUTIES

Section 1. *Rights and Duties—In General.* In addition to the rights and duties provided elsewhere in the Constitution and these By-Laws, the officers shall have the rights and duties respectively assigned to them in the succeeding sections of this Chapter.

Section 2. *President.* The President shall preside at the meetings of the Society, and of the Board of Trustees and perform such other duties as custom and parliamentary usage require. He shall appoint the members of the standing committees accordingly as terms may expire or vacancies exist during his term of office. He shall appoint to serve during his term of office any such temporary or special committees as he deems necessary, the duties and functions of which will not overlap on the duties and functions of any standing committee.

Section 3. *Vice President.* The Vice President shall assist the President in the discharge of his duties and shall substitute for the president during his absence.

Section 4. *President Elect.* The President Elect shall be active and to the President and by membership on the Board of Trustees during his term of office so conduct himself as to obtain the greatest possible acquaintanceship with the affairs and personnel of the Society so as to enable him efficiently to fulfill the office of President when he succeeds thereto.

Section 5. *Secretary-Treasurer.* It shall be the duty of the Secretary-Treasurer:

(1) To record the minutes of the Society and of the Board of Trustees.

(2) To be custodian of all records, books, and papers belonging to the Society and of the Society's seal.

(3) To carry on the official correspondence of the Society, including such matters as notifying members of meetings, officers of their election, committees of their appointment and duties and all notices required by the Constitution and By-Laws or by law.

(4) To keep a roster of all members, grouping the members according to the class of membership held and noting with respect to each member his full name, address, date of birth, professional college and date of graduation, the date the member was licensed to practice in this state, and such other information as the Secretary-Treasurer of the Washington State Medical Association may require.

(5) To note in a separate record the same facts with respect to each licensed physician in the county who is not a member of the Society.

(6) To make such reports concerning the personnel and changes therein in this Society and of the medical profession in Pierce County as the Constitution and By-Laws of the Washington State Medical Association, or as the Secretary thereof may require.

(7) To perform such other duties as custom and parliamentary usage may require.

(8) To take charge and keep a correct account of receipts and disbursements of all moneys belonging to the Society and shall produce a statement of the Society's funds at the annual meeting. He shall demand and receive all moneys due the Society and shall preserve for the benefit of the Society all donations and other property committed to his charge, keep an exact record of same, with the names of the donors. Prior to December 1, annually, he shall notify the members as to the dues that are due and payable from them January 1. On the April 15, following, he shall place on the roll of delinquent members all members who have failed to pay their dues by that date and shall report this list of delinquent members to the Board of Trustees at its next meeting. He shall forward to the Secretary-Treasurer of the Washington State Medical Association monthly such dues owing to the Association for the current or previous years as have been collected during the previous month from the individual members and also the names and addresses of the members whose dues are remitted. He shall not pay out any money from the treasury except by check nor dispose of any other property of the Society except by order of the Society; and

(9) To invest the funds of the Society at the direction of the Board of Trustees and such investments shall be limited to: The highest grade bonds, such as the obligations of the United States and Canada, the obligations of the different states of this country or the provinces of Canada, underlying mortgages of trunk line railroads, or bonds of public utility companies and industrial corporations which are given a triple A rating by such investors' services as Moody's. Generally speaking, investment of these funds should be limited to securities qualified for investment in savings banks in the states of New York, Massachusetts and Connecticut.

CHAPTER VI—STANDING COMMITTEES

Section 1. *Standing Committees.* The standing committees of this Society shall be:

1. Scientific Work.
2. Ethics.
3. Postgraduate Medical Education.
4. Public Relations.

5. Public Health and Sanitation.
6. Library.
7. House

Section 2. *Personnel of Committees, Appointment and Tenure.* Each of these committees consist of three members and are to be appointed by the President; and they shall serve for a one-year period. In case of a vacancy, the President may make an appointment for the unexpired term. Each Trustee shall be a member of one of the standing committees.

Section 3. *Required Reports.* Each committee, prior to the annual meeting, shall file a written report of its activities during the past year with the Secretary-Treasurer, which report shall be read at a subsequent meeting.

Section 4. *Scientific Work Committee.* The Scientific Work Committee shall prepare a program for each regular meeting of the Society.

Section 5. *Ethics Committee.* The Ethics Committee shall perform the duties imposed upon it by Chapter II of these By-Laws.

Section 6. *Postgraduate Medical Education Committee.* This committee shall act as a contact between this Society and a similar committee of the Washington State Medical Association to co-operate with them in providing postgraduate clinics, lecture courses, and other instruction, for members of this Society.

Section 7. *Public Relations Committee.* This committee shall serve as a contact committee between this Society and the Washington State Medical Association, and shall perform such other duties as may be requested by the Board of Trustees of this Society.

Section 8. *Public Health and Sanitation Committee.* The Public Health and Sanitation Committee shall keep in touch with and investigate matters concerned with the public health of the state, and their individual county; and shall carry on such activities in the field of public health and aid in the dissemination of public health information as may be deemed advisable or as may be directed by the Society or by its Board of Trustees; and shall co-operate with the Committee of Public Health and Sanitation of the State Association at such times and in such manner as may seem to be desirable. It shall also co-operate with the state and local public health officials.

Section 9. *Library Committee.* The Library Committee shall represent the Society in the conduct of the library.

Section 10. *House Committee.* The House Committee, with the co-operation of the Tacoma District Dental Society,

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shall have custody of the physical properties of the society and co-operate with the building in the satisfactory maintenance of the Society's quarters. No article belonging to the Society excepting books and periodicals in the library shall be removed from the Society's quarters without permission of a member of the House Committee.

CHAPTER VII AMENDMENTS

These By-Laws may be amended at any regular meeting by the affirmative vote of at least two-thirds of the members present and voting providing that the proposed amendment has been submitted in writing and has been read at the previous regular meeting of the Society. A notice shall have been deemed submitted when it is published in the Bulletin of the Pierce County Medical Society at least fifteen days in advance of the meeting at which action is to be taken.

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

MARCH 11, 1941

The regular meeting of the Pierce County Medical Society was called to order in the Medical Arts Building on March 11, 1941, by Dr. H. J. Whitacre, President. Minutes of the previous meeting were read and approved.

This being a joint scientific meeting of the Pierce County Medical Society and the Tacoma District Dental Society, the meeting was then turned over to Dr. C. H. Sayre, President of the Tacoma District Dental Society.

The scientific program was a discussion of focal infection from both the medical and dental standpoints.

The first paper of the evening, on "The Evaluation of Focal Infection," was given by Dr. J. R. Turner. In discussing the subject he stated that there have been periods of too radical and periods of too temporizing treatment in the removal of focal infections. Authorities show extreme variation of opinion on this subject. Many systemic conditions are accepted as being due to focal infection, while in many others a chronic focus of infection plays a relatively minor role. Rosenow's theory in regard to elective bacterial localization was mentioned and it was brought out that this theory is not universally accepted.

The second paper of the evening, on "Focal Infection from the Dental Standpoint," was given by Dr. A. F. Wilbur. He introduced his subject by defining a focus of infection and describing its relation to degenerative disease elsewhere in the body. His discussion was limited to the consideration of apical abscess as a focus of infection. It was brought out that an X-ray picture illustrates the amount of defense reaction at the apex of a tooth and not the amount of infection. Dr. Wilbur brought out the thought that although X-ray findings are negative still a tooth may be a virulent focus of infection. The point that

an edentulous mouth may retain foci of infection in the bone or around root snags was emphasized. He described the vulnerability of unerupted teeth to infection.

This subject was discussed by Dr. Mattson, who commented very favorably on the selection of the subject for presentation and described numerous personal experiences illustrating the importance of teeth as foci of infection. Dr. Duerfeldt, Dr. Francis and Dr. Spike also discussed the subject.

Dr. Mattson was then called upon to comment on the contemplated development of library facilities for the dental society. He urged them to make every effort to start developing a good dental library.

Dr. Hopkins spoke about the problems arising out of Initiative No. 141, which passed at the recent election. According to Section 15 every senior citizen is entitled to medical, dental, surgical, optical, hospital and nursing care by a doctor of his own choosing and is also entitled to artificial limbs, eyes, hearing aids and other appliances. The initiative was found to be legal by the Attorney General and will have to be carried out. The problem of the cost of rendering this service to the senior citizens, who now number about 50,000 people in this state, was mentioned.

Dr. Engels introduced Dr. Stevens S. Sanderson, who is to be associated with Dr. Fishel.

MARCH 25, 1941

The regular meeting of the Pierce County Medical Society was held on March 25 at the Lakeview Sanatorium. Dr. H. J. Whitacre, the President, opened the meeting and in turn turned it over to Dr. John E. Nelson.

The meeting consisted of a round-table discussion of the state program for examination of teachers and school employees for tuberculosis.

Dr. B. F. Francis opened the discussion by summarizing the pathogenesis of tuberculosis. He described the primary infection from human tuberculosis as an area of broncho pneumonia at the periphery of the lung, sub-pleurally. From this an inflammation or reaction of the bronchial glands occurs. Following this, tubercle bacilli may be widely disseminated throughout the body. This primary focus at the periphery and the central focus at the lung root is called the primary complex and in most instances heals, leaving a scar that is only revealable by X-ray in 20% of the

(Continued on Page Eleven)



Painful Muscles

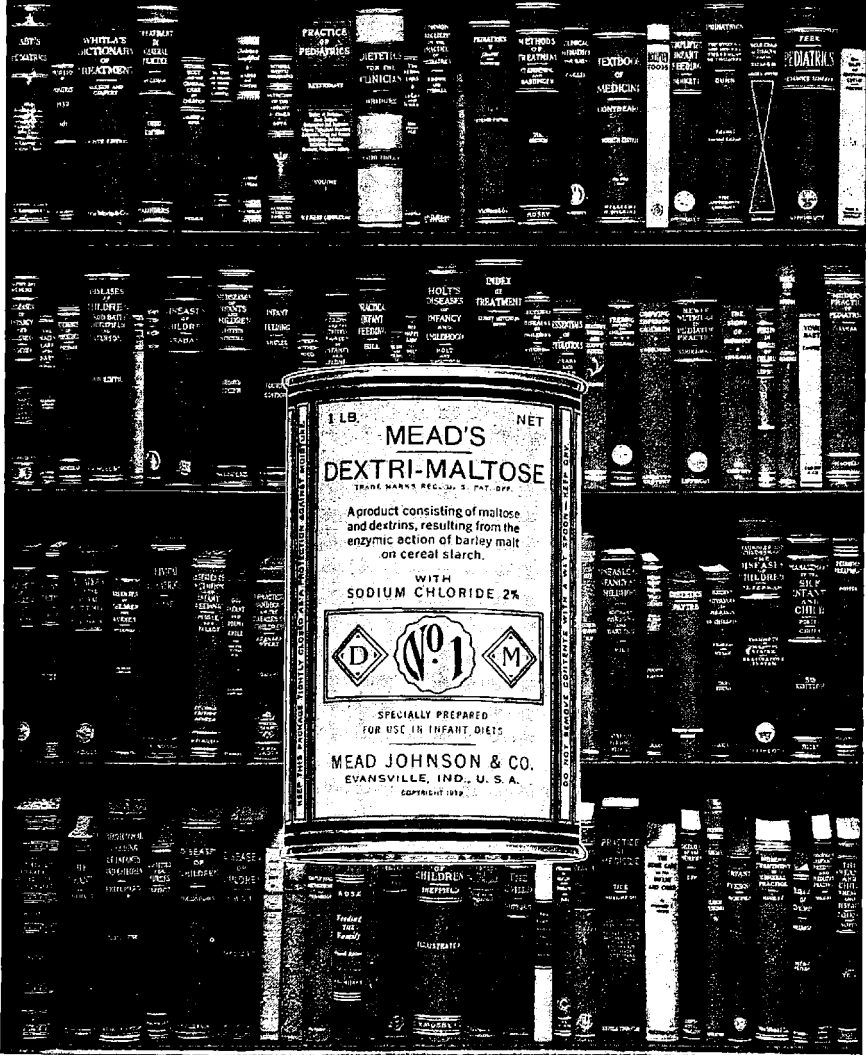
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President-Elect.....	Mrs. H. J. Whitacre
First Vice President.....	Mrs. A. G. Nace
Second Vice President.....	Mrs. L. A. Hopkins
Third Vice President.....	Mrs. W. E. Lewis
Recording Secretary.....	Mrs. Miles Parrott
Treasurer.....	Mrs. A. H. Buis
Corresponding Secretary.....	Mrs. David H. Johnson
Historian.....	Mrs. J. A. Johnson

Dr. Frank J. Clancy, of Seattle, was the guest speaker at the open meeting sponsored by the Woman's Auxiliary to the Pierce County Medical Society and the Health and Recreation Department of the Y. W. C. A., held in Weyerhauser Hall on April tenth.

Mrs. Clifford Halvorsen, Cancer Chairman for the Medical Auxiliary, presided at the meeting. After several musical selections, Mrs. Halvorsen introduced Dr. Clancy, whose topic was "Fads and Fancies."

Since April has been designated Cancer Month, pamphlets concerning the causes and symptoms of Cancer were distributed following the meeting.

MINUTES OF REGUGLAR MEETING
(Continued from Page 8)

instances. This primary complex results in a change of the reactivity of the body leading to a positive Mantoux reaction. Reinfection may occur, usually after a latent period, the organisms coming from the primary complex which has failed to heal or has been reactivated, or else from a new infection. This reinfection starts as a bronchopneumonic process, usually in the upper half of the lung fields. It may caseate and lead to fronchogenic spread of tuberculosis throughout the lung. The symptoms may show little relationship to the amount of pathologic change.

The discussion was next carried on by Dr. K. M. Soderstrom, who described the experience of the State Public Health Department in investigating the teachers and school employees. He felt that only by a clear X-ray film can an early case of pulmonary tuberculosis be diagnosed in the greatest percentage of instances. One of the problems of this program has been to get adequate films and also to get good interpretation of these films. Since the program has been in effect the increase in readable films has been from 60% to 95%. He then illustrated by X-ray films some of the faults and causes for rejection.

Dr. Nelson then presented a series of films illustrating various diagnostic problems, which were discussed in an informal manner by Drs. F. B. Exner, J. F. Steele, B. F. Francis and others. The point was brought out that it is at times difficult to estimate activity on the basis of the X-ray film. Cavitation always means activity and a change in a lesion, either progression or regression, indicates activity. At times various aids, such as the sedimentation rate, sputum examination, temperature readings, serial films and bronchoscopic examinations are necessary to determine activity.

The members then adjourned to the cafeteria, where refreshments were served through the courtesy of Dr. McPhail.

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TACOMA INTERNISTS' SOCIETY

Tacoma Club 6:15 p. m. April 15
Liver Function Tests.....A. H. Buis

The meeting will be concluded in time to attend the staff meeting at the Tacoma General Hospital.

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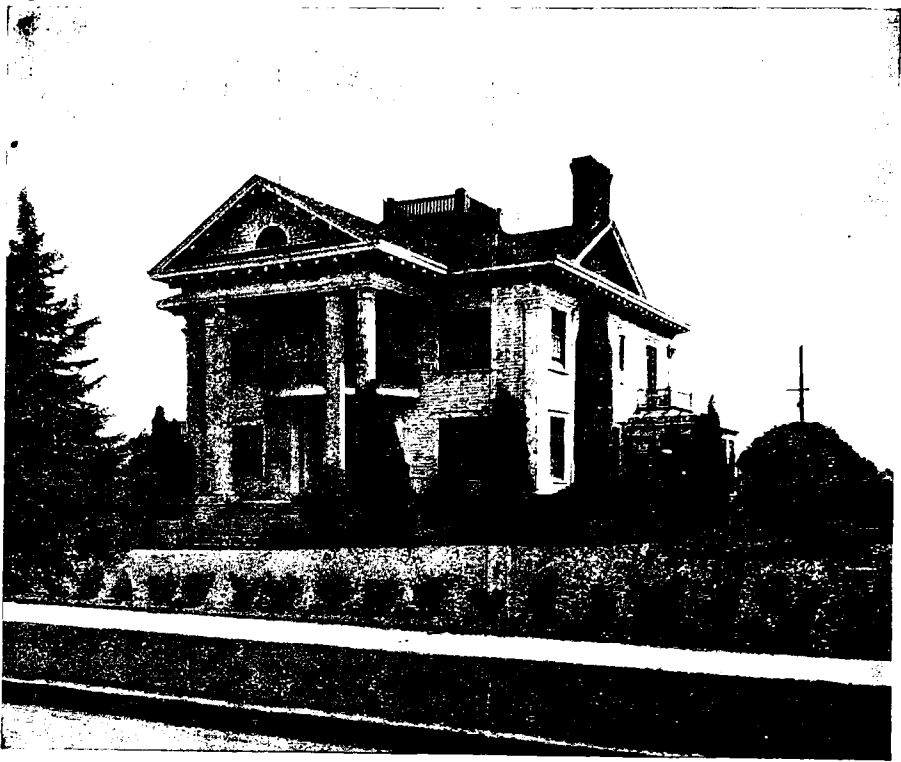
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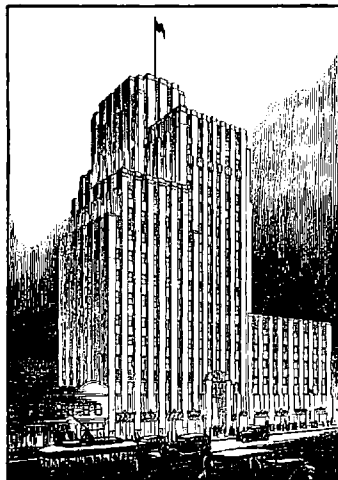
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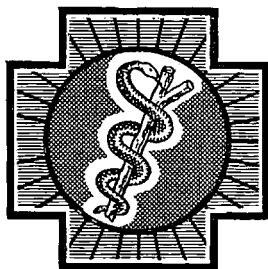
BULLETIN

SOCIETY — OFFICIAL PUBLICATION . . .

VOL. XI

MAY, 1941

No. 5



PROGRAMS

MEDICAL ARTS AUDITORIUM

MAY 13 — 8:15 P. M.

The management of crushing injuries to the thorax.....
.....James Blackman, Seattle

Case Report—Macrocytic anemia in the newborn.....
.....L. T. McNerthey

Vote on new Constitution and By-Laws.
Election of officers.

MAY 27

ANNUAL BANQUET

Tacoma Country and Golf Club

7:00 P. M.

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Tacoma, Washington

Pierce County Medical Society

Current Events and Comments

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 President-ElectT. K. Bowles
 Vice PresidentClyde Magill
 Secretary-TreasurerJesse W. Read

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W. A. Niethammer	W. W. Mattson
S. E. Light	H. J. Whitacre
E. W. Janes	T. K. Bowles
A. W. Howe	Clyde Magill
L. A. Hopkins	Jesse W. Read

Delegates

D. M. Dayton	W. H. Goerling
C. R. McCreery	S. F. Herrmann

Alternates

R. C. Schaeffer	C. V. Lundvick
J. W. Gullikson	J. W. Read

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A. W. Howe	F. R. Maddison
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S. E. Light	F. R. Maddison
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Legislative

C. F. Engels, Chairman	
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Visiting Guests

W. D. Read, Chairman	
E. C. Yoder	R. C. Schaeffer

Military Affairs

W. B. Penney, Chairman	
E. J. Fairbourn	H. F. Griffin
	C. H. Denzler

Bulletin Staff

Editor	C. F. Engels
Business Manager.....	C. C. Reynolds

The verdict recently returned by a jury in the Government's case of conspiracy to violate the Sherman Act, against the A. M. A. resulted in all the defendants being found not guilty but the A. M. A. was pronounced guilty. Obviously an impossibility. A crime was committed but no one is guilty of the crime. Individually they did not conspire but as a group, they did. Newspaper comments on this event are amusing. The Chicago Tribune advises the A. M. A. to take out a charter under the C. I. O. or the A. F. of L., citing the ruling of Justice Frankfurter that labor unions are not liable for action under similar circumstances, even when they are hostile to the point of violence. The learned Justice claims union men are not in trade but doctors are.

Arthur Anderson, secretary of the State Medical Association, gave us an interesting resume of the recent legislative session, at our last meeting. He dwelt particularly on some of the members from this County. Shoe clerks, garage-men, negroes, realtors and railroad mechanics, among others, making laws to regulate the practice of medicine. This explains why the laws are what they are and what they will continue to be unless we take more interest in elections.

An urgent request has been received from the British Red Cross for American doctors to volunteer for service in either the Royal Army Medical Corps or the British Emergency Medical Service. Further information regarding these services may be obtained at the medical library.

Now that the set-up is complete under Initiative No. 141, we may get ready to care for the Senior Citizens who are eligible for medical care under this Act. The work is to be directed by our Medical Bureau and all payments made by it, even as with the cases this Bureau has handled in the past. New glasses and new teeth for Grandpa will probably come first, then off to the County Hospital for a prostatic resection. Already we hear of one with a relief check, which he was offering as the first payment on an engagement ring. At least we won't have the old joke any more about Bill Smith's seven-passenger Packard being stolen from in front of the County Poor House, while Bill was inside, visiting his aged parents.

With this issue, The BULLETIN goes on vacation until September, as usual. Many of our members will also go on vacations, study courses and engage in other activities of a non-medical nature. New officers for the Society will blossom out in the fall. We do not as yet know who they will be, but we extend congratulations for the honors thrust upon them and condolences for the work they will have to do. There will be many problems for them to solve, as the practice of medicine gets more and more complex. In view of some of the conditions mentioned above, it behooves us all to support our Society and work with a will for the common good. So, until September, cheerio.

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Some Recent Accessions

In the long list of contributions to *Diseases of the Digestive System*, edited by Sidney A. Portis, of Rush, we find many of the outstanding names in this field Eusterman, Ivy, Wangensteen and others. The book opens with a study of the anatomy and physiology of the gastrointestinal tract, followed by a general consideration of etiologic factors in digestive diseases. The remainder of the volume is devoted to a discussion of diseases of the esophagus, stomach, duodenum, liver, gallbladder, pancreas and intestines by men qualified in these branches of the subject of gastroenterology.

An outstanding book in its field is *Clinical Parasitology*, by Charles Franklin Craig and Ernest Carroll Faust, both of the Department of Tropical Medicine of Tulane University. Subject matter deals with protozoan infections, helminthic infections and anthropods.

Our group of ophthalmologists will be glad to know that the library has the third volume of Duke-Elder. This massive volume, beautifully printed and illustrated, was produced in England and is just another example of the English ability to carry on under incredible difficulties. They are doubtless proceeding with the fourth volume, which will complete this notable work.

Another book which the eye men will find useful is *The Extra-Ocular Muscles*, by Luther C. Peter, of the University of Pennsylvania. Considerable space is devoted to the anatomy of the orbit and the extra-ocular muscles and the physiology of the eye, leading up to a discussion of conditions in which there is an abnormal ocular motility.

A long-felt need is filled by *Congenital Syphilis*, by Charles C. Dennie, University of Kansas Medical School and Sidney F. Pakula, of Kansas City. In the preface the authors say that the book was written in the hope that it would be helpful not only to the specialist but also to the family physician. Points in diagnosis are stressed and later chapters take up congenital syphilis of the bones and joints, nervous system, gastrointestinal system, heart and endocrine system.

The twelfth edition of the well-known *Pharmacology and Therapeutics*, by Arthur R. Cushny, which has been revised by C. W. Edmunds, of the University of Michigan and J. A. Gunn, of Oxford, England, presents many subjects not included in previous editions, such as the more recent knowledge of vitamins, internal secretions and the newer drugs.

A companion to *Boyd's Surgical Pathology* is *Pathology of Internal Diseases*, by William Boyd, of Winnipeg. The author says, "These pages are devoted to pathological matters, but the relation of symptoms to lesions concludes the discussion of every subject of major importance."

Pathogenic micro-organisms, by Park and Williams, gives technics and methods of bacteriology and discusses infection and immunity, filterable viruses, yeasts, molds, actinomycetes and pathogenic protozoa.

Suggestions For Summer Reading

The literary physician: A note on Osler's essays, William White; California and Western Medicine 54:79-80, February, 1941.

Medicine's debt to Syria, Amin A. Khairallah; Annals of Medical History 3:140-147, March, 1941.

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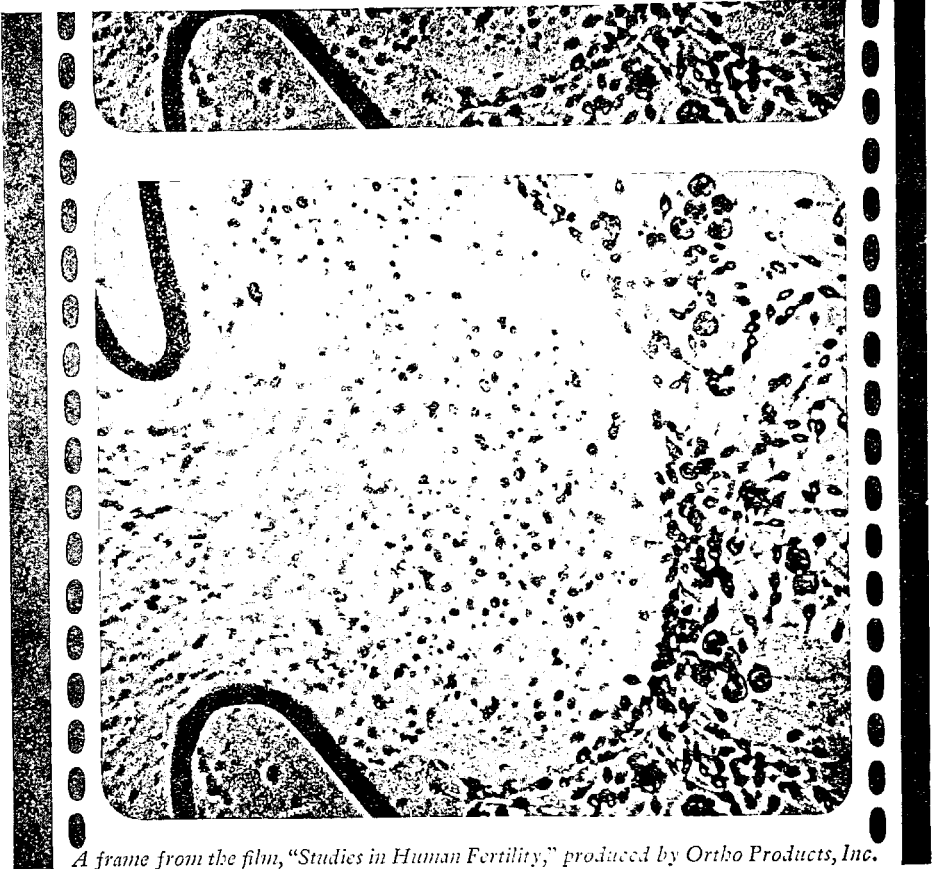
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TACOMA SURGICAL CLUB

On Saturday, May 3rd, the Fifteenth Annual Tacoma Surgical Club Scientific Program was given in the Medical Arts Building, followed by a banquet at the Hotel Winthrop in the evening. The scientific program consisted of "A Day with Traumatic Surgery," and the guest speaker was Dr. Harry E. Mock, Associated Professor of Surgery, Northwestern Medical School and senior surgeon at St. Luke's Hospital, Chicago. A slight departure from the usual program was made this year in the discontinuance of formal papers for the afternoon meeting and a continuance of the demonstrations throughout the day. Dr. Mock gave a very interesting and illuminating summary of statistics in the treatment and end results in skull fractures and head injuries, with some side lights on military surgery.

The program as a whole was highly successful and seemed to be greatly appreciated by the visiting guests. Dr. Whitacre directed the program in his usual efficient manner and every club member put on an exhibit which, the guest speaker stated, would do credit to the larger medical teaching centers. All of which goes to prove that a Rockefeller Institute, while very essential, is not indispensable to progress in scientific medicine and that even the busy practitioner can do his bit in the advancement of scientific medicine.

Drs. Clyde Magill and Jesse Read are new additions to the Surgical Club.



A frame from the film, "Studies in Human Fertility," produced by Ortho Products, Inc.

SPERMICIDAL ON CONTACT

- The spermicidal effect of Ortho-Gynol is clearly shown by this motion picture micro-photography. The above frame is from a section showing a field of Ortho-Gynol meeting a field of fresh human semen. The instantaneous spermicidal action is seen at the point of contact.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

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Red Cross

Mrs. L. A. Hopkins	
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The Woman's Auxiliary to the Pierce County Medical Society met on May 8 at 2 o'clock at the home of Mrs. T. H. Duerfeldt, 2905 North 28th Street.

Annual reports were given and election of officers was held.

Music and tea followed the program, Mrs. John F. Steele and Mrs. W. B. Penney being in charge of arrangements.

THE DOCTORS' AUXILIARY

ROY W. FOUTS, M. D., *Omaha, Nebraska*
Vice-Speaker of House of Delegates of the
American Medical Association

Recorded in the annals of a world long passed, we find the first reference to a woman's duty to her spouse in the biblical quotation: "And on the morning of the Sixth Day, the Lord said unto Adam: "It is not good for man to be alone. Let us make for him a helpmate who shall be a likeness to himself."

To choose to be a doctor's wife is to embrace a vocation. Often it means to take upon one's shoulders the burdens of a distressed and weary world.

To Mrs. John O. McReynolds of Dallas, Texas, who conceived the idea of a Woman's Auxiliary, and to Mrs. Samuel Clark Red of Houston, Texas, who fostered the idea of a National Organization, we owe a debt of everlasting gratitude. The idea was prompted, no doubt, by a desire to fulfill their womanly destinies more completely—to be "helpmates" in the truest sense of the world. Did the winds whisper: "There is something hidden behind the mountains," or did they contemplate Wordsworth who has written: "Without the exertion of a cooperating power, without this auxiliary impulse, elevated and profound passion cannot exist." We do not know the inner urges of their hearts, or the hearts of other noble women who cherished and fostered the National Auxiliary, but the fruits of their labors have been attested, and each of you bears witness to the fulfillment of an ideal consecrated to a worthy cause—that of being helpmates to the Men of Medicine. American Mothers! Wives of American Doctors! We challenge you! In you, we recognize the sanctuaries wherein repose the future Medical Profession. Into your outstretched arms has been, and will be, placed many of the future citizens of our country. Your thoughts and ideals will be reflected in the lives of your sons. If they, in a spirit of self-sacrifice follow in the footsteps of the Sons of Aesculapius, the lessons learned from you from infancy to the recitation of the Professional Credo will be exemplified in the ethics of the future doctors of this land.

It is fitting that we pause for a moment to give tribute to those women who have pioneered in a great cause and who, in the days before the Woman's Auxiliary, labored diligently as helpmates to their husbands—the pioneer doctors of Medicine, and assisted in paving the way for those who followed them. Their names are unknown, except in a few instances, because history has recorded but little of their activities. They gave unostentatiously of their lives to help the doctors who practiced a Science in an Age when scientists were groping, and who knew an art when artists were in disrepute. Much of the progress of Medicine can be attributed to their encouragement, fidelity and zeal. Many doctors, living today, knew

(Continued on Page 6)

This is the LAST CALL for reservations for the Nineteenth Annual Convention of the Woman's Auxiliary to the American Medical Association which will be held at Hotel Carter in Cleveland, June 2-6. All Cleveland extends a hearty welcome to you!

THE DOCTORS' AUXILIARY

(Continued from Page 5)

mothers such as you who carried the torch, not in the grand parade before shouting and triumphant multitudes, but quietly and steadily as burns a beacon light on a storm-tossed coast, or cheerfully as glows red coals in a humble cottage. To these women we humbly bow in reverence. They, as wives and mothers, played well their part and assisted materially in making medical history.

To be a doctor's wife is to embrace solitude; to possess one's soul in loneliness; to give graciously and generously of every moment without thought of self, but of the sick and suffering. To do these things may sometimes be difficult for the doctor—for the doctor's wife, doubly so for she shares little of the glory and much of the banality.

The nobility of any cause may be judged by the goodness of the objective attained, and the measure of self-sacrifice entailed in its achievement. Your vocation is a noble one. In a sense, you, too, are engaged in the practice of medicine because what you contribute of your time and personal effort is reflected in the alleviation of human anxiety and suffering.

There have been women, such as the famous physicist, Madame Curie, who marched gloriously in the Pageant of Science. These women stood upon the thresholds of undiscovered worlds and explored their byways. They dug deeply into the mountains and compelled them to yield their hidden hordes. They contributed much in a concrete way to the cause of organized medicine. Perhaps you, reviewing the life work of your scientific-minded sisters have wished that you, too, could have done as much. You may, at times, have felt that what you were doing for the Cause of Medicine was inadequate and insignificant; and you may, in spirit, have deviated from your vocation to espouse a mere job.

Be not envious of any contribution to Medicine or a career within its fold because you have a career—a great career centered about your homes, your children, and your auxiliary duties. It is within your power to markedly influence public opinion in problems pertaining to matters of health. By creating widespread interest, and arousing the active support of your friends and acquaintances, your combined efforts, if intelligently applied, will go far toward moulding public opinion. Through your auxiliary you can be one of the greatest exponents of Preventive Medicine through the dissemination of knowledge to the public on questions upon which it should be correctly informed.

TACOMA INTERNISTS' SOCIETY

Tacoma Club — 6:15 p. m. — May 20
Report of the Boston meeting of the American
College of Physicians..... F. R. Maddison

COMMUNICABLE DISEASES

APRIL

Scarlet fever	2
Undulant fever	1
Mumps	20
Whooping Cough	42
Chicpenpox	22
Measles	10
Typhoid fever	1
German Measles	177
Tuberculosis	5

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

APRIL 8, 1941

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Building on April 8, 1941. The meeting was called to order by Dr. Whitacre. The minutes of the previous meeting were read and approved. There was a capacity attendance and numerous visitors were introduced to the audience.

The scientific program was opened by a paper on "Venereal Disease Aspects of Tacoma" by Dr. L. E. Powers. In his paper Dr. Powers discussed the venereal disease problem in Tacoma. He described the incidence of venereal disease and the experience of the men at Fort Lewis. The problem of prostitution was shown to be one of great concern, there being a high percentage of venereal infection from prostitutes. He then described the report of a council of the League of Nations on the control of prostitution. This report showed that licensing and regulation as a means of controlling prostitution is a failure and the only practical way is abolition. He described the arguments for suppression and explained that while suppression does not eliminate the prostitute it makes them harder to find and consequently contacts less. The whole theory of suppression is that the exposure rate is decreased by making prostitutes harder to find.

The second paper of the evening was by Dr. L. A. Dewey, who described an epidemic of syphilis in Yakima. His discussion elicited the fact that the control of contacts is the most important means of controlling syphilis as a public health measure. He showed what can be done in syphilis and gonorrhea by checking contacts and making the cases non-infectious.

The third paper of the evening was on "Venereal Disease and the Army," by Colonel A. P. Clark, of Fort Lewis. He described the basic policies of the army in respect to this problem and stated that the only solution is decreasing contacts with prostitutes by suppression. He cited evidence which shows very definitely that it is impossible to control venereal infection by licensing and examination. He described the use and value of prophylactic stations and the problem of controlling the 30 or 40 per cent of the men who seek the wares of the prostitute. He stated that in this community there is much that is to be done but that the authorities are co-operating and will be able to secure satisfactory results.

The fourth paper of the evening by Dr. N. E. Magnussen, who described "The Philosophy of Prostitution." He discussed the numerous factors that lead a girl to become a prostitute and felt that the dominant factor is a broken home.

The program was concluded by a discussion by Dr. John H. Stokes. He stated that in the control of venereal disease regulation has ceased to have any meaning that the term "prostitute" is disappearing. In syphilis the prostitute is not so much considered as are contacts. There is only one point of view that is to be considered in thinking of the epidemiology of syphilis and that is that the number of contacts must be reduced. The tracing of contacts should be done without force or police function. In any community the control of venereal disease should be supported by the medical men. In this community the health

(Continued on Page 7)

MINUTES OF REGULAR MEETING

(Continued from Page 6)

authorities are capable and should be supported. Non-co-operation by the medical profession would defeat any effort at venereal disease control. Dr. Stokes brought out again that it is impossible for any doctor to certify that a woman is free from gonorrhea. In the treatment of syphilis, as far as the epidemiological approach is concerned, the contacts must be traced and adequate treatment given to the early cases and the doctors must now how to adequately treat early cases.

Dr. Stoeks was then asked a few questions, one about the teaching of venereal disease control in the schools, another about the five-day treatment of syphilis and the third about the efficiency of mepharsen.

The care of the senior citizens was then discussed and since some of the men did not understand the machinery for providing this care it was gone over and explained.

A letter from Mr. Harry House in regard to the appointment of Drs. Buis and Hopkins to the County Medical-Dental Board was presented and a motion was made, seconded and passed that these men be approved for appointment to this committee.

Nominations for Nominating Committees were then called for. Drs. F. L. Scheyer, R. D. Wright, L. T. McNerthney, E. F. Dodds, T. B. Murphy, S. F. Herrmann, C. C. Reynolds, J. F. Steele, W. B. McCreery and L. E. Powers were nominated. Election was then held and the following committees were nominated. Election was then held and the following committees were elected: Committee No. 1, Dr. L. T. McNerthney, chairman, Drs. S. F. Herrmann and E. F. Dodds; Committee No. 2, Dr. R. D. Wright, chairman, J. F. Steele and W. B. McCreery.

The proposed Constitution and By-Laws was described and a motion was made that the publication of the proposed Constitution and By-Laws in the current Bulletin be considered the first reading and that the reading be suspended at this time. The motion was seconded and passed, there being no dissenting votes.

A letter in regard to the \$5.00 annual registration fee, due July 1, 1941, was read.

An announcement was made in regard to the change in the agreements for the doctors to sign in regard to the old age assistance program.

APRIL 22, 1941

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on April 22, 1941. The meeting was called to order by Dr. H. J. Whitacre. Minutes of the previous meeting were read and approved.

The scientific program was opened by a paper on "The Oral and Parenteral Use of Synthetic Vitamin K," by Dr. E. R. Anderson. Dr. Anderson discussed his experiences in the investigation of synthetic Vitamin K, used both orally and intravenously. He described the problem of hemorrhage in cases of obstructive jaundice, intestinal obstruction and other conditions that produce a hypoprothrombinemia. He described the early work, discovery and isolation of Vitamin K. In the study he made an intravenous preparation of Vitamin K was used and also an oral preparation. The oral preparation of synthetic Vitamin K is available in .3 gm. capsules, the usual dose being one capsule three times a day, together with a .3 gm. bile salt capsule t. i. d. The oral preparation is chemically 2-methyl-1, 4-naphthoquinone. The

(Continued on Page 8)



ALTHOUGH the cause of many menstrual aberrations may lurk obscurely in some systemic condition, the relief of symptomatic manifestations proves extremely beneficial... while constitutional measures are being inaugurated.

Ergoapiol helps remarkably to mitigate discomfort and normalize functional expression, by its tonic stimulus of smooth rhythmic contractions of the uterine musculature, and its hemostatic effect. Its dependable efficacy derives from its balanced content of all the alkaloids of ergot, together with apiol (M. H. S. Special), oil of savin and aloin.

Indications: Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, menopause, in obstetrics.

Dosage: One or two capsules three or four times daily.

How Supplied: In ethical packages of 20 capsules.

Write for booklet: "Menstrual Regulation by Symptomatic Treatment"

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ERGOAPIOL

(Smith)

MINUTES OF REGULAR MEETING

(Continued from Page 7)

intravenous preparation is obtainable in 1 cc. ampoules, containing 1 mg. The dose is one ampoule or one mg. t. i. d. This intravenous product is available on the market as Synkamin, manufactured by Parke, Davis & Company. Dr. Anderson found that either orally or intravenously the effect on prothrombin time is quite rapid and one dose lasts about twelve hours. No toxic effects were seen, even after administration of 50 mg. a day orally. He found it was impossible to raise the prothrombin level over 100 per cent. He found with the oral preparation that bile salts were necessary for effectiveness. With the intravenous preparation as much as 6 mg. a day caused no toxic effects and with the intravenous medication no bile salts were required. Dr. Anderson felt that Vitamin K should be used only for definite indications, among which are bleeding from an avitaminosis, with lowered prothrombin level and liver damage. The prothrombin level can be estimated by numerous modifications of the Quick test.

Dr. E. W. Janes discussed the paper and described some recent work that is being done on prothrombin levels of the newborn. It was found that in the second, third and fourth cord days the prothrombin level drops to a low figure and by the eighth or tenth day it goes back to normal. When one milligram, or at the most two, is administered intravenously to the mother in labor the prothrombin level of the newborn remains at a satisfactory figure during this first week.

Dr. S. F. Herrmann commended Dr. Anderson's presentation.

In closing, Dr. Anderson mentioned that the use of Vitamin K seems to change the blood groups and that this might cause some trouble.

Dr. Homer Dudley, President of the Washington State Medical Association, then made an address. He described the work on the State Constitution. He said that a charter for the Pierce County Medical Society had been prepared and would be sent to us at an early date. He described the work of Mr. Arthur Anderson in the central office of the State Association in Seattle. He also mentioned the problem of medical preparedness, the Defense Fund and the development of the Old Age Assistance program.

Mr. Arthur Anderson, Executive Secretary of the Washington State Medical Association, then spoke on his experiences at Olympia during the recent meeting of the Legislature.

An interesting discussion arose and Dr. Dudley and Mr. Anderson stated that they felt that the State Association is and should be in politics—that is, non-partisan politics. They feel that it does not matter who a candidate is or what party he belongs to as long as he is sound on public health matters.

The matter of the proposed Constitution and By-Laws was then brought up. Motion was made, seconded and passed that the publishing of the proposed Constitution and By-Laws in the current Bulletin be considered the second reading.

Reports of the Nominating Committees were then read. Committee No. 1 nominated for office Dr.

(Continued on Page 10)

Ready For Prompt Use

First-aid stations and the medical departments of large industrial and commercial establishments keep Antiphlogistine on hand ready for immediate use.

Because of its osmotic, decongestive, bacteriostatic and detergent qualities, physicians find it an application of eminent merit in the treatment of injuries of the soft tissues, such as burns, scalds, cuts, abrasions, sores, bruises, sprains, strains.

Sample on request

ANTIPHLOGISTINE

THE DENVER CHEMICAL MANUFACTURING COMPANY

163 Varick Street

New York, N. Y.

Are the Neuritic Symptoms of Pregnancy due to a deficiency of vitamin B₁ (thiamine)?

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show. Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified.

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B₁. They report recovery in their cases receiving this therapy, including dried brewers' yeast.

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting. "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Luikart, and Gustafson. Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminosis.

Dried brewers' yeast, as it is far richer than any other food in vitamin B₁ (thiamine), is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy. Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin B₁ (thiamine) to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i.e., from partial relief of pain to complete disappearance of all symptoms."

Need for Vitamin B₁ (thiamine) in Lactation

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs a supplement of vitamin B₁ (thiamine) from 3 to 5 times the normal requirement. It is accepted that during pregnancy and lactation the requirement for vitamin G (riboflavin) is increased.



Consisting of nonviable yeast, Mead's Brewers Yeast Tablets offer not less than 50 International vitamin B₁ (thiamine) units and 50 Sherman vitamin G (riboflavin) units per gram (20 International units of vitamin B₁ and 20 Sherman units of vitamin G per tablet).

Supplied in bottles of 250 and 1,000 tablets, also in 6-oz. bottles of powder.

MINUTES OF REGULAR MEETING

(Continued from Page 8)

R. D. McRae as President Elect; Dr. T. B. Murphy as Vice President; Dr. J. W. Read as Secretary-Treasurer; Dr. J. F. Steele, Dr. J. W. Gullikson, Dr. R. H. Rea and Dr. B. D. Harrington as Trustees; Dr. F. R. Maddison as Delegate; Dr. W. B. Dublin as Alternate; Dr. L. A. Hopkins, Dr. W. D. Read, Dr. G. M. Steele and Dr. W. B. McCreery as Business Bureau Trustees.

Committee No. 2 nominated Dr. Clyde Magill as President Elect; Dr. C. V. Lundvick as Vice President; Dr. J. W. Read as Secretary-Treasurer; Dr. S. M. MacLean, Dr. E. W. Janes, Dr. W. W. Mattson and Dr. H. J. Whitacre as Trustees; Dr. C. F. Engels as Delegate; Dr. W. C. Cameron as Alternate; Dr. V. E. Crowe, Dr. T. B. Murphy, Dr. F. R. Maddison and Dr. E. D. Warren as Business Bureau Trustees.

Dr. MacRae then rose and stated that he had not been consulted before his name was placed in nomination for President Elect. He stated that he did not care to be a candidate for that office and would refuse it if elected. The Secretary was instructed to inform the Chairman of Committee No. 1 that he should secure another candidate for President Elect.

Paragraph "e" of Section 1 of Article III of the By-Laws was then read and since the last time for filing nominations with the Secretary is the adjournment of the second meeting in April motion was made, seconded and passed that the society adjourn their present meeting May 13 at 8:20 o'clock p. m.

Dr. Buis then reported that the Old Age Assistance program is under way and that cards are now being given to persons seeking assistance.

The meeting was then recessed until May 13.

BOWLING TOURNAMENT

Plans are on foot to have a bowling tournament during the next meeting of the American Medical Association. It is hoped that teams can be formed representing various states. Physicians who are interested in bowling should contact Dr. Lewis W. Bremerman, 1709 West 8th Street, Los Angeles, California.

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JORDAN'S

The Fresh-As-A-Daisy Bread
—now enriched with—

Vitamin B-1

450 International Units per pound—the
equivalent of natural whole wheat grain.

SELF-DUSTING

Many of us are prone to complain to our office girl that the fixtures have not been thoroughly dusted. We complain to the building manager that the walls or floors are not kept up as they should be. We become tired of our office furniture and have it re-finished, or perhaps buy new. We look at our surroundings with critical eye and when dissatisfaction becomes too disturbing we do something about it.

But how often do you look at yourself as an individual, as a human entity? What are you doing about that mind? Have you recently stepped out of yourself, stood at a distance and with critical eye evaluated yourself physically, spiritually, intellectually? You owe it not only to yourself, but to your patient to do so. Your patient comes to you with confidence and trust that you can help him. You must keep yourself well dusted if you are to serve him best.

Treat only one patient at a time. When you have an individual in your office make him feel and make yourself feel that he is the only patient in existence. Give him your full attention to the exclusion of others that have been or may come to you. Do not be in a hurry with him, do not rush him, do not let him feel that you want to get rid of him. When the time comes he should go, tactfully open the door and human nature will take care of the rest, for, have you not noticed it is indeed difficult to resist passing through an open door?

Let the patient know you appreciated seeing him. All of us have been buoyed up by a patient's expression of gratitude for what we may have done for him, yet do we not also owe some expression of gratitude to the patient? The mere fact he came to you is a compliment to your ability and integrity. Let us take a moment of time to show this appreciation to the patient—observe its effects upon the patient and upon you.

Sedgwick County (Kansas) Medical Bulletin.

DEATH

Now is death merciful. He calls me hence
Gently, with friendly soothing of my fears
Of ugly age and feeble impotence
And cruel disintegration of slow years.
Nor does he leap upon me unaware
Like some wild beast that hungers for its prey,
But gives me kindly warning to prepare:
Before I go, to kiss your tears away.

How sweet the summer! And the autumn shone
Late warmth within our hearts as in the sky,
Ripening rich harvests that our love had sown.
How good that ere the winter comes, I die!
Then, ageless, in your heart I'll come to rest
Serene and proud, as when you loved me best.

From "As I Remember Him," Hans Zinsser.

THOMAS MOONEY

938 Pacific Avenue

It will do you doctors good to walk
down town at noon. Try our noon
lunches. Our hot baked ham sandwich
is the finest on Puget Sound.

IN ENGLAND NOW

Abstracted from "A Running Commentary
by Peripatetic Correspondents," Lancet,
March 8, 1941

You may like to hear more fully my adventures in the beautiful grey saloon with a red stripe around it, driven by the charming American ambulance driver. Having provided myself with a good novel for the journey I made towards the back seat, but the chauffeur opened the front door. "D o I sit at the back?" "Where you like, sir." The invitation was too obvious to be disregarded. The chauffeur turns out to be rather chatty and I get a most convincing picture of the generosity and forethought of our friends across the Atlantic. It appears that there are some 600 ambulances in the country, scattered in small units. Many are saloon cars Packards, Buicks, Chryslers, Chevrolets and Fords; these are mostly used for the transfer of sitting patients from one hospital to another and for the transport of medical and surgical personnel from place to place. The label "Surgical Unit" gives an added importance, and is sometimes of use in getting through traffic difficulties. There are larger vehicles, fitted out to take four stretcher cases, and still larger trucks fitted out for a special purpose. The American dental surgeons have presented such a truck, fitted out as an excellent dental workshop, even to a folding dental chair. It is now attached to one of the maxillo-facial units, and can be taken to any patient with a fractured jaw who

is too ill to move. All apparatus for dealing with the fracture can be manufactured on the spot, including, if necessary, cast metal splints.

The ambulances have all been presented by different people or groups of people, in the United States, and carry small brass plates suitably inscribed. They work under the direction of the E. M. S., and in these days, when transfer of patients from one hospital to another is the rule of the day, they are not often idle. The women drivers are volunteers, but are given a small billeting allowance; those drafted to one station usually take a small house and do their own catering. They have sometimes to find new billets in the middle of the night, their own having become uninhabitable and stations having also been damaged, when new accommodation has been found in record time. The drivers are on duty at all hours, with only one or two relief drivers at each station. They have had some amusing and amazing experiences, but throughout remain cheerful and fearless. My driver was once stranded a hundred miles from home, late at night, when the last train had left. Rather than wait till next morning she begged a lift from a lorry driver, and was full of anecdotes of the long journey back, of the icy roads and the hours spent coaxing the heavy lorry up slippery gradients. She enjoyed the trip immensely and was full of admiration for the lorry drivers with their unquenchable humour. She deserves an equal measure of admiration.

Those of us who are in a position to ask for the services of these ambulances should make it our duty to see that the messages are sent off sufficiently early in the day to make it possible for these girls to complete their journeys in daylight, and do all we can to reduce loss of time at the sending and receiving hospital. There is nothing more unpleasant than to have to drive home in the dark, with fast moving army lorries coming the other way, into an area which is being raided, and it should be possible to save these girls this additional burden.

We stopped for a meal and I wondered what was the correct official procedure. Should I give the driver "something for lunch," should I send her back to the chauffeurs' entrance, or should I invite her to lunch with me? There may be something in King's Regulations about "drivers, female," but in the absence of information on the subject we shared a good lunch, with meat and Stilton, before finishing the journey. This was the least I could do to express my gratitude.

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GOSSIP

Captain Bill Goering, Chief of the Orthopedic and Fracture Service of Barnes General Hospital, Vancouver, Washington is the new title.

The Darcy Daytons sojourning in California, the excuse being a meeting of the American Academy of Pediatrics in San Francisco.

Frank and Betty Maddison homeward bound with a new car. Frank has been doing P. G. work in Philadelphia and attending the American College of Physicians in Boston.

Charlie Larson has enlarged the scope of his Whodunit Department to include all crime detection, at Tacoma General. Formerly, he only did a blood-alcohol to find out how badly soused you might be.

W. E. Lewis, of the N. P. Hospital staff, now in the Army, bound for Honolulu.

Chris Reynolds elected president of the Pierce County Tuberculosis League.

Ed and Mrs. Dodds on a trip East, picking up the usual new car and driving to New York to see their daughter.

Lew and Mrs. Hopkins also doing the same, Washington, of course being their principal stop. Lew is going to have Harry get us one of those cushy jobs.

Jess Read has bought a home on North C Street, with five bath-rooms. Now the whole family can splash at once.

We are pleased to report that all our invalids are improving. This includes Hards, Fishel and John Arnason Johnson. Hope to see them out soon. Leaver-ton has been down-town already.

A new baby girl at the Gene Hansons and a double portion of the same at Woody Niethammer's, Woody's being assorted sexes.

Don't forget you have to take out an annual license to practice before July first or suffer a penalty. Application blanks will be available at the Business Bureau as soon as the Department of Licenses gets them ready. Fee, Five dollars. Take it off your income tax.

The BULLETIN'S detective department has recovered our reading desk, forgotten in the Winthrop Hotel since the State meeting last year. It again graces our auditorium.

William McCreery, Jr., has been accepted as a student at Stanford University School of Medicine.

C. B. Ritchie, former big shot of Morton, is now located in the Medical Arts Building with offices in with Harry Willard's group.

Pacific Northwest Dermatological Association met in the Medical Arts auditorium May 8th.

Guy Griffith, Walter Cameron, Bill Ludwig, For-dyce Johnson and Cy Lundvick in Portland early in April for P. G. work with the Portland Academy of Ophthalmology and Otolaryngology.

Dr. and Mrs. William Avery are receiving congratulations on the birth of a daughter on April 2.

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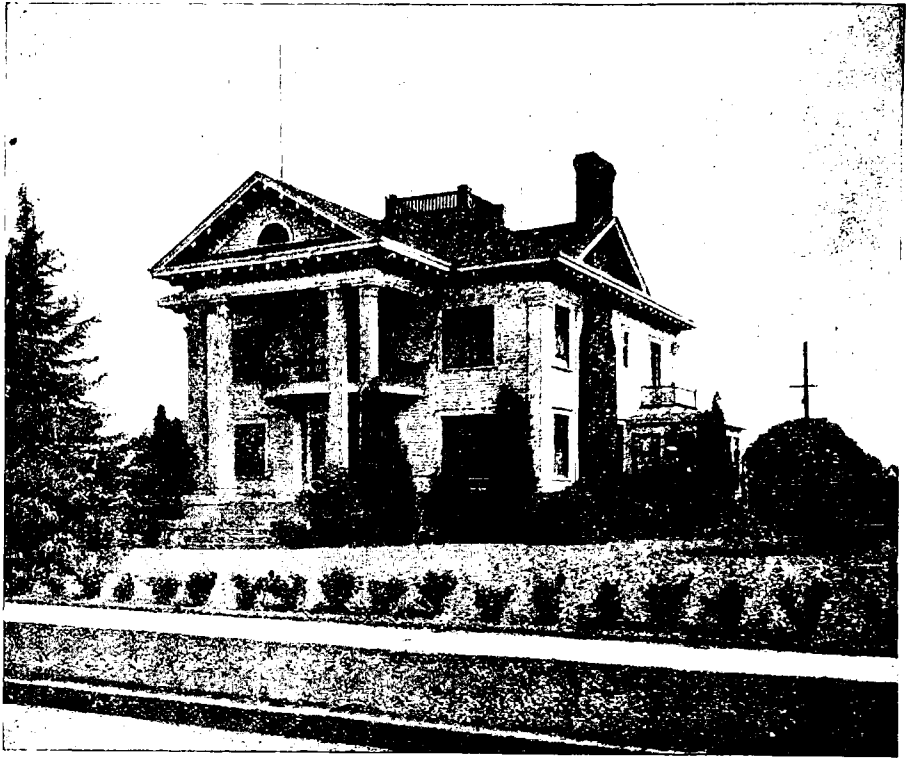
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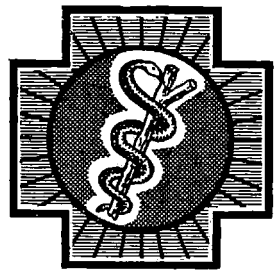
The BULLETIN

SOCIETY — OFFICIAL PUBLICATION

VOL. XI

SEPTEMBER, 1941

No. 6



PROGRAMS

MEDICAL ARTS AUDITORIUM

SEPTEMBER 9 — 8:15 P. M.

Modern conceptions of mental disorders.....
Franklin G. Ebaugh, Professor of Psychiatry, Uni-
 versity of Colorado School of Medicine, Denver

Psychoneurosis.....Thomas A. C. Rennie
 Associate Professor on Medical Staff, Henry Phipps
 Clinic, Johns Hopkins Hospital, Baltimore

SEPTEMBER 23

Certain reasons for failure of routine cholecystography.....
S. S. Sanderson

Medical experinces in Europe.....George Sgalitzer
 Herman Nossen, Interns at St. Joseph Hospital

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The straw hats and slacks may now go back to the closet.

* * *

The showers lately have relegated the garden hose to the tool-room.

* * *

The sun-burned faces of the doctors testify to a summer in the open.

* * *

Study courses, auto trips, yachting, swimming, have all been popular.

* * *

The annual crop of pre-school tonsils has been reaped.

* * *

The summer cottagers are moving back to town.

* * *

The kids are being made ready for school.

* * *

The sparkling freshness is wearing off the new cars.

* * *

There is a new crop of internes in the hospitals.

* * *

Also the immature little student-nurses.

* * *

The younger generation has been getting married and the honeymoon is over.

* * *

The Puyallup Fair is about to open.

* * *

New auto licenses are being made ready, with the good old tax attached.

* * *

The Civic Music Association is asking for annual checks.

* * *

Ditto the Ladies Musical Club, Orpheus Club and the new Knife and Fork Club.

* * *

The W.P.A., with the autocratic red-flag wavers, are again tearing up street-car tracks.

* * *

The old-age pensioners are clicking their new teeth.

* * *

The summer crop of new houses filling with furniture and people.

* * *

The Medical Society getting set for the annual dinner, with the new officers.

* * *

The Womans Auxiliary starting the year's program.

* * *

Lo! It is September Morn.

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September inaugurates the period during which many of our members will be preparing and delivering scientific papers before our own or other medical societies. The following article, entitled "Good Papers Gone Wrong," by Miles J. Breuer, M. D., published in Nebraska State Medical Journal, offers some good suggestions, and you will find in your Medical Library numerous other articles on the technic of writing and delivering a medical paper.

Many a medical article which would otherwise be valuable completely fails to reach its intended audience because of deficiencies in technic of public presentation. We have seen these faults, both in the men who read papers or present addresses and in those who discuss them or make speeches apropos of business matters on the floor. We have seen them not only in the man who is young or far from the centers of opportunity but also among some of the most prominent medical speakers. I once drove a thousand miles to hear a famous speaker and when the time came he spoke so incoherently and faintly that I got nothing except what later came out in the Medical Journal.

Speakers mumbling down into their vests, with their necks bent forward or standing in a sloppy attitude will spoil the finest medical paper that was ever written. Talking too long, not having the talk properly organized or talking too technically for the particular audience will result in the failure of the audience to catch the significance of a very fine piece of work or statistical observation. Trying to compel an audience to keep statistics in mind as the speaker reads them off of paper or wandering off the subject is deadening. The reason people do not walk out is because they are too paralyzed to do so. Walking nervously around, indulging in some mannerism like scratching the face or tapping the foot or not looking the audience exactly in the eye will turn a medical meeting from a pleasure into a chore for the listeners.

It is quite as necessary for the medical man to learn the art of public address as it is for an attorney or a legislator. A medical man has quite as much public speaking to do as any one in the community. If he does it well he fulfills his purpose; if he does it poorly he does worse than nothing. He creates a bad impression of himself. In fact, it would be quite possible to set up statements quite the converse of those in the preceding paragraph, all to the effect that a well-presented paper gives the audience a great deal of pleasure and profit even though there is nothing startling in its actual intrinsic contents. How many times have we heard and enjoyed a paper thoroughly because of the personality of the

speaker, and been disappointed upon reading it in print to find that there was not much of anything interesting in it.

The following suggestions are offered for making the necessary good impression in delivering medical material orally to an audience. They have been gleaned from actual experience and from contact with qualified teachers on the subject.

For experienced speakers and quick thinkers it is better not to read the paper off the typewritten sheet but to talk naturally from notes. The notes are strictly necessary in order to keep the talk within the limits of time as well as off its own organization. Never read large quantities of statistics. If these are necessary have a chart or lantern slides. Even then they frequently fail and should be kept as far as possible out of a verbal presentation and limited to printed material, since they require solitary study.

Stand straight, stand still, stand on both feet. Do not move unless there is an actual purpose in the movement. Please distinguish the preceding from stiffness. The attitude suggested is that of maximum stability. In that attitude it is easiest to stand longest without making the audience nervous.

Use a low-pitched diaphragm voice which will carry well. Talk with the mouth wide open and use the muscles of the face. Words through closed lips sound as though Charlie McCarthy were still locked in his trunk. Words spoken with the face held as though it were a mask of cement will not carry. Adapt the volume of sound to the size and distance of the audience and the presence or absence of electrical aids to the voice. You can tell very easily by watching the audience whether or not they hear you.

Look the audience in the eye. Look one person in the eye and then another. Make everyone in the audience feel that you are talking particularly and individually to him alone. Never let your eyes wander away from the audience.

You ought to be tired after making a speech. That means put energy into it. An impassive, lackadaisical, monotonous, droning along for ten, twenty or thirty minutes will petrify an audience even more effectively than poison gas. It is hard work getting thoughts across to the audience. Unless you actually put this work into it you have not gotten your idea across.

Watch the audience all of the time. Only a little experience will enable you to tell whether or not your points are getting home, and which way to vary what you are trying to do. A little more experience will enable you to play with your audience and work on their emotions much as you would play on a piano or organ. This is of course more extensively true of emotional types of speaking, but it does not necessarily exclude medical speaking.

It would do no harm if some definite attention was paid to this problem in our organized medical bodies.



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The first meeting of the season will be held in the auditorium in the Medical Arts Building at 2 o'clock on the afternoon of September 11. Mrs. J. B. Robertson, the retiring President, will preside. Reports of the State Auxiliary meeting will be given by the delegates, Mrs. T. H. Long, Mrs. C. P. Gammon, Mrs. Sydney MacLean, Mrs. Lawrence Joers and Mrs. Forrest Monzingo, after which the meeting will be turned over to the incoming President, Mrs. H. J. Whitacre.

Please come prepared to pay your Auxiliary dues.

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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.

—Pittsburgh Medical Bulletin.

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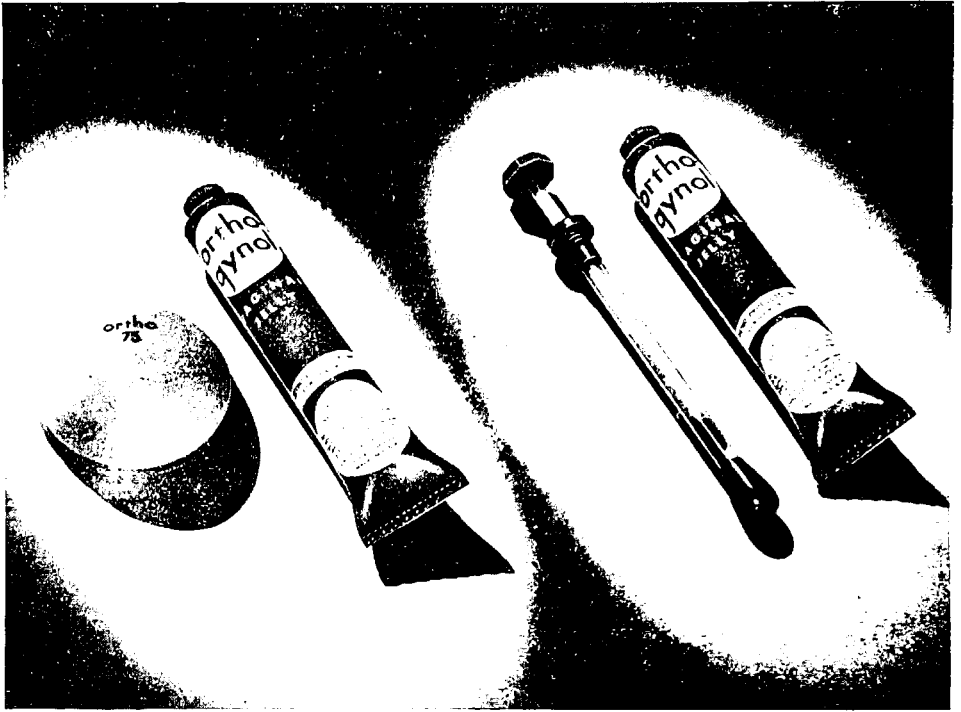
An Institute on Postgraduate Psychiatric Education for State Hospitals, under the auspices of the American Psychiatric Association Committee on Psychiatry in Medical Education, is now being held at the Western State Hospital. Some of the most prominent men in the United States in the fields of neuro-anatomy, neuro-pathology, psychobiology, psychotherapy, neuro-roentgenology, neuro-ophthalmology, neuro-surgery, electroencephalography, clinical psychiatry, clinical neurology and related subjects are among the lecturers.

An invitation is extended to all members of the medical profession, nurses, social service workers, educators, attendants and all others who are interested. There is no charge for attending the lectures. Visitors may establish headquarters in Tacoma or elsewhere and may obtain meals at the Western State Hospital for a minimal sum.

The North Pacific Society of Neurology and Psychiatry has cancelled its regular fall meeting, holding it during the session of the Institute.

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2. "Tubercular" means "nodular"; "tuberculous" means "infected with the bacillus of tuberculosis."
3. "Cystoscope" is a noun and must not be used as any other part of speech.
4. It is possible to "operate a cotton-gin," but it is not possible to "operate a patient"—nor his appendix.
5. "Acute appendicitis" is common, but an appendix can not be "acute."
6. "Acute abdomen" is beyond the pale.
7. "Pathology" means the "science of disease"; it is therefore absurd to speak of "pathology in the right lung."
8. "Positive serology" is the worst type of jargon: apparently "positive Wassermann reaction" is usually meant.
9. "Specific" and "luetic" are convenient to obscure meaning from patients' relatives, but "syphilitic" is better in writing for the medical profession.
10. It is incorrect to say the patient had "no temperature." One may say that there was "no

elevation of temperature," but it is shorter to say there was "no fever."

11. "Shot" is perhaps the most abused and over-worked word in medical literature. Shot is of lead.

12. Bad spelling is unpardonable, so a good dictionary is indispensable.

—Journal Georgia Medical Association.

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My disposition surly, glum and dour.
Then came a vicious episode one day,
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HAS MEDICINE A PERSONALITY?

Public contact with medicine is largely with the individual practitioner. It is a relationship principally of one person with another. Rarely is a patient conscious, as he talks to or is treated by his physician, of the institution; the corporate body of medicine; that vast complex of schools, thinkers, research workers, clinical experimenters, physicists, writers, scientific associations, libraries, hospitals, and publications; and the large company of respectable people—his associates—who have produced the doctor, accumulated the knowledge which he uses, trained his hands, and ordered his study and whose services are always at his disposition. It was not always so. For centuries the individual practitioner stood nearly alone, with few books and fewer communications. He represented in his community all the medical knowledge there was. People thought him a learned man, and he did not deny it. He was medicine. Himself.

In the collective economy which grew up around him, he still remained an individual treating individual patients. But as the self-effacing institution of medicine grew behind him quietly and slowly, great collective institutions grew around his patient more rapidly: government, public health, social welfare, consumer's collectives, education, business, industry. To the management of these large government and business combines, the doctor's patient is merely a customer or a voter—the physician, a potential hired man—and the corporate body of medicine, a utility or a wraith according to the point of view. As these institutions grew, they acquired a definite corporate personality, defined and colored by their public acts and by the exuberant boisterousness, the clangor, of their publicity. But not medicine. It remained a corporative ghost behind the personality of the individual practicing physician, a shadow land of quiet humanitarian effort in a vital, raucous world, touching persons intimately, but not events of a kind commonly comprehended by the man on the street.

The net result of this development seems to be that there is little or no consciousness in the public mind of the personality of corporate medicine—no

consciousness that it exists as a dynamically beneficent protectorate of the public medical interest. When this corporate personality is brought to public attention by large groups through the ordinary channels of lay communications, it is usually for a definite purpose. Thus, the character of organized medicine is rarely represented to the public as a positive one by those who know what kind of personality it is but as a negative and sometimes sinister ectoplasm, defined and delineated for the patient and the public by those who would, for their own purposes, hamstring or destroy it. Is there any reason why the real dynamic personality of medicine should not be introduced to the people, or has it a personality? How would *you* portray it? Where is there a monument symbolizing it? A painting? To what can the public point saying: That is medicine?

—*Bronx County Medical Bulletin*

TELLS TIME INSIDE

Hypochondriacs are often as amusing as they are difficult to treat.

Patient: "Doctor, I have such intense pain in my stomach and I notice it most while in bathing about one hour after lunch."

Doctor: "Yes? But you don't wear your wrist watch in bathing do you? How do you know the exact time?"

Patient: "Well, you see, Doctor, you may not know it but I have been told about my stomach and that is how I know. I have an hour-glass stomach."

—*Exchange.*

"NO SIN WILL SO EASILY BESET YOU as uncharitableness toward your brother practitioner. So strong is the personal element in the practice of medicine, and so many are the wagging tongues in every parish, that evil speaking and slandering find a shining mark in the lapses and mistakes which are inevitable in our work. The only way to avoid such trouble is to have two plain rules. From the day you begin practice never, under any circumstances, listen to a tale told to the detriment of a brother practitioner. And when any dispute or trouble does arise, go frankly, ere sunset and talk the matter over, in which way you may gain a brother and a friend."—*Osler.*

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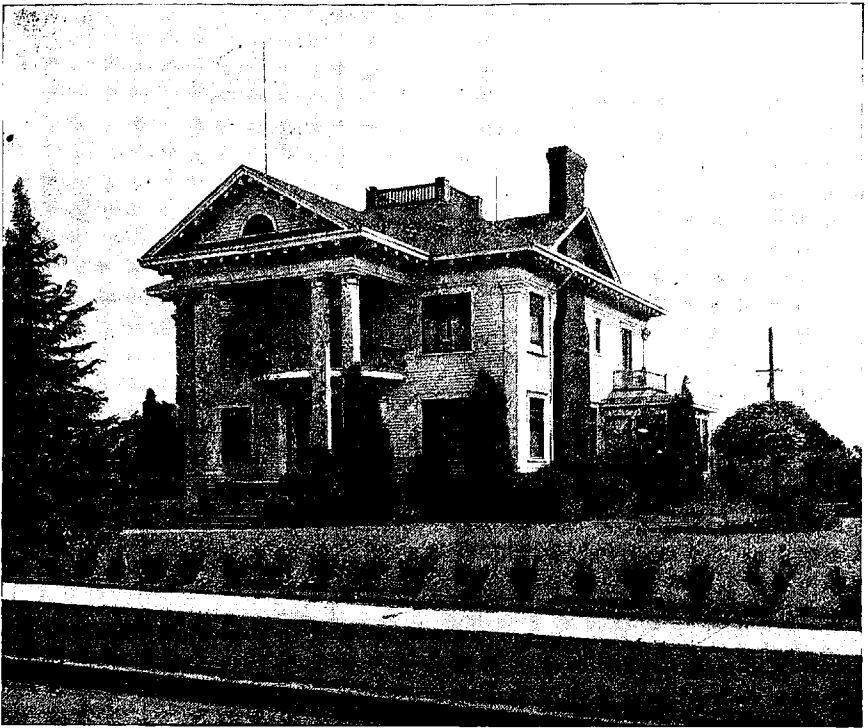
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WHAT YOUR PATIENT READS

The disturbing feature of many articles that one finds in current periodicals criticizing medical justice in general and the conduct of doctors in particular is that the public is not getting a square deal. Our form of government depends for its existence upon an informed public opinion. Presuming that the people are given all the facts, their collective decision will most often prove to be right.

The public is now being prepared to come to a conclusion upon how its medical needs are to be met. But who is most active in seeing that this preparation is made? It is those who feel that the present method of providing medical care is antiquated, inadequate, incompetent, and incapable of salvage without the benevolent prescient mind which is the State; those who are personally to gain by such maneuvers. What is the technique by which the public is being prepared to form its judgment? There are two devices in use. One is to employ statistics to show how unavailable and inadequate medical care is, and how easily that can be remedied by the State assuming control and spending a pleasingly large sum of money. There is much promise and little information. The other is to picture the doctor, individually and in his organization, as avaricious, selfish, incompetent and morally decadent. Of course, it follows that such should be deprived of the free exercise of their professional rights and must be closely supervised. Some articles of this type have no motive other than profit to author and publisher. As such they merit scant attention.

It is obvious that there is a desperate need for complete and more accurate information in the hands of the public. If their judgment is to be sound and reasoned they must be told just how changes in medical practice will affect them. What they stand to lose and to gain, as patients and as citizens. They need to know what it has meant to them that medical education has been improved, hospital services standardized, specialists regulated as to qualifications—that these things were done by physicians themselves under their own compulsion and at their own expense.—*Detroit Medical News.*

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RETURN YOUR INFORMATION CARD FOR THE DIRECTORY PROMPTLY

About September 1, an information card will be sent from the headquarters office of the American Medical Association to every physician in the United States and Canada. The information secured is to be used in compiling the Seventeenth Edition of the *American Medical Directory*.

The directory is prepared at regular intervals in the Biographical Department of the American Medical Association. The last previous edition appeared in 1940. This volume is one of the most important contributions of the American Medical Association to the work of the medical profession in the United States; it has been especially valuable in the medical preparedness program. In it, as in no other published directory, are dependable data concerning physicians, hospitals, medical organizations and activities. The directory provides full information concerning medical colleges, specialization in the field of medical practice, memberships in special medical societies, tabulations of medical journals and medical libraries and, indeed, practically every important fact concerning the medical profession in which any one might possibly be interested.

Before filling out the information card, read the instructions carefully. Physicians are especially urged to state whether or not they are on extended active duty for the medical reserve corps of the United States Army and Navy. Fill out the card and return it promptly whether or not a change has occurred in any points on which information is requested. If a change of address occurs before March 1, 1942, report it at once. Should you fail to receive a card before the first of October, write at once to the headquarters office stating that fact and a duplicate card will be mailed.

COMMUNICABLE DISEASES

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

Scarlet fever	3
Undulant fever	2
Mumps	10
Whooping Cough	74
Chickenpox	26
Measles	1
German Measles	1
Tuberculosis	4

Doctor: "Come, come, now, Mrs. Pank, you are not half as sick as you think you are."

Patient: "Everything I eat turns to gas, Doctor, and it does frighten me so, for my poor mother died of gastritis."

SERVING ON A COMMITTEE

Serving on a committee of a local medical society is a task that 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 fulfills 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 worthwhile 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 mem-

bers 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.

HOW TO STAGNATE IN MEDICINE

There are several rules which must be kept in mind, if we wish to deteriorate in medical skill and knowledge.

The first rule: File your patient's records away and forget all about them. Never go over them after the day's work is done and try to pick out errors of omission or commission; never try to follow up patients to learn whether your diagnosis was correct and your treatment helped the patient. Best of all, keep only a few scribbled lines about each case, preferably without making any attempt at a diagnosis.

The second rule: Read medical books and magazines with an eye only for the "practical"—that can be used at once. Skip over the physiology, pathology, and differential diagnosis so that you can concentrate on treatment. Read the summaries at the end of articles; only a sucker will dig through the article itself.

The third rule: Never take a chance on confirming your diagnosis by consultation with a specialist (unless, of course, an unreasonable patient insists on it and you can't snub the bounder) or by necropsy. Thus you can cheerfully go ahead making the same mistakes over and over. Most people don't know the difference anyway.

By following these basic precepts and by avoiding postgraduate courses and medical meetings, you may be assured of a comparatively rapid, and certainly unlaborious, decadence.—Clinical Medicine and Surgery.

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PERSONALS

New internes at Tacoma General, Harold F. Holzinger, Oregon U.; Herman S. Judd, Jr., Creighton; Sanford O. Staley, Nebraska U.; John L. Whittaker, Kansas U.; William J. Warn, University of Louisville. At St. Joseph's, F. G. Grischel, Northwestern; Arthur O'Leary, St. Louis U.; Herman Nossen, University of Breslau; G. Sgalitzer, University of Vienna. At the County Hospital, Russell Fisher, Marquette; Hezekiah Adkins, Louisville; Weldon Slint, Oregon U.; Robert Harriage, Northwestern; E. C. Blizard, Nebraska and John McFee, Nebraska.

Dr. Bowen, interne last year at Tacoma General, now associated with Tom Murphy.

Marshall Whitacre winning more scholarships at Northwestern, working during the summer vacation at Western State Hospital.

Sydney MacLean awarded the "Certificate of Merit" from the American Society for the Control of Cancer. This pepped him up so he broke his golf record.

Warren Penney becomes a grandfather. Clyde Magill goes him one better, acquiring two grandchildren in two days. Ben Terry has one of his grandchildren visiting him this summer.

Millard Nelson appointed by the Governor to be chairman of the State Racing Commission. He can now see the Gee Gee's run, on a pass.

George Moosey doing P. G. work at the University of Iowa. Les Baskin going to Chicago for a four-month course in fracture work.

Bill Ludwig recuperating from an appendectomy. Doing nicely, thank you.

The Charlie Trimble family touring California. The Jess Reads doing likewise.

Lawrence Skinner has opened offices in the Medical Arts Building. Miles Parrott also. Welcome to both.

Joe Benson spent a month in Olympia, in charge of the Health Office while Dr. Lehman did some P.G. work in the East.

The Pacific Northwest Medical meeting in Spokane was attended by Arch Howe, Fairbourn, Duerfeldt, Moosey and Charlie McCreery among others. The State meeting in Seattle also drew a good attendance from our members. The Internists at Victoria drew Janes, Turner, Duerfeldt and others from here.

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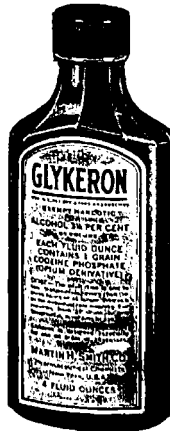
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BRIEF HISTORICAL NOTES

ON

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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:

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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.

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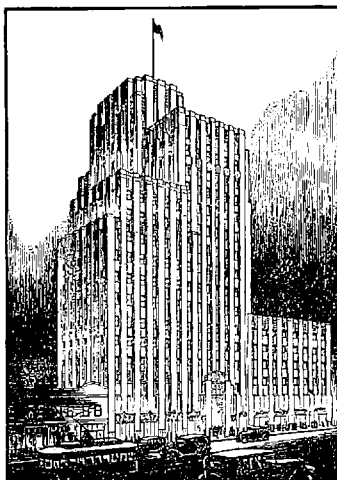
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The BULLETIN

VOL. XI

OCTOBER, 1941

No. 7



PROGRAMS

MEDICAL ARTS AUDITORIUM

Tuesday, October 14 — 8:15 P. M.

Symposium on venereal disease—

1. Treatment of gonorrhoea.....Homer W. Humiston
DiscussionClyde Magill
 2. Outline of treatment of uncomplicated syphilis.....
.....Lee E. Powers
 3. Treatment of neuro- and cardio-vascular syphilis.....
.....Carlisle Dietrich
Discussion of second and third papers.....Joseph A. Benson
- The Physician's Role in Tacoma's Home Defense
OrganizationCapt. M. B. B. Benjamin, Fort Lewis

Tuesday, October 28

Joint meeting with the Tacoma District Dental Society

- Case Reports, Postoperative Bronchoscopy.....Fordyce Johnson
Color photography of oral lesions.....Chas. B. Ward, Seattle
Pitfalls in dental roentgenography.....R. D. MacRae

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MALPRACTICE

As long as some of our patients are ungrateful and unscrupulous and are abetted by greedy lawyers, we will have suits against us for damages. Perhaps the best way to avoid such a contingency is to so conduct ourselves that we leave no loop-hole for such aggression. A few simple facts to keep in mind may protect us from vulnerability along that line.

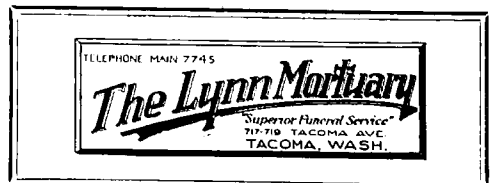
The physician is not obligated to accept employment he does not desire. In other words, he cannot be forced to take a case. Having taken it, however, he has a responsibility to handle the case with due care, skill and diligence. Under certain conditions, he

can not withdraw from the case. For instance, if he is the only physician available, he must go on until some other doctor can take it over or until the patient may safely be left without medical care.

Often, the doctor comes up to an automobile accident. While there is no compulsion on his part to be the Good Samaritan, nevertheless, if he stops to examine the patient, announcing that he is a physician, the first reaction on the part of the bystander is to back up and allow him to have control, which he has unwittingly assumed by his announcement. Should this patient suffer the compounding of a fracture in the subsequent handling by the doctor or his assisting bystanders, the doctor is liable for the injury sustained. There are other ramifications of this problem which it would be well to learn and keep in mind. Again, for instance, even if the doctor's handling of the patient caused some injury, if this was done while controlling hemorrhage which would have been fatal otherwise, the doctor is not liable for the injury, as the lesser evil is more than counterbalanced by the greater good.

The physician's responsibility, under the law, is nothing new. Some four thousand years ago, in Babylon, the law provided that the surgeon who lost a patient, under some circumstances, should have his hands cut off, certainly a neat way to prevent a recurrence. Malpractice suits have been increasing in numbers of late years, the damages claimed by patients being mostly after surgery, obstetrics, fractures and X-ray. The internist is rarely troubled by suits. It is well to remember that the doctor must not only have the skill ordinarily possessed by practitioners in his vicinity but he must also give good care to his patient and exercise due diligence in handling the case. Lack of diligence can be construed as neglect, such as failing to see the patient over too long a period of time, while a condition is developing which should have attention, before it works to the patient's detriment. An example would be the ischemic paralysis produced by too tight a cast on the forearm.

Probably the most common cause of suits being started is the attitude taken by a physician when seeing a case that has been under treatment by another doctor first. Just a dubious shaking of the head is sometimes enough to sow the seed of suspicion in the patient's mind, that all has not been done as it should have been. We must remember that we live in glass houses. Our turn may come tomorrow.



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RECENT ACCESSIONS

The fourth edition of Ewing's **NEOPLASTIC DISEASES**, the first revision of this classic in twelve years, is now on our shelves. The book opens with a historical chapter and there are in the first section of the volume chapters on metastasis, the chemistry of tumors, theories on the nature of cancer, the etiology of tumors and experimental cancer research. The second section is devoted to a discussion of various new growths and of tumors peculiar to different organs of the body.

Unique in its field is **PHYSICAL MEDICINE** by Krusen, of the Mayo Clinic. Chapters on local and general application of heat and cold, light therapy, electrotherapy, hydrotherapy and mechanotherapy are followed by a discussion of physical therapy in its relationship to general medicine and surgery.

CLINICAL DIABETES MELLITUS AND HYPERINSULINISM, by Wilder, also of the Mayo Clinic, in addition to taking up the general subject of diabetes, its diagnosis, pathogenesis, prevention, prognosis and treatment, devotes at least half of its pages to the complications of the disease.

In his preface to **OFFICE UROLOGY** Pelouze says: "One can not spend years at office urology without feeling that there are many operations performed that rather easily might have been avoided by early attention to little things. It is of these little things that I have tried to write." He has given us a book which adequately covers the field and withal is charmingly written and very readable.

A valuable addition to our collection is **ELECTROCARDIOGRAPHY IN GENERAL PRACTICE** by Graybiel and White, of Harvard Medical School. Electrocardiograms showing normal variations are first shown, then those characterizing disease conditions. The format of the book permits showing several electrocardiograms on one page, with their descriptions and the clinical story of the patient on the opposite page.

Kanavel writes in the foreword to the fourth edition of **MINOR SURGERY**, by Christopher: "There is no greater field for good surgery than is presented by minor surgery." The author feels that many of the procedures covered by the term "minor surgery" are in reality more difficult than some which are classed as "major surgery." Complete revision of the entire

volume, the elimination of old material and the addition of new make this work invaluable to the general man and to the younger surgeon.

Each year brings an addition to our shelf of volumes of the **Collected Papers of the Mayo Clinic** and the **Mayo Foundation**. The current volume features a section on military medicine and in the remainder of the book, as always, articles have been assembled under their subject headings, enabling the reader to readily find the material in his own field.

One is surprised to read in the preface to the nineteenth edition of **Dorland's AMERICAN ILLUSTRATED MEDICAL DICTIONARY** that more than two thousand new words have been added. The statement is made that hundreds of these words are defined for the first time in this volume.

New and Non-official Remedies for 1941 describes products accepted by the Council on Pharmacy and Chemistry as of January 1, 1941. New articles are added each year and others previously accepted but no longer approved are omitted.

NOTICE

The attention of members is called to the fact that the movie projector and lanterns are the property of the Pierce County Medical Society and the Tacoma District Dental Society and are for the exclusive use of these organizations and not for the convenience of individual members except in special circumstances. The projector and lanterns are in the custody of the House Committee.

Section 10, Chapter 6, of the By-Laws of the Pierce County Medical Society outlines the duties of the House Committee as follows: "The House Committee, with the co-operation of the Tacoma District Dental Society, shall have custody of the physical properties of the society. No article belonging to the Society excepting books and periodicals in the library shall be removed from the Society's quarters without permission of a member of the House Committee."

Members of the House Committee for 1941-1942 are W. A. Niethammer, chairman, T. B. Murphy and F. A. H. Johnson.

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Telephone—Mrs. W. W. Mattson, 4605 No. Verde Street, PRoctor 1877.

National Bulletin—Mrs. Lewis Hopkins, 2718 No. Mason, PRoctor 6340.

Cancer—Mrs. N. C. Mace, Veterans' Hospital.

Medical Advisory Committee—H. J. Whitacre, Clyde Magill T. K. Bowles.

Mrs. Horace J. Whitacre, president, presided over the October Auxiliary meeting, which was a luncheon held at Weyerhaeuser Hall.

Mrs. John Steele arranged a very interesting program for the afternoon. Guest speaker was Mr. C. B. Henderson of the Federal Bureau of Investigation from Seattle, who gave us enlightening facts regarding Defense in Crime. We were also fortunate in having with us our Advisory Board, Drs. Whitacre, Magill and Bowles. Dr. Penney, representing the State Advisory Council, addressed the members briefly.

Mrs. Whitacre held a Board meeting at eleven o'clock preceding the regular meeting. During the regular meeting committee chairmen were called upon to give short reports.

Ran into Oleva Jones in Seattle and she sends greetings and hello's to all Auxiliary members and is hopefully looking forward to being with us again.

Did you know that Ella Steele has a penchant for apricot jam and that Glenn had better not ask for any other kind this coming winter? Story behind it.

SUGGESTED WORK OUTLINE, 1941-1942

Woman's Auxiliary to the Washington State Medical Association

Whereas the American Medical Association is cooperating with the government on all fronts in these trying times, it is the 1941-42 objective of the Woman's Auxiliary to the Washington State Medical Association to take its stand in national defense, as befitting an auxiliary to the great medical profession—by:

I. Making a study of "nutritional defense" our main forte for the year.

- (a). Study comprehensive diets and charts on nutrition.
- (b). Promote sensible nutrition by sending speakers to lay organizations.

II. Making a study of local, state and national political problems with the idea of preparing for next year's legislative year.

- (a). Know individual precincts, legislative and congressional districts.
- (b). Know precinct committeemen, candidates for state senators, house members, U. S. Senators and Congressmen.

(Continued on next page)

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WOMAN'S AUXILIARY—Continued

III. Making a great increase in circulation of "Hygeia, the Health Magazine" among the laity.

- (a). Put in all county and city schools, Adult Educational Centers, National Youth Associations, and public reading rooms.
- (b). Continue getting subscriptions even after contest is over.

IV. Making an increase in membership.

- (a). Contact every doctor's wife in state.
- (b). Influence joining in other counties beside your own.

V. Making it an individual obligation to cooperate in civic enterprises especially.

- (a). Red Cross.
- (b). Defense and Community Chests.

VI. Keeping a close contact with your local medical society.

- (a). Consult with Advisory Committee.
- (b). Ask President and other officers to address Auxiliary briefly at various times on a particular subject.

VII. Making an intensive drive for Bulletin subscriptions among the membership in order to:

- (a). Know the national policies of the Auxiliary as well as the American Medical Association.
- (b). Be more intelligent on dietetic, legislative and political subjects.

VIII. Making membership in the Auxiliary a joy and a privilege.

- (a). Keep meetings interesting and snappy.
- (b). Make social functions entertaining and clever.

FREE AD—Anyone knowing of a good available maid please contact Alma Whitacre. As a reward you might persuade her to give you a quart of their home-made sauerkraut; if your fancy is not sauerkraut, get her recipe for split pea soup, which sounds "yummy."

Kay Willard is busy unpacking boxes and what not at her new address, 1001 North J street. Funny, but just as soon as she has Don convinced he might help, he—guess what?—right! has to make a call.

"WHICH AM I?"

From National Bulletin

Are you an active member, the kind that would be missed,

Or are you just contented that your name is on the list?

Do you attend the meetings, and mingle with the flock,

Or do you stay at home and criticize and knock/

Do you take an active part and help the work along,

Or are you satisfied to be the kind that "just belong"?

Do you ever go to visit a member who is sick,

Or leave the work to just a few and talk about the clique?

So come to the meetings often and help with a hand and heart—

Don't just be a member but take an active part.

Mrs. Lewis Hopkins is taking subscriptions for the National Bulletin. A grand bulletin to get and read and certainly worth the subscription price which is \$1.00 a year.

Day by day reports on how to build a house can be had from Irene Allison, who can be paged almost any time out at Clover Creek watching their new house take shape and form. Roughly speaking, it is 100 feet long and has Harry busy working on a home communication system.

DOCTORS AND POLITICS

Two points must be understood if the political effort of individual doctors and medical organizations is going to have any effect upon the policies of the government. To appreciate them fully, it is going to be necessary that some firmly settled illusions be discarded. First, local politics is very much more important than the general election. Any citizen can exert a great deal more influence upon the political trends of the national government by quietly interesting himself in the politics of his own neighborhood precinct than he can by writing brilliant letters to his congressman. Furthermore, he will find that the time to convince a politician regarding any fundamental issue is before the election, and not afterwards.

These are stirring times in America—times during which the cloak of "national defense" can be used to usher in radical innovations in the function of the national government. Now is the time for all good doctors to come to the aid of their nation. They can aid their country and protect the interests of the people by once more occupying a prominent place in the civic and political life of the community.

—From "Doctors and Politics" by Mac F. Cahal, in "RADIOLOGY," March, 1941

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MINUTES OF REGULAR MEETING of Pierce County Medical Society

September 9, 1941

The regular meeting of the Pierce County Medical Society was called to order by Dr. T. K. Bowles, President. Minutes of the previous meeting were read and approved.

Dr. Keller was then introduced, who opened the scientific program with a few remarks concerning the Institute on Postgraduate Psychiatric Education now being held at the Western State Hospital.

Dr. Franklin G. Ebaugh, Professor of Psychiatry at the University of Colorado School of Medicine, was then introduced, who discussed "Modern conceptions of mental disorders." Dr. Ebaugh described the present day trend of various mental conditions. His conclusions were based on statistics of 90,000 cases from 1917 to 1933. Although more mental hospitals are being built and a tremendous amount of money is being spent for the care and treatment of mental disorders, there is no increased incidence except in the aged group. Up to the forty year age group mental disorders show a decreasing incidence. An interesting conclusion was brought out, that under forty years of age a decreasing death rate parallels a decreasing admission rate for mental disorders, while over fifty years on increasing death rate parallels an increasing admission rate. Dr. Ebaugh felt that statistics on dementia praecox, for which there is a decreasing admission rate, show the value of preventive measures as applied to this condition.

Dr. Thomas A. C. Rennie, of Johns Hopkins Hospital, was then introduced. He presented a scholarly and very interesting discussion of psychoneurosis. According to various authorities, from 40 to 60 per cent of the patients coming to a doctor's office do not have adequate physical findings to explain their complaints. Dr. Rennie classified the psychoneurotics in various groups: (1) the hypochondriacal; (2) the neurasthenics, who are always tired; (3) the anxiety types, who typically complain of bad hearts; (4) the obsessive types, who usually show some insight; (5) hysteria; (6) the motor tics and cramps. The first three groups can well be handled by the general practitioner; the fourth and fifth groups usually need expert help from the psychiatrist; the sixth group is extremely difficult, even for the expert. Dr. Rennie then discussed the procedure in investigating a patient's personality in regard to psychosomatic disturbances. The history of the complaint must be learned and the circumstances of the patient's life at that time ascertained. Next, the doctor must learn what kind of person his patient is and obtain a review of his life, his birth record, his early childhood, his school record, his work record, his marital experience as to sexual and general adjustments, his economic

(Continued on page 8)



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MINUTES OF REGULAR MEETING OF PIERCE
COUNTY MEDICAL SOCIETY

(Continued from page 7)

status, his recreational habits and last his family history as to any nervous or mental disorders. From this information an analysis of the personality of the patient can be made. As to treatment, a complete physical examination must be done, to settle any somatic difficulty and convince the patient of his lack of physical disabilities. The next step is to give the patient insight and convince him that emotional causes may produce physical reactions. The third step is for the doctor to use good common sense and help the patient solve his problems. An excellent help to the patient is discussion of these problems. The next step is generally to stimulate the body, perhaps to increase weight and give the patient a sense of well-being. Sedatives must be used cautiously. The next step is to teach the patient how better to live and meet his difficulties, suggest new social outlets, hobbies, etc. Often simple therapeutic measures are useful in inducing relaxation. An outline for the patient to follow is valuable.

The papers were discussed by Drs. Whitacre, Engels and Kane.

The scientific portion of the program was closed by Dr. Kelier.

The transfer of Dr. J. L. Hansen from the Okanogan County Medical Society was voted on and passed.

The application of Dr. H. H. Meier was given a second reading, voted on and passed.

The applications of Drs. L. E. Skinner and J. P. Bowen, Jr., were given their first reading.

Dr. Hopkins then made an announcement concerning minor surgical procedures under Initiative 1-41.

There being no further business, the meeting adjourned.

September 23, 1941

The regular meeting of the Pierce County Medical Society was called to order on September 23, 1941 by Dr. T. K. Bowles, President. Minutes of the previous meeting were read and approved.

The scientific program was then opened by a paper on "Certain Reasons for Failure of Routine Cholecystography," by Dr. S. S. Sanderson. Dr. Sanderson reviewed the route of the dye from its oral administration to its concentration in the gallbladder. He then discussed a series of cases on which routine cholecystograms were made. It was brought out that in certain disease conditions where there is no gallbladder disease a routine cholecystogram may be falsely positive. Dr. Sanderson also discussed numerous mechanical errors of cholecystography and showed a series of lantern slides illustrating many of the reasons for failure to obtain accurate findings. At times the many sources of error must be evaluated by the attending physician to obtain a true picture of his patient.

The paper was discussed by Dr. Harrington.

Dr. George Sgalitzer then discussed his medical experiences in China. He was three years in the Red Cross Hospital at Ningpo. He described very vividly conditions during the present hostilities in China and showed numerous pictures.

Dr. Herman Nossen then described his experiences in Europe. During the time of the last war he was in Macedonia and after some time in Cairo went back to Germany, where he was arrested. He was released and able to escape, and practiced in various parts of Europe. He left Vienna in March, 1938, just two days before the Germans entered the country. He was in Lithuania for some time and then left in 1939, when that country was invaded, and went to London via Sweden. Before coming to this country he was in Shanghai.

The letters in regard to "Dr." DeGaston and Julia McGee were read and the members asked to co-operate.

Dr. Penney announced that he was the head of a committee to stimulate the purchase of defense bonds by patients.

Dr. Schultz then made a report on the Home Defense organization and asked the co-operation of the men in the development of the organization. A general meeting is to be held in the armory at 7:30 on October 9. The medical organization of the Civilian Defense setup is divided into wards, in which various men were designated as leaders.

The applications of Drs. J. P. Bowen, Jr. and Lawrence E. Skinner were voted upon and unanimously passed.

Dr. Bowles then announced the need for six more selective service examiners and asked for volunteers to get in touch with him immediately.

There being no further business, the meeting adjourned.

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PERSONALS

Dr. and Mrs. George Kunz left on October 9 for Minneapolis, where Dr. Kunz will attend the Interstate Postgraduate Medical Assembly. From there they will go to Detroit, pick up a new car and proceed to Philadelphia to visit their son George, a fourth-year student at Temple University School of Medicine.

* * *

Drs. S. E. Light and Carlisle Dietrich expect to be in Seattle for the meeting of the Pacific Northwest Dermatological Society on the 23rd.

* * *

Dr. E. R. Anderson has been called into the Service.

* * *

The Baskin family have finally gotten away on that eastern trip.

* * *

Dr. S. L. Blair and "another young fellow" are hunting birds in Alberta, each accusing the other of "walking the legs off him." Reports of the first day's bag showed a total of thirty birds for the doctor.

* * *

New members of the society are J. P. Bowen, Jr. and L. E. Skinner.

* * *

Dr. C. G. Trimble has recently become a grandfather.

* * *

Dr. John Steele came back from a hunting trip in Oregon with a fine deer.

* * *

Dr. Walter Cameron left for the east on the 8th of last month, expecting to spend six weeks in New York, Boston and Philadelphia.

* * *

Drs. Cecil Hurst and J. V. Schwind have recently joined the ranks of the married men.

* * *

Dr. G. E. Griffith plans to leave next week for Oregon on his usual hunting trip.

COMMUNICABLE DISEASES

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

Whooping Cough	33
Scarlet fever	1
Undulant fever	1
Mumps	5
Measles	1
Chickenpox	8
Typhoid fever	1
Tuberculosis	4

OLD AGE

When is a man old?

When should a physician—or any other man—retire?

As soon as he loses interest in and enthusiasm for his work or feels that he knows all there is to know about it.

We all know that the number of years a man has lived is no adequate index of his age. There are some who are antediluvian mummies at thirty, and others who are vital factors in the life of their communities at ninety. So long as a man is doing something worth while and means something to the world, he is young.

If you have lost interest in medical society meetings; if you "can not find time" to read one or two medical journals (at least); if the last book in your library is ten years old, or the later ones haven't been studied; if "what you learned in medical college is good enough" for you; if "all these new-fangled notions are damned foolishness," you are growing old, as a doctor.

Don't let life bury you until you are dead. Keep living and learning and loving and you will stay young.

—Journal Florida Medical Association.

FUNCTIONS OF THE MEDICAL SOCIETY

Sir William Osler, in an address before the New Haven Medical Society in 1903, made this statement on the functions of a medical society:

"The well-conducted medical society should represent a clearing house, in which every physician of the district would receive his intellectual rating, and in which he could find out his professional assets and liabilities. We doctors do not 'take stock' often enough, and are very apt to carry on our shelves stale, out-of-date goods. The society helps to keep a man 'up to the times,' and enables him to refurnish his mental shop with the latest wares. Rightly used, it may be a touchstone to which he can bring his experiences to the test and save him from falling into the rut of a few sequences. It keeps his mind open and receptive, and counteracts that tendency to premature senility which is apt to overtake a man who lives in a routine."

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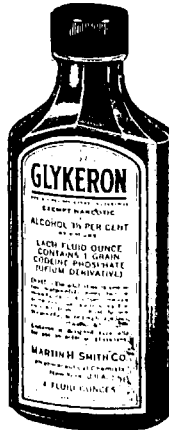
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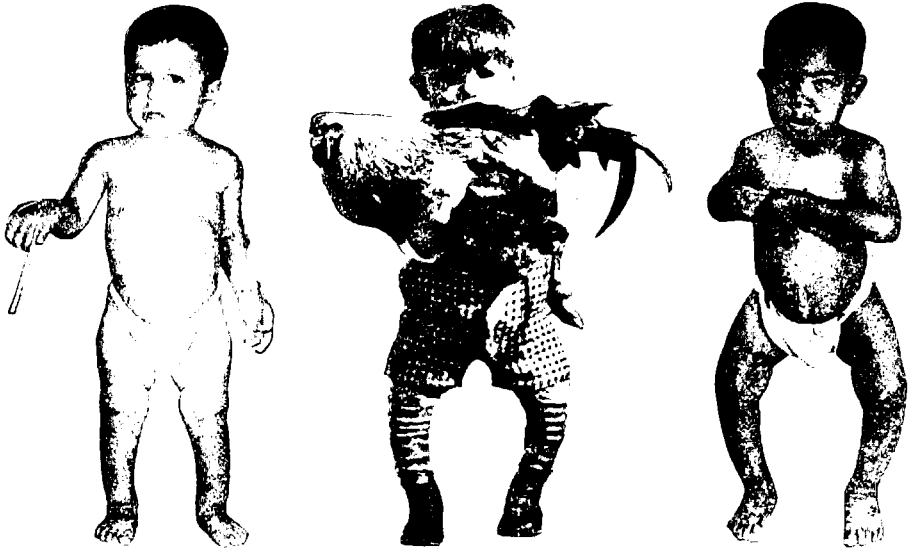
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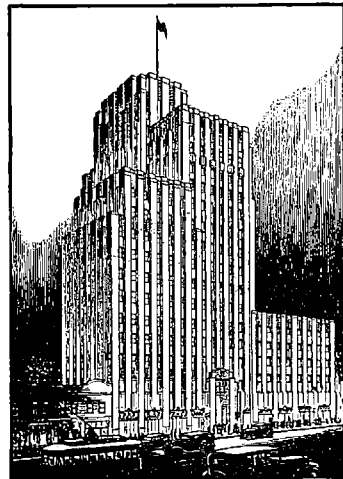
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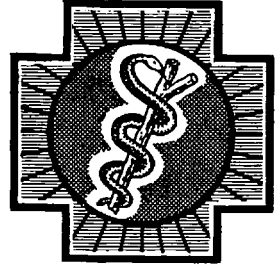
The BULLETIN

SOCIETY OF MEDICAL OFFICIAL PUBLICATION

VOL. XI

NOVEMBER, 1941

NO. 8



PROGRAMS

MEDICAL ARTS AUDITORIUM

NOVEMBER 11 — 8:15 P. M.

Stilbestrol and the management of the menopause
.....Charles D. Kimball, Seattle

Occiput posterior position.....M. R. Hosie

NOVEMBER 25

Diagnosis and treatment of pneumonia: a color movie
.....P. Dozois, Seattle

General discussion of pneumonia

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The ability to use good English is a desirable accomplishment. Words are but the media for the expression of thought. To use the word which not only expresses the thought but even the finer shade of meaning is usually a delight to the listener and an art with the speaker. To have a good vocabulary is a necessity, particularly when speaking of scientific matters, where precision is the first requisite. Too often, we find ourselves lapsing into slipshod speech, using words inaccurately or mispronouncing the words we do use.

Probably the most abused word today is "shape," when we mean "condition." "The patient was in bad shape," if taken literally, brings up a mental image of the patient contorted into a pretzel. "The patient was in good shape" conjures up the picture of a beautifully curved Venus. The real meaning intended was a poor or good "condition." "The patient needs a tonic in the shape of fresh air." Just what is the shape of fresh air?

"Swell" is another much-abused word, particularly in radio broadcasts. This seems to be the only adjective many broadcasters know. It is used indiscriminately to mean "good, beautiful, magnanimous, excellent," etc., and as it is synonymous with "dilate" it is not even an adjective at all. It is to be deplored that radio speakers, setting examples of speech to millions of listeners, cannot be educated up to the level of moderately good English.

Another source of mangling the language is the super-smart columnist who tries to twist his already tortured words into new and bizarre shapes, hoping the weird language will impress the proletariat sufficiently so the lack of sense or interest will not be noticed.

In medical English, there is much diversity of pronunciation also, probably "duodenum" being the best example. The first twelve inches of the small intestine originally were named from "duo decem," literally "two and ten." To have it divided into "du-od-enum" should make old Julius Caesar turn in his grave. There seems to be no authority for this pronunciation. As educated, scientific men, no harm can come from our proper use of the English language, which is sufficiently flexible for all purposes, without distortion.



LIBRARY

HOURS 10:00 A. M. TO 4:30 P. M.

TELEPHONE Broadway 3166

BLANCHE L. DeWITT, Librarian

At the beginning of the current year, under the sponsorship of a group known as Friends of the Army Medical Library, a project was launched by means of which it was hoped to make the largest collection of medical literature in the world more accessible to physicians and research workers all over the country.

Each week this group selects around one thousand articles from current issues of medical and scientific journals, the pages of which are photographed in sequence on microfilm. These articles cover subjects ranging from anatomy to zoology and are listed in a weekly pamphlet sent out by the Medicofilm Service.

Through the generosity of Mr. Thomas Porro in placing at the disposal of our members a microfilm projector, by means of which these films are magnified and the image thrown upon a screen, the library has been enabled to add this wonderful service to its resources.

Members may consult lists of available articles in the library, which will take care of ordering the films desired. A microfilm of a complete article not exceeding 25 pages may be had for 25 cents, with a charge of 10 cents for each succeeding 10 pages or fraction thereof.

The microfilm projector will be kept in the small room at the end of the cloakroom, since a dark room is essential for reading these films, and it is hoped that our members will avail themselves of the opportunity of consulting the medical literature of the world in this easy and economical way.

Our thanks are extended to Dr. Stewart for many volumes of Archives of Neurology and Psychiatry, Mental Hygiene and Diseases of the Nervous System; to Drs. Penney and Duerfeldt for several years' issues of Medical Clinics of North America, Journal of Allergy and Annals of Internal Medicine; to Dr. Clay for Journal of Pediatrics covering the past several years; to Dr. Herrmann for files of International Abstract of Surgery; to Dr. Walter Cameron for many books from his father's library; to Dr. Schaeffer for his regular gift of Annals of Surgery and Surgery, Gynecology and Obstetrics and to Drs. Jones and Whitacre for Western Journal of Surgery and other magazines. These are appreciated so very much!

Even though "business as usual" appears to be the rule with most of us, and war seems far away, our

Medical Defense Committee has been busy on plans for procedure in case of attack, incredible as it seems that such a thing could happen to one's own community. The medical literature is full of articles in the field of war medicine and anyone interested in such subjects as blood transfusion, gunshot wounds, nutrition in wartime, transportation of the wounded, public health in wartime and the like can find material here.

In the annual Health Edition of the Seattle Times, which has just been issued under the sponsorship of the King County Medical Society, mention is made of a set of American Journal of the Medical Sciences, beginning with Volume 1, which is a valued possession of the King County Medical Society Library.

Our own library has an incomplete run of early volumes of this magazine, beginning with Volume 2, which came to it in its early days through the kindness of Dr. C. A. Smith, editor of Northwest Medicine, long identified with the medical library movement in Seattle. Not having many volumes so full of years and honors as these, we take great pride in them and are glad to know that this excellent journal is still alive and now in its 202nd volume.

It is interesting to note in one of these early volumes that vital statistics for Philadelphia, covering the year 1827, show that 207 citizens passed away from debility, while decay carried off 21 and 17 were victims of mortification; an additional 53 died of drunkenness, while two passed on from drinking cold water. Blistering and cupping flourished and bleeding was indulged in at the slightest provocation.

COMMUNICABLE DISEASES

The following is a report on number of contagious diseases in the city of Tacoma for the month of SEPTEMBER

Whooping Cough	11
Scarlet Fever	3
Mumps	5
Chickenpox	5
Measles	1
Tuberculosis	3

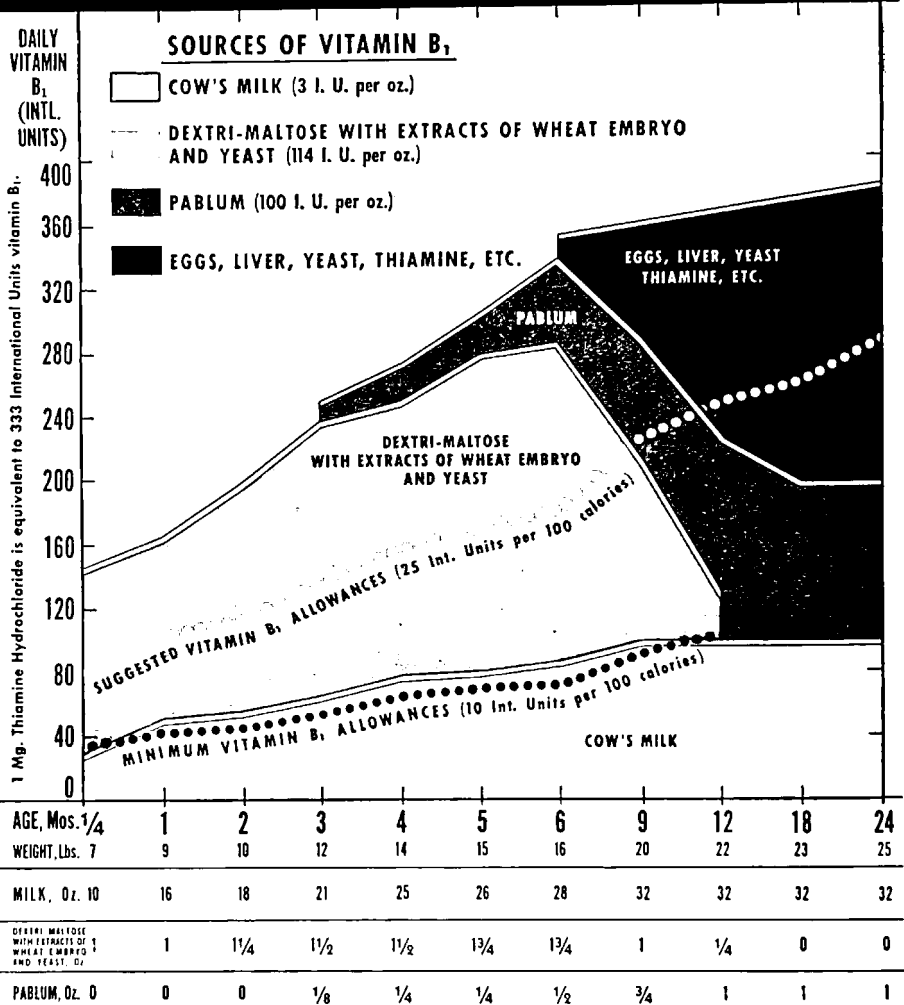
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Medical Advisory Committee—H. J. Whitacre, Clyde Magill T. K. Bowles.

The November Auxiliary meeting will be a luncheon at Weyerhaeuser Hall, Thursday the 13th at 12 o'clock. Judging from the good turnout last month, members seem to like having the luncheon and meeting earlier; in this way it does not take up the whole afternoon. If you can't make it at 12 o'clock for lunch, do not hesitate to come to the meeting. You should be there by 12:30, however, to hear the speaker, and reports and business of the meeting.

This month Mrs. John Steele, program chairman, has arranged to have Mayor Harry Cain as guest speaker. He will speak on "City Health" in relation to the defense program. Mrs. Bertram Thomas will make a short announcement on Red Cross work.

The woman who drives from the back seat of a car is no worse than the man who cooks from the dining room table.

A very big welcome to the new Auxiliary members who turned out for last month's meeting. Mrs. John Arnason Johnson had as her guest Mrs. Steve Thordarson, Mrs. Terry had with her Mrs. Bronson and Mrs. Akre, doctors' wives from McChord Field. We also had with us Mrs. Sanderson and Mrs. Joseph Hanson. We hope they enjoyed the meeting and will be with us at every one.

Even doctors' wives are human, and they need periodic health examinations, too. Just *living* with a doctor does not insure immunity from hidden ailments which often lurk unsuspected until it is too late to cure them. Therefore, see that you make an appointment (and keep it!) for a complete health examination at least once a year. (From February Auxiliary Washington State Medical Association.)

Something very familiar about Dr. Humiston walking up and down the aisle looking for Mrs. Humiston at the Lily Pons concert. Then we remembered "Hells'apopin" where a man does the same thing only in this case paging Mrs. Jones. Dr. Humiston had more success, however; he found his wife. Also seen enjoying the concert were Mrs. Walter Cameron Sr. and family party, the Charles Engels, Mrs. Lee Powers, the Darcy Daytons, the Charlie McCreery's, and Dr. and Mrs. Terry.

Into each life a little rain must fall and this month it's *Duos*. After all, in December it will be Christmas, and taxes in January, so you will be relieved if you will please pay your dues at the November meeting. P. S. The Treasurer will be relieved, too.

Greetings to all members from Margaret Lewis, who is at Pearl Harbor, Hawaii, Bill being in the Navy and stationed there.

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MINUTES OF REGULAR MEETING of Pierce County Medical Society

OCTOBER 14, 1941

The regular meeting of the Pierce County Medical Society was called to order on October 14, 1941, by Dr. T. K. Bowles, the President. Minutes of the previous meeting were read and approved.

Dr. Engels made an announcement for Dr. John Steele regarding health statistics which are being asked of physicians in order to complete the health conservation report. Dr. Engels asked for cooperation in this matter.

Dr. Schultz then made an announcement concerning the Home Defense setup and introduced Major Swartwood, who gave a talk on "The Physician's Role in Tacoma's Home Defense Organization." He described what might happen to this community in the event of attack by an enemy and how the various medical and public health activities can be disrupted and showed the need for a well-organized Home Defense group. Since the President has ordered an all-out defense effort the medical side of home defense is as large a part of the defense effort as anything else.

The scientific section was then opened by a paper by Dr. Homer W. Humiston, who discussed "The Treatment of Gonorrhoea." He brought out the fact that there is no cure until the gonococci have been completely eradicated from the body and the backbone of successful treatment now is sulfathiazole. Two important factors in the treatment are the patient's behavior as to alcohol and sexual excitement and without eliminating these two factors sulfathiazole treatment is unsatisfactory. Certain cases receiving a course of sulfathiazole treatment may be symptom free but still harbor gonococci and if there is no sexual excitement or alcohol time will eradicate the gonococci after a few weeks or months.

The basic treatment consists of a course of sulfathiazole therapy, which is 4 gm. a day for four days, then 2 gms. a day for six days. The patient must be followed until the physician is reasonably sure all the gonococci are eradicated. The course of therapy can be repeated after a rest of seven to ten days. At times accompanying foci of infection have to be treated.

The paper was discussed by Dr. Magnussen, Dr. Robertson, Dr. Charles Pascoe and Dr. Dietrich. Recurrence of symptoms, reactions of sulfathiazole therapy and surgical treatment of foci of infection were discussed.

The second paper was by Dr. Lee Powers, who gave an outline for the treatment of uncomplicated syphilis. He discussed the diagnosis of syphilis, the use of provocative bismuth injections, the necessity of spinal punctures and determining the treatment course from experience rather than the Wassermann reaction.

Dr. Powers stated that alternating overlapping courses of an arsenical and bismuth are the best for early uncomplicated syphilis. When both bismuth and an arsenical are used concurrently there is a

greater tendency for the development of Wassermann-fastness.

The average case following routine treatment has a negative blood Wassermann about the sixteenth week and intensive treatment should then be continued for a year.

The third paper was by Dr. Carlisle Dietrich, who discussed various problems arising in the treatment of neuro-syphilis and cardiovascular syphilis. He presented the material by citing problems and then answering them.

The papers were discussed by Dr. Benson.

Dr. Hopkins then urged the men to contribute to a fund to allow soldiers to attend the Pacific Lutheran College-College of Puget Sound football game as their guests.

The transfer of Dr. S. S. Thordarson from Snohomish County, which had been approved by the Board of Trustees, was voted upon and unanimously passed.

The applications of Drs. P. E. Bondo and W. J. Rosenblatt for active membership in the society were given a first reading and referred to the Board of Trustees.

The applications of Drs. Weldon C. Flint, Herman Nossen and George Sgalitzer for courtesy membership in the society were read and referred to the Board of Trustees.

It being well after 10 o'clock, the meeting adjourned.

MEETING OF OCTOBER 28, 1941

A joint meeting of the Pierce County Medical Society and the Tacoma District Dental Society was called to order in the Medical Arts Auditorium by Dr. T. K. Bowles. Minutes of the previous meeting were read and approved.

Dr. S. F. Herrmann, chairman of the Scientific Work Committee, explained the program and expressed sorrow that Dr. Ramaker of Seattle, was unable to be present and give his paper, but said that if he could at some future date he would be glad to have the dentists hear his paper.

He also expressed pleasure that Dr. Ward was present, to show his marvelous color photographs of lesions of the mouth, in which the dentists would probably be interested.

Dr. Fordyce Johnson then gave a paper on "The Bronchoscope in Postoperative Pulmonary Complications". He discussed these complications and brought out that about six per cent of all operations have some pulmonary complication. He then presented

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MINUTES OF REGULAR MEETING OF PIERCE
COUNTY MEDICAL SOCIETY

(Continued from page 6)

two cases illustrating the discussion. The first case had aspirated mucus during a pelvic laparotomy and was immediately relieved by bronchoscopic aspiration. The other case was a lung collapse on the second postoperative day, treated by bronchoscopic aspiration. The paper was discussed by Drs. Engels, Howe and Herrmann.

Dr. Ward was then introduced and showed some splendid color photographs of lesions of the face and mouth. Using the lesions as illustrations, he discussed proper treatment and brought out the fact that lesions of the lower lip are often due to jagged upper teeth. Dr. Ward described the technic he uses in obtaining these color photographs.

The paper was generally discussed and it was brought out that in treating lesions of the face and mouth the teeth should all be extracted before treatment is given, as there is a grave danger of a bad osteomyelitis of the jaw if the teeth are pulled out two or three years following treatment, when they begin to degenerate.

Dr. R. D. MacRae then gave a paper on "The Pitfalls of Dental Roengenography." He described the anatomy of the teeth and of the mandible and maxilla in relation to interpretation of dental X-

rays. He also described various types of dental lesions and their appearance on the X-ray film.

Dr. Schultz then made an announcement regarding the Tacoma Home Defense organization.

Dr. Baker, the president of the Tacoma District Dental Society, was introduced and made a few general remarks.

Dr. Spike reported on the dental additions to the library.

Dr. Abernethy reported on the work done by the dentists in regard to the old age assistance program.

The transfer of Dr. S. S. Sanderson was voted on and unanimously passed.

The applications of Drs. Paul E. Bondo and W. J. Rosenblatt were voted upon and unanimously passed.

The applications for courtesy membership of Drs. Flint, Harriage, Nossen and Sgalitzer were voted upon and unanimously passed.

A bulletin from the Washington State Medical Association, stating that civilian doctors who had been examining selectees would be relieved of their duties on or before January 1, 1942, and that this work would be carried on by army examining boards. The letter also expressed appreciation and thanks for the work of the members of the Washington State Medical Association and was signed by William P. Smith, Major, Medical Corps, at Camp Murray.

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TEN COMMANDMENTS OF MEDICAL ETHICS

I. Reverence and Responsibility.—Remember thy Creator in the days of professional youth. Bow reverently before the wonderful human body, sick or well, as thou wouldst before a sacred shrine, conscious of thy high duty; resolved to serve to the best of thy power, whether the patient be black or white, prince or pauper, saint or degenerate.

II. Historic Appreciation.—Honor thy father and thy mother. Likewise give praise to the fathers in medicine whose rich heritage of scientific and clinical truth has been handed down to thee through centuries of patient toil. Hold fast to that which is good, but let not prejudice coming out of the past blind thy vision to the newer truths of medical advancement.

III. Keeping the Faith.—thou shalt not worship the graven images of false practice—of avarice and selfishness which eat at the very heart of medical idealism; of clever artifice; of brazen quackery which knowingly deceives; of erratic isms and cults which tell but half truths, leading the ignorant and unwary astray.

IV. Inviolable Confidences.—Thou shalt not disclose the secrets confided to thy keeping by trusting patients unless they be criminal or treasonable import. Nor shalt thou abuse the professional intimacy granted to thee by women, which becomes a professional and moral obligation thou shouldst hold inviolate.

V. The Sanctity of Life.—Thou shalt not hazard life unwarrantably; neither shalt thou shrink before the obvious perils of duty when life is at stake. The unborn shalt thou not destroy except after due consultation, it is deemed advisable for the larger saving of life. Suffer not death to come through neglect in care of the sick, nor from failure in reading, study and counsel to gain the greatest benefit for the patient.

VI. Professional Cooperation.—Thou shalt not bear false witness against a worthy professional brother, but seek ever to protect his good name from calumnious attack by misinterpreting laymen. Of thy knowledge give him unstintingly, counseling and cooperating for medical progress.

VII. Gentlemanly Conduct.—Thou shalt not prate of cases nor countenance unseemly boasting of thy achievements in the lay press. Always a gentleman, let thy conduct be reserved but without cowardice; courteous but free from flattery; dignified but of warm heart; tender in ministrations but firm in command; clean of body, speech and mind.

VIII. Honesty in Business.—Thou shalt not steal; neither shalt thou make extortionate charges nor deceive by secret division of fees. As a laborer worthy of hire, expect fair compensation, but by open methods and with conscience void of offense toward thy fellow-man.

IX. Obligations to One's Own.—Take heed of the morrow for the sake of thine own flesh and blood. Therefore shalt thou keep orderly accounts, collecting from the full-handed just recompense for services rendered. To the poor and the families of deserving colleagues, thou shouldst account it a privilege to render faithful attention.

X. Personal and Public Service.—Remember thou art thy brother's keeper—physically in the measures and remedies advised for the prevention, alleviation or healing of disease; spiritually in the cheer thou bringest to heavy hearts and the courage thou givest to halting steps. So walking upright before man, mayest thou show thyself approved unto God. Thus journeying toward life's end, if not singing with the Psalmist "My cup runneth over," thou wilt at least be sustained by the reflections of "A workman that needth not be ashamed."

—*Journal of the Indiana State
Medical Association*

GERMAN OR GERMANE

An interesting question has arisen as to the origin and significance of the term "German" as applied to German measles. The Baltimore City Health Department was recently asked about the matter. The most natural assumption would probably be that the reference is to the country known in English as "Germany." However, the Oxford dictionary gives as the first definition of the word "german" or "germane" the following: "Closely akin . . . closely related . . . closely connected . . ." German measles, in the Oxford is also specifically defined as a "contagious disease, resembling measles in a mild form"; and under the heading "measles" the term German measles is referred to as "formerly also false, French, hybrid measles; a contagious disease (Roseola epidemica or Rubella) distinct from measles, but like it in some of its symptoms." It is understood that this interesting problem of the derivation of the term "German measles" is now being subjected to critical historical investigation.

—*Baltimore Health News*

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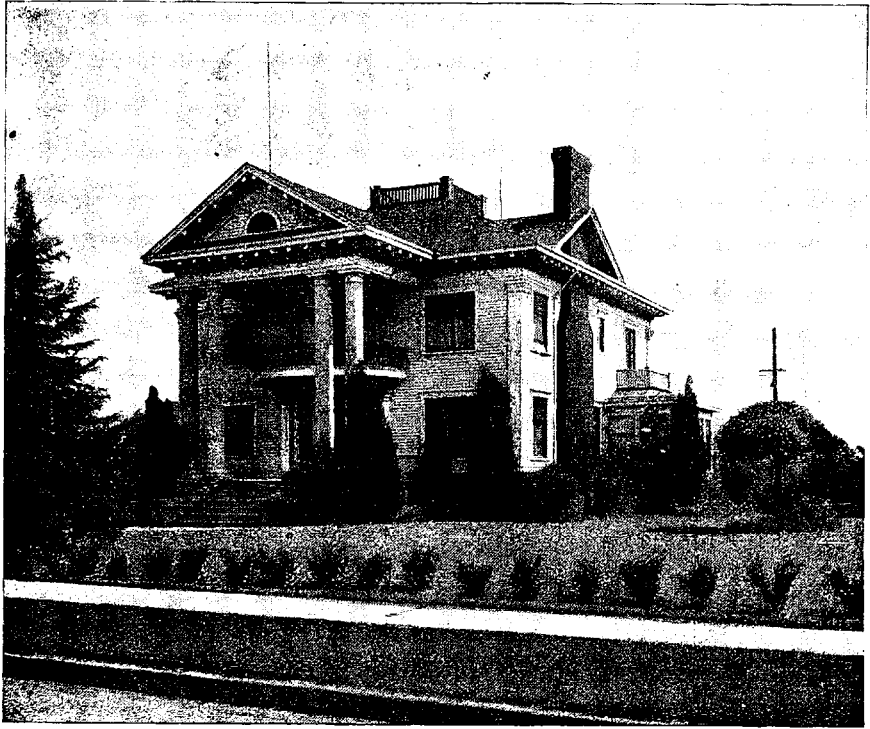
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PERSONALS

Ralph Schaeffer, George Kunz and Will McCreery attended the International Postgraduate Medical Assembly at Minneapolis last month.

Dr. H. H. Andrews of Sumner, has been called into the Service.

Dr. R. A. Norton has recently come to Tacoma to be associated with Dr. D. M. Dayton in the practice of pediatrics. Dr. Norton interned at the Babies' and Children's Hospital in Cleveland under Dr. H. J. Gerstenberger and was six months in the Cleveland City Hospital under Drs. J. H. Pilcher and John Toomey and later with Dr. J. B. Bilderback at Doernbecher Memorial Hospital in Portland.

Dr. W. C. Paul has just returned from Chicago, where he attended the meeting of the American Academy of Ophthalmology and Otolaryngology.

New members of the Medical Society are Drs. S. S. Sanderson, S. S. Thordarson, W. J. Rosenblatt and Paul E. Bondo.

Charlie Engels announces that the radio report of his death recently was a gross exaggeration. A Seattle dentist with a similar name was shot in a hunting accident. Charlie wasn't even half shot.

Drs. D. M. Dayton and H. T. Clay were in Seattle for a recent meeting of the Seattle Pediatric Society.

TACOMA INTERNISTS' SOCIETY

Tacoma General Hospital, Lecture Room

November 18, 8 p. m.

What Do You Do for the Interne?

Among members of the medical profession we see a variety of attitudes towards the interne. The great majority of staff men give him every bit of help that their time permits. This is as it should be. He should be given the opportunity to handle every medical problem that his training has qualified him to handle. As rapidly as he can be taught new techniques, new responsibilities should be given him.

However, this alone is not enough. Whenever possible the experienced physician should take time to instruct the beginner in the art as well as the science of medicine. After schooling in scientific medicine it is sometimes difficult to learn the value of attending to little details. It is not easy to learn that just such attention on the part of the physician often

brings the patient more comfort and peace of mind during his illness than the actual specific drug or operation, *per se*.

It is unfortunate that in our profession we do find a few who seem to consider the interne as a necessary evil. A few more believe he should only be permitted to do menial tasks—the interne calls it "skut work." If any of us has been guilty of any sort of neglect to those who will soon be full-fledged members of our profession, we should think back a few years to the days of our own early struggles. I am sure that we remember and honor those who helped us to get our start.

—*Bulletin of the Columbus Academy of Medicine*

THE MEDICAL WITNESS

The medical witness should:

1. Tell the truth and nothing but the truth.
2. He should not hesitate to say he does not know, if he is ignorant of the answer to a question.
3. He should look directly at the jury and speak distinctly so they can hear him easily.
4. He should use simple language that the jury can understand.
5. He should admit readily, if asked, that he has talked with a lawyer about the case.
6. He should admit readily, if asked, that financial arrangements have been made for his time.
7. He should avoid wisecracks and jokes on the stand.
8. He should stop testifying after he has answered a question.
9. He should answer questions readily and frankly and not try to evade or equivocate.
10. He should give positive, direct answers to questions when it is possible to do so.
11. He should not allow a lawyer to make him angry while he is on the witness stand.

If a doctor follows these simple rules, the opposing lawyer cannot and will not bother him much. If the lawyer tries, he will hurt his case before the jury more than he will hurt the medical witness.

—*Peoria Medical News*

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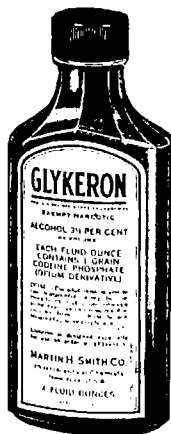
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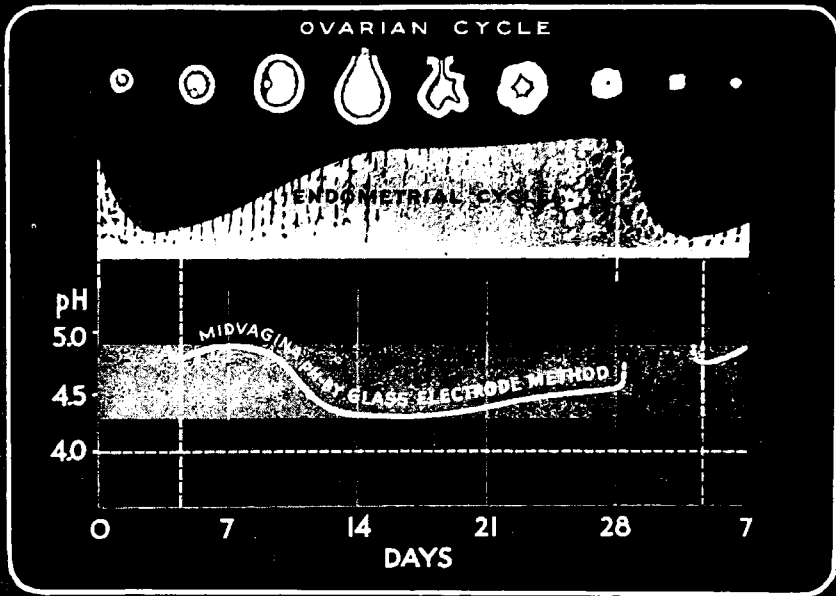
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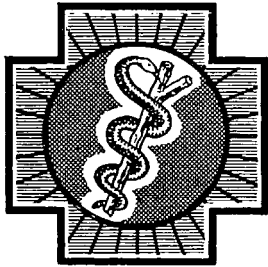
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The BULLETIN

VOL. XI

December, 1941

No. 9



PROGRAMS

MEDICAL ARTS AUDITORIUM

DECEMBER 9 — 8:15 P. M.

Postoperative pulmonary complications—

John A. Gius, M. D., Associate Professor of Surgery,
University of Oregon Medical School.

The practical significance of cardio-vascular and

respiratory reflexes.....Hance F. Haney, M. D.
Professor of Physiology, University of Oregon
Medical School.

DECEMBER 23

NO MEETING

Auditorium Telephone BRoadway 3166

Tacoma, Washington

Pierce County Medical Society

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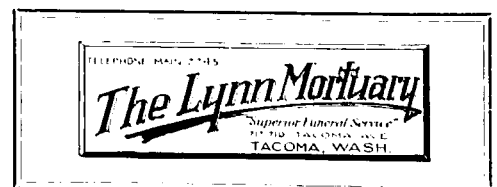
To neutralize the menace of Hitler, we should credit the Germans with the production of the word "gemutlichkeit," for which there is no exact synonym in English. Its meaning embraces something of ease, comfort, satisfaction, well-being, amiability and contentment.

Many doctors seem always pressed for time. They are perpetually in a hurry. While working on one case, their minds are already on another which seems urgent. There is a tensing in their manner that makes one wonder about their blood-pressure. If they sit down occasionally to chat with their fellows, very soon the watch is consulted, which brings them up with a jump, to rush on again. Their meals are swallowed with a minimum of mastication, as though of less nutritional value than the constant cigarettes upon which they depend.

Is this all just an expression of the press of civilized life, possibly spurred by war hysteria? Is it due to a haste to earn enough money to "keep up with the Joneses?" Aren't there going to be more years than this one, in which to earn enough for ones' needs? And do we really need all the expensive trappings to enjoy life? An evening spent with a good book, before the hearth is often more enjoyable than struggling through rumbas in the miasma of a night club. A home dinner and a game of cards is within anyone's budget and frequently more satisfactory than some banquet, whose food lies heavy in the stomach and whose orators din endless banalities into one's ears.

When you have prided yourself on plowing through the job, turning out a full two days' work in one, hitting on all cylinders, it is well sometimes to ignore and postpone until tomorrow something that seems urgent today, so that you may convince yourself that you are still the master and not the slave of your work. This philosophy, borrowed from Lin Yutan, may make for a longer life and possibly just as efficient a one.

To be contented with what we have, without envy of those who have more, to be able to enjoy hours of leisure with simple things, to be satisfied with one's own domain instead of roaming the wide world in search of happiness, this is "gemutlichkeit."



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Selected Reading in the Specialties**UROLOGY**

Juxtarenal infections, Thomas Moore; *British Journal of Urology* 13:1-7, March, 1941

Subcutaneous urography, Edward A. Mullen; *Pennsylvania Medical Journal* 44:1447-1450, August, 1941.

Acacia in the treatment of the nephrotic syndrome, A. Goudsmit, Jr., M. W. Binger and M. H. Power, *Archives of Internal Medicine* 68:701-712, October, 1941.

PEDIATRICS

Present-day methods of feeding infants, C. A. Smith; *Medical Clinics of North America* 25:1435-1450, September, 1941.

Management of acute empyema in children, T. H. Lanman and C. L. Dimler; *American Journal of Surgery* 44:29-34, October, 1941.

Acute surgical conditions of the abdomen in children, C. W. Lester; *Bulletin of the New York Academy of Medicine* 17:844-853, November, 1941.

NEUROLOGY

The treatment of epilepsy, H. H. Merritt; *Medical Clinics of North America* 25:1341-1346, September, 1941.

The traumatic neurosis and psychoses, L. J. Karnosh; *Western Journal of Surgery* 49:606-614, November, 1941.

The diagnosis and treatment of subdural hematomas, H. C. Voris; *Surgery* 10:447-456, September, 1941.

SURGERY

The successful removal of a saddle embolus of the aorta eleven days after acute coronary occlusion, I. S. Ravdin and F. C. Wood; *Annals of Surgery* 114:834-839, November, 1941.

Methylene blue as an indication for the oral administration of food to the surgical patient, B. I. Golden and J. E. Martin, Jr.; *American Journal of Surgery* 44:407-411, November, 1941.

Resuscitation for cardiac standstill and ventricular fibrillation occurring during operation, C. S. Beck; *American Journal of Surgery* 44:273-279, October, 1941.

GYNECOLOGY

Endometriosis, its significance, J. V. Meigs; *Annals of Surgery* 114:866-874, November, 1941.

Extrauterine fibromyomas, G. D. Scott and I. H. Scott; *American Journal of Surgery* 41:391-394, November, 1941.

Primary endometriosis of the cervix uteri, J. E. Hobbs; *American Journal of Obstetrics and Gynecology* 42:509-513, September, 1941.

ORTHOPEDICS

The early diagnosis of Pott's disease, R. I. Harris; *Annals of Surgery* 114:931-935, November, 1941.

Chronic sclerosing osteomyelitis-Garre, D. R. Jensen; *American Journal of Surgery* 41:377-383, November, 1941.

Coxa plana, with special reference to its pathology and kinship, H. J. Burrows; *British Journal of Surgery* 38:25-36.

ROENTGENOLOGY

Roentgenological manifestations of injuries to the chest, L. R. Sante; *Minnesota Medicine* 24:819-827, October, 1941.

Cerebral angiography, J. M. Sanchez-Perez; *Surgery* 10:535-552, October, 1941.

Treatment of osteomyelitis of the small bones with X-ray, R. M. Tait; *Canadian Medical Association Journal* 45:229-231, September, 1941.

EYE, EAR, NOSE AND THROAT

The effectiveness and limitations of sulfanilamide and its derivatives in otolaryngology, A. H. Persky and Maurice Saltzman; *International Clinics* 3:65-77, September, 1941.

The histological interpretation of appearances in the fundus oculi, A. J. Ballantyne; *British Journal of Ophthalmology* 25:480-492, October, 1941.

The functional examination of respiration in obstructive diseases, A. H. Andrews, Jr.; *Annals of Otolaryngology, Rhinology and Laryngology* 50:917-928, September, 1941.

INTERNAL MEDICINE

The treatment of common forms of heart disease, Paul D. White; *Medical Clinics of North America* 25:1177-1198, September, 1941.

The pitresin tannate therapy of diabetes insipidus, G. W. Thorn and K. E. Stein; *Journal of Clinical Endocrinology* 1:680-687, August, 1941.

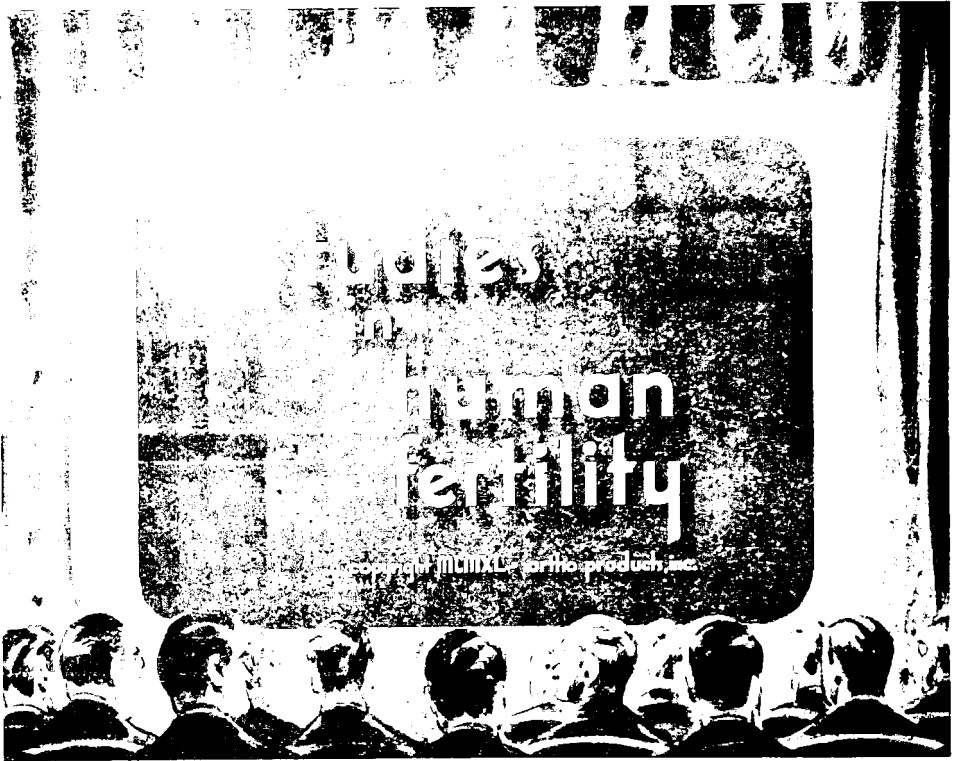
Addison's disease-treatment and prognosis; H. P. Hampton and E. J. Kepler; *American Journal of the Medical Sciences* 202:264-271, August, 1941.

OBSTETRICS

The effectiveness of prenatal administration of 2-methyl-1, 4-naphthquinone in maintaining normal prothrombin levels in infants, E. H. Valentine, J. G. Reinhold and Erich Schneider; *American Journal of the Medical Sciences* 202:359-363, September, 1941.

New orientation on the etiology of the toxemia of pregnancy and some practical applications, J. Hofbauer; *Western Journal of Surgery, Obstetrics and Gynecology* 49:615-618, November, 1941.

Inhibition of lactation with stilbestrol, E. B. Mendel; *American Journal of Obstetrics and Gynecology* 42:528-530, September, 1941.



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Visitor to young boy just after Christmas: "Well, Joe, how do you like your new sister that Santa left?"

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

FUN!! Yes, an old-fashioned box social and Christmas party combined. When? Evening of December 16th—third Tuesday of the month. Where? Nurses' home, Tacoma General Hospital. Time? Six-

thirty. The above evening party for Auxiliary members and the Doctors is to take the place of the regular December Auxiliary meeting. All ladies to bring a box supper for two with silverware for two. Coffee will be furnished and served by Auxiliary members.

Mrs. John Steele, Program Chairman, and her committee have a good program outlined complete with Christmas Tree and Christmas Carols.

Tom Murphy and Chris Quevli please take notice: Boxes to be put on the line for one dollar, no more, no less. Private betting in the cloak room. Surprise!—and a "Take It or Leave It" radio skit.

It promises to be a swell party so mark off the date on your calendar and plan to be among those present.

Santa has a new address for the Lawrence Mc-Nerthney's. This year he will fill the stockings of the young McNerthney's in the 3100 block on North Cedar Street.

A very special welcome to all the new members. At the November meeting we had with us Mrs. Paul E. Bondo, Mrs. S. S. Thordorsen, Mrs. J. L. Hansen, Mrs. W. G. Rosenblatt, Mrs. H. H. Meier and Mrs. Campbell.

Was up to see Bernard Harrington's new office the other day and it is really good looking—so much so we hated to leave. Soft blue walls, lovely rugs and 18th century furniture.

Alma and Horace Whitacre back from a very exciting trip East. Did and saw lots of things, but we were particularly envious of the plays they saw while in New York. "Arsenic and Old Lace," "Lady in The Dark," Helen Hayes in "Candle in the Wind" and "Life with Father" just to mention a few.

While looking through a magazine the other day Helen Vandenberg came across the perfect gift for George. So with magazine tucked under her arm, Helen has been combing the local shops. We certainly hope she finds the gift as no home should be without one. Can't tell you what it is but am sure Helen will supply the details as it is a grand gift for a man and a boon to all women.

A very Merry Christmas and see you all at the party—the date again, December the 16th. Forgot to mention that this party will be purely social—no business meeting.

The Physicians' & Dentists' Business Bureau

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AN IMPORTANT MESSAGE

As a result of the increased employment in Tacoma there are thousands of new families moving in, many of whom may become your patients. There are hundreds of families living temporarily in transient and camps, trailers, cheap rooming houses and families huddled together in mode over garages. Locally, we know very little of their former residence or reputation, and it is only when work decreases in the defense program these same people will be on their way again returning from whence they came. Therefore, it is important to you that your nurse obtain information relative to their permanency in this district. Obtain the full name, middle initials, the wife's name, patient's approximate age, occupation, where employed, former residence, present address, and if possible, the name and address of at least one permanent reference. Does he intend to stay here and how long? In establishing credit in any other business or profession, information is demanded before credit is granted and the public expects to give this information.

The medical accounts which have been the most difficult to trace and collect are those owed by families living in the cheaper rooming houses where families leave no trace or forwarding address when they vacate. The other type of account hard to collect from are single persons in the marriageable age as nine times out of ten these people know the law and escape paying for services prior to marriage.

This type of bill dodger is on the increase and it is just the person you trust the most who tries the hardest to escape paying for the services rendered.

It has been the experience of the bureau that doctors lose many thousands of dollars annually by reason of inability to identify the debtor. This information can be obtained by no offense to the patient and eventually this could be an established practice among the profession and then the patients would give this information voluntarily as they would know that it was required of them. In reality these people are asking you for a loan and you should not hesitate to obtain all the information necessary in order to satisfy yourself that they will pay.

It has also been our experience that the old offenders who have made the rounds and been on the books of most of the doctors in the down town area have decided they have exhausted about all their chances of obtaining any more credit among the few remaining but have started the same habit among the practicing doctors in the outlying districts of the city. We have noticed that they also visit the newer doctors who are not familiar with their old paying habits. There are many doctors who have not familiarized themselves with the credit files of the Bureau. The Physicians & Dentists Business Bureau has names and credit information in their files which is yours for the asking. A great many of the doctors have new office nurses and secretaries who have not become acquainted with the facilities of the Bureau and a direct appeal is made to have your nurse or your secretary come into the Bureau and become acquainted with the credit department.

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COMMUNICABLE DISEASES

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

OCTOBER

Whooping Cough 8
Scarlet Fever 8
Mumps15
Chickenpox17
Measles 1
Tuberculosis 7

MINUTES OF REGULAR MEETING of Pierce County Medical Society

NOVEMBER 11, 1941

The meeting of the Pierce County Medical Society was called to order in the auditorium in the Medical Arts Building on November 11, 1941, by Dr. T. K. Bowles, President. Minutes of the previous meeting were read and approved.

The scientific program was opened by Dr. Charles D. Kimball, of Seattle, who presented a well-arranged and interesting paper on "Stilbestrol in the Management of the Menopause."

Dr. Kimball discussed the chemistry and the pharmacology of stilbestrol, which is a synthetic substance having marked estrogenic activity when administered either orally or parenterally. The estrogenic activity persists over a longer period of time following the administration of stilbestrol than it does the administration of the natural estrogens. Stilbestrol is eliminated from the body practically unchanged and is much more active than the natural estrogens. It suppresses the function of the anterior pituitary and the ovary and can suppress ovulation temporarily. It stimulates endometrial growth, leads to cornification of the vaginal epithelium and lowers vaginal pH.

In the management of the menopause the estrogenic blood level must be kept constant. It is thought that the fall of the estrogenic blood level stimulates the anterior pituitary and this excess of anterior pituitary secretion accounts for many of the menopausal symptoms.

Dr. Kimball reported his experience with 78 cases. He found that the vasomotor symptoms, hot flashes, sinking feelings and chills, were relieved in all of the cases. When the indication was inability to relax or nervousness and emotional instability the relief was not so great. In sixteen cases of artificial menopause all the cases except one were relieved by stilbestrol. Atrophic vaginitis at or following the menopause was relieved.

Dr. Kimball felt that it was possible to do much harm to the ovary and the endocrine balance if stilbestrol was given to preclimacteric women. He discussed withdrawal bleeding and concluded by stating that to secure results in the menopause there must be definite indications for the use of stilbestrol.

He then showed some slides illustrating vaginal smears as an indication of estrogenic activity during administration of stilbestrol.

The subject was discussed by Drs. Reynolds, Herrmann, Hosie, McBride and Willard.

The second paper of the evening was by Dr. M. R. Hosie, who presented a complete and intelligent discussion of "Occiput Posterior Position."

(Continued on page 8)



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MINUTES OF REGULAR MEETING OF PIERCE
COUNTY MEDICAL SOCIETY

(Continued from page 7)

In discussing etiology he felt there is some disproportion between the fetal head and the pelvis. Diagnosis must be considered when labor seems prolonged and pains are irregular and ineffectual, when there is a suprapubic depression on the abdomen or when palpation shows small parts in the anterior abdomen.

In considering treatment Dr. Hosie felt that when there was a large pelvis and the head on the perineum it should probably be delivered as a posterior, trying to protect the perineum with sufficient episiotomy. During the average case the labor is long and the patient must be given adequate rest periods. Membranes should not be ruptured early because the stimulation of cervical dilatation is lost. Dr. Hosie mentioned that stripping the membranes is at times a satisfactory procedure. A Beck binder may help a high head to come down into the cervix. With the head on the perineum digital rotation may be satisfactory. Manual rotation may work but it is necessary to have deep sedation and the head has to be pushed up out of the pelvis and due to its moulding it may not come down in an anterior position. Some men do a version and extraction for posterior presentation but one should be sure of his ability and that the aftercoming head can be extracted before this is attempted. Rotation with forceps is not easy and should be used as a last resort. If possible the principle of axis traction should be used and when used forceps traction with forceps are the best.

The paper was read and by Dr. David Johnson.

The applications for county membership of Drs. Warren, O'Brien, Staley, Judd, Herridge, Hollinger and Whitaker were read and referred to the Board of Trustees.

A letter from the State Medical Association regarding the need of a physician in Goldendale, Washington was read.

The meeting then adjourned.

NOVEMBER 25, 1941

The regular meeting of the Pierce County Medical Society was called to order in the auditorium in the Medical Arts Building on November 25, 1941, by Dr. T. K. Bowles, President. The minutes of the previous meeting were read and approved.

Dr. W. W. Mattson made an announcement concerning the microfilm projector which Mr. Thomas Porro has placed at the disposal of the members. He demonstrated the projector and expressed appreciation of Mr. Porro's generosity in allowing us to use this apparatus. He also commented on Mr. Porro's kindness in placing numerous magazines in the library for the use of our members.

Dr. Mattson also announced that the members can secure advertisements for the Bulletin if they will only make the effort.

The scientific program was opened by Dr. P. Dozois, of the Lederle Laboratories, who gave a short discussion on the development of the treatment of pneumonia, particularly as to the use of specific serums and the sulfonamides. He discussed accepted criteria before using specific serum and then presented an excellent color movie which illustrated the diagnosis and treatment of pneumonia. The film pictured the laboratory procedures necessary to determine the type of the causative pneumococcus.

The conclusion brought out by the film was that as soon as the diagnosis of pneumonia is made blood cultures should be taken and a sputum sample collected for typing. Then sulfathiazine therapy should be started and if there is no satisfactory response in twelve to twenty-four hours specific serum should be used. Other indications for the use of serum are bacteremia, pneumonia in pregnancy and pneumonia in patients over the years of age.

Following the film there was some discussion on the use of sulazine and other points brought out by the film.

The applications for county membership which had been read at the last meeting of Drs. Warren, O'Brien, Staley, J. H. Herridge, Hollinger and Whitaker were voted on and unanimously passed.

The transfer of Dr. A. A. Sames, which had been approved by the Board of Trustees, was voted on and passed.

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PERSONALS

Sydney and Mrs. MacLean are visiting their son Charles in Los Angeles.

Warren and Mrs. Penney are also in California on account of a lingering cough he has. If he smoked as many cigs as the rest of us, we would know how to cure it.

Phil Kyle out of the Army and back to work. Obstetrics as usual.

Sig Herrmann again elected president of the Rose Society.

John Haylma had the misfortune of having his house burn down.

A poem by Lew Hopkins published in "The Valiant Quest," a collection of verse by western writers, just off the press. Might turn out to be another Bret Harte, this lad.

Dr. and Mrs. Stewart back from a three weeks trip to Los Angeles, where they visited relatives and friends.

Darrell Running and Helen Woods married on November 7th. Congratulations.

Latest reports are that Harry Willard is much improved, we are glad to know.

Horace and Alma Whitacre in Boston last month, for the College of Surgeons. Also to visit on the farm in Minnesota, where they have all the good things to eat.

The George Naces back from a trip East.

Remind your patients to listen in on "Doctors at Work," on NBC stations now. This second series continues the story of young Dr. Tom Riggs, whose education and internship featured last year's episodes.

Dr. Lawrence Skinner has opened an office in Lakewood Community Center.

Steve and Mrs. Sanderson attended the American Radiological meeting in San Francisco last week.

Dr. Gerhart Drucker has opened an office at 38th and Yakima. Formerly of Vienna, the place where Chris Quevli achieved fame.

JOHN ANTHONY WALKER, M. D.

1869 - 1941

Dr. John Anthony Walker, for twenty-seven years physician for the E. I. DuPont de Nemours Company at Dupont, died on November 15th at Phoenix, Arizona.

Following Dr. Walker's retirement a year ago he and Mrs. Walker went to Phoenix to be with their daughter, and for the benefit of his health.

Surviving are the widow, daughter and a sister, Mrs. Stella Fletcher of Billings, Montana.

MEETING ATTENDANCE

The attendance problem has been discussed up and down, back and forth for many years. The fact remains, however, that physicians seem to be possessed of an inherent resistance in this particular field. Last year's rollcall suggests that attendance is based on habit more than on anything else. It is odd but true that the men who have many affiliations with hospitals, staffs, noonday clubs, committees and so on, are as a rule the ones who attend regularly and complain the least, where many who, so far as we know, are not particularly active in organization work consistently; bemoan the number of meetings which they do not attend.

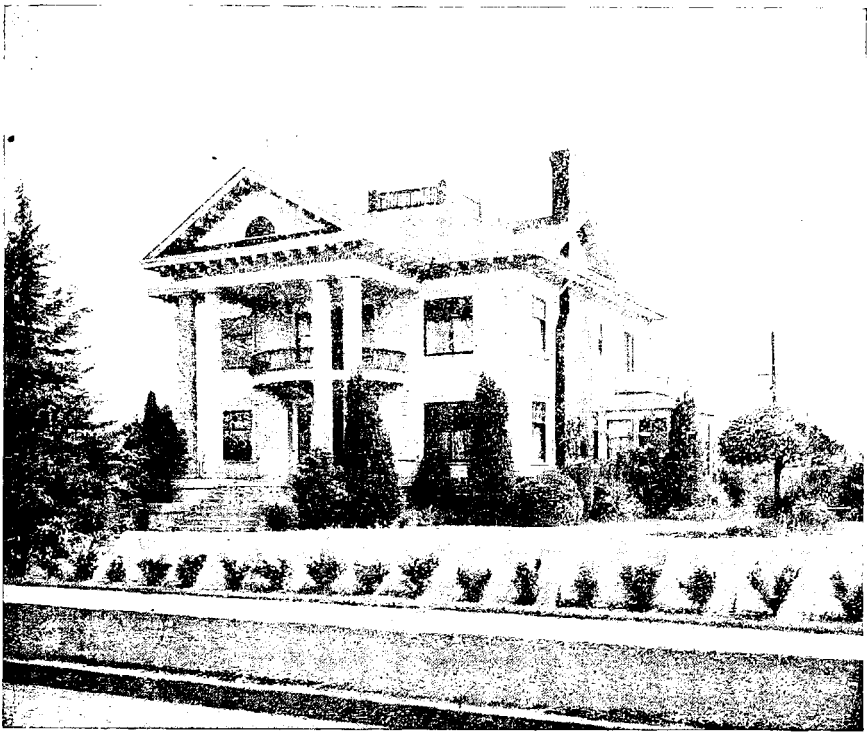
In no other period in medical history has the necessity for a clear attitude on the part of the members been as important as it is in these years of national and social confusion. It becomes all the more urgent for members to participate actively in the affairs of organized medicine in view of the constantly changing trends in our economy. Criticism as to procedure by any member is justified only when he participates actively in the affairs of the organization. The cry of why doesn't the Society do this or that is as silly as it is unreasonable. The Society is yours; it is up to every member to participate in the formation of its policy.

- *Bulletin of the Omaha-Douglas County Medical Society.*

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Are the Neuritic Symptoms of Pregnancy due to a deficiency of vitamin B₁ (thiamine)?

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show. Although neuritis of pregnancy has long been considered a toxemia, no toxins have ever been identified.

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B₁. They report recovery in their cases receiving this therapy, including dried brewers' yeast.

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polynuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting. "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Luikart, and Gustafson. Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminosis.

Dried brewers' yeast, as it is far richer than any other food in vitamin B₁ (thiamine), is being used with benefit both in the prevention and treatment of polynuritic symptoms of pregnancy. Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin B₁ (thiamine) to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i.e., from partial relief of pain to complete disappearance of all symptoms."

Need for Vitamin B₁ (thiamine) in Lactation

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs a supplement of vitamin B₁ (thiamine) from 3 to 5 times the normal requirement. It is accepted that during pregnancy and lactation the requirement for vitamin G (riboflavin) is increased.



Consisting of nonviable yeast, Mead's Brewers Yeast Tablets offer not less than 50 International vitamin B₁ (thiamine) units and 50 Sherman vitamin G (riboflavin) units per gram (20 International units of vitamin B₁ and 20 Sherman units of vitamin G per tablet).

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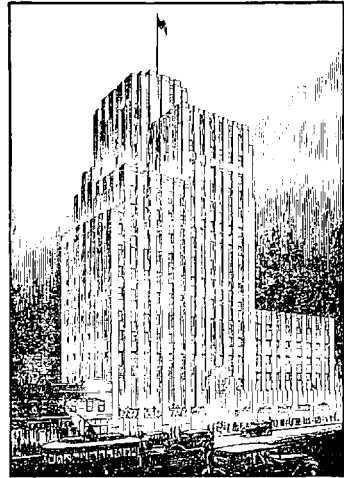
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